

'I'd turn up even if I won the lottery!'

**Research into the factors that impact
on attendance, retention and
achievement of learners with mental
health difficulties.**

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Executive Summary

This research examines the relationship between appropriate and effective support and attendance, retention and achievement in learning of learners with mental health difficulties.

The research was commissioned by the Quality Improvement Agency from the Quality Improvement Adviser Service managed by Tribal. The work has been undertaken in partnership with NIACE.

Through the NIACE/NIMHE/LSC Partnership Programme Regional Networks we invited learning providers to participate in the research to identify the factors that impact on attendance, retention and achievement of learners with mental health difficulties. A total of 35 learning providers agreed to take part in the research. A total of 141 learners and 98 referral organisations and providers took part in the focus groups.

Key findings

- Enduring mental health difficulties do not necessarily affect attendance and success in learning.
- The difference, it seems, between poor attendance and retention and good attendance and retention is less to do with learners' mental health needs and more to do with support and quality of provision.
- People go back into learning to overcome social isolation, meet new people, get a structure and a routine to life, to rebuild confidence, to acquire skills and qualifications and to improve employment prospects.
- Learners felt that what got them to classes even when they were finding it difficult was their own determination, will power, conscience and sense of personal responsibility.
- Pre-course information is important and needs to start early, even before contact with a learning provider is made. This shows the importance of health and social care services being able to talk about opportunities and being confident enough to encourage the take up of learning and to provide the encouragement and moral support that many learners said they needed in the beginning.
- The use of short taster courses to build confidence, prepare individuals for learning and 'act as a bridge' in a familiar environment was a strategy identified by several of the groups.
- Support from one or two key people seemed to be crucial in supporting learners to return to and stay in learning. This support was partly practical but also involved emotional support – having someone who believed in you and who was interested in your progress helped learners to stick with their courses.
- Learners were often accompanied for the initial visit to the learning organisation or the initial meeting was held in a familiar community setting or in a health care environment.

- Learners also liked the fact that they were challenged, albeit in sometimes small ways, but with evident incremental effect on learners' confidence in themselves.
- An extensive range of support was available from learning providers, this included learning support assistants and additional learning support staff who worked with learners both in class and outside within learning resource centres, libraries and, in a few examples, with external agencies off site.
- The ability of the provider to respond quickly when a learner was experiencing difficulties, whether because of their mental health difficulties or in their learning, was important.
- Learners talked about the social interaction, fun of learning, sense of responsibility and reciprocity and group spirit, which shows how learning providers need to think about how they make their learning environments friendship-friendly.
- Learners were advised that good attendance was expected of them and that if they were absent they had to make contact with their tutors. In many groups learners revealed that if they were absent it was the tutors who contacted them. However, this did not feel like an intrusion, but rather they welcomed the contact as being evidence that they were valued and wanted as learners.
- Reviews of progress, one-to-one sessions with tutors and Individual Learning Plans were all felt to be enormously helpful in helping them stick with their learning. Learners liked the fact that they had a clear plan of what they wanted to achieve from the start with targets and goals to achieve.
- Learners also said they felt motivated to remain in learning and achieve because they could see positive changes in themselves.
- Providers had clear pathways for progression within learning. Some providers linked with Connexions and adult Information, Advice and Guidance services to support learners into a variety of employment opportunities including work experience, voluntary work and part and full time jobs.
- Poor teaching and learning, lack of support and lack of awareness of mental health were all cited by learners as reasons why they dropped out of learning.
- Learners said that, occasionally, mental health problems became too overwhelming for them to continue with learning. Support to return was important.
- Transport, money and inhospitable environments were all major reasons why learners dropped out of learning. Transport was a particular difficulty in rural areas.

1. Background and context

In August 2006 the Learning and Skills Council (LSC) published their strategy to *'Improve services to people with mental health difficulties'*.¹ These proposals build on the work of the Social Exclusion Unit (SEU) report *'Mental Health and Social Exclusion Unit'*² which is clear in its agenda to, among other things, challenge the culture of low expectations placed upon people with mental health difficulties and to support success and achievement. The LSC Strategy to *'Improve services to people with mental health difficulties'* has four broad aims which align with the work of the SEU report. These aims are to:

- Build capacity of the FE system;
- Boost demand for learning;
- Ensure quality of provision; and
- Raise achievement levels of learners with mental health difficulties.

The LSC supports a Partnership Programme with NIACE (National Institute of Adult Continuing Education) and NIMHE (National Institute of Mental Health in England) and has developed an action plan to co-deliver these aims.

This report is a requirement of that action plan and sits within the aim to ensure quality of provision. It should also be noted that the LSC strategy to *'Improve services to people with mental health difficulties'* also sits within the broader LSC strategy *'Learning for Living and Work: Improving education and training opportunities for people with learning difficulties and/or disabilities'* (LSC Oct 2005) and *'Progression through Partnership'* (DfES, DWP and DH 2007).

Within the Further Education system there are huge variations among providers in the attendance, retention and achievement of learners with mental health difficulties. Infrequent attendance and the higher likelihood of dropping out of a course have often been cited as being one of the barriers to learning for people with mental health difficulties. It is unclear where this perception about learners with mental health difficulties comes from. However, it is certain that in this more target driven age where funding is tighter and providers more accountable it is not a helpful perception. In some cases it is hampering the development of provision and could be argued to further stigmatise this group of learners. It is clear, as we will see from learners' comments during the research, that having mental health problems (like any health problems) can affect a person's ability to attend and remain in learning. Though it is also very evident from the learners' statements that attendance and retention can be excellent, in fact this is no different from any other learner. The difference, it seems, between poor attendance and retention and good attendance and retention is less to do with

¹ Learning and Skills Council (LSC) (August 2006) *Improve services to people with mental health difficulties*, LSC-P-NAT-060460

² Social Exclusion Unit Report (SEU) (June 2004) *Mental Health and Social Exclusion*, Office of the Deputy Prime Minister (ODPM) ISBN: 1851127178

learners' mental health needs and more to do with support and quality of provision.

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The research examines the relationship between appropriate and effective support and learners' attendance, retention and achievement in learning. It will contribute to the work to deliver the aims of the Partnership Programme to improve services for learners with mental health problems. Ultimately, the learning we have gained from undertaking this research should help providers understand how they can raise the achievement levels of learners with mental health difficulties. However, raising achievement levels is dependent on the capacity of the Further Education system to boost demand for learning and to ensure the quality of the learning experience. This report aims to showcase examples of good practice of providers and to hear from learners about what works when it comes to supporting them to attend, remain in and succeed in learning.

In reading this report it may occur to you that many of the examples of good practice quoted and the useful tips and recommendations are exactly the practices that we ought to put in place for any learner. This is of course absolutely right and resonates with the central tenet of the Tomlinson report 'Inclusive Learning' (1996)³ which is that if you get it right for learners with learning difficulties and/or disabilities we get it right for all learners.

The effects of mental health problems on our thoughts and feelings are not different from those experienced by all of us at times, it's just that they can be more overwhelming and harder to control and manage. So what we offer in learning is not necessarily different to what we offer other learners, but we may need to adjust the pace and give people more time, provide more encouragement and opportunities to voice concerns, be very clear about what we can offer and pay attention to the details surrounding the learners experience in learning. Mental health difficulties can however have a profound and negative impact on people's lives, which can result in social exclusion, isolation, harassment and discrimination. This can affect people's mental health and well-being and can cause fear and anxieties about being included. This is the context with which practitioners have to work within when we support learners with mental health difficulties to access and achieve in learning.

When you read the learners comments it is the attention to details, the importance of overcoming and valuing learning environments and the support and encouragement implicitly and explicitly given in the way tutors teach, and through progression reviews that are valued by learners; that enable them to be in learning and to succeed.

³ Further Education Funding Council (1996) (The Tomlinson Report) *Inclusive Learning : Report of the Learning Difficulties and/or Disabilities Committee*, London, HMSO

The fact that many of the good practice examples and tips are interchangeable with what we would offer any learner is probably the most positive aspect of this report. Fifteen years ago providers felt more wary of discussing attendance, were less likely to offer accreditation and less comfortable with planning for progression and achieving. It was much more common to hear providers talk about learners with mental health difficulties as “They don’t like...” or ‘They can’t...’ than thankfully it is today. It is a sign that the learning and skills sector is finding ways of marrying appropriate on-going support with expectations of achievement and success for this group of learners. It doesn’t exist across all provision, but the providers involved in this report are finding and leading the way.

1.1 Introduction

This report is in five parts. This first part describes the methodology we used in the research. Part two is about the learners who took part in the focus groups and what they said helps them and other learners with mental health difficulties to turn up and remain in learning. Part three is about the learning providers and the referral agencies who work with people with mental health difficulties. It includes the information provided by those key staff on what they think supports learners with mental health difficulties to attend, remain in and succeed in learning. Part four is about the good practice we were able to extrapolate and collate from all this information and provides a framework for supporting learners with mental health difficulties to attend, remain in and succeed in learning. Lastly, part five provides ‘top tips’ for supporting attendance and success in learning.

1.2 Methodology

Through the NIACE/NIMHE/LSC Partnership Programme Regional Networks we invited learning providers to participate in the research to identify the factors that impact on attendance, retention and achievement of learners with mental health difficulties. A total of 35 learning providers agreed to take part in the research.

Learning providers who volunteered to take part in the research were asked to organise two focus groups. One focus group was of 4-5 key staff who worked with learners with mental health difficulties from within their organisations and key staff from referral agencies. The other focus group was of 4-5 learners with mental health difficulties. A total of 70 focus groups were conducted; 35 focus groups of learners and 35 focus groups of staff from the learning providers and their referral agencies. The learning providers were asked to provide a room and light refreshments.

Within this research project there was a small budget to pay the learners their expenses for attending and a small honorarium for their invaluable contribution to the research. Payment was made on the day for attending and on receipt of any evidence of expenses.

A semi-structured interview approach was used with both focus groups. The learners were asked to reflect on the experiences of learners with mental health

difficulties as a whole. Naturally, the learners did bring their own experiences into the discussions but they were also able to talk generally about the experience of learners with mental health difficulties. They were asked about motivations for learning, and also about pre-entry guidance, support, expectations about attendance, what happened when they took time out and what caused people to drop out of learning.

The staff from the learning providers and the referral agencies were asked to reflect back on the learner's journey. This began with questions about the identification of individuals who were ready to take part in learning and how they were supported, guided, assessed and introduced to a range of providers. The questions then explored how organisations worked together to develop programmes to meet individual need and to organise support and then finished with achievements, progression and staff training. The group was given an opportunity to add further comments at the end of the meeting and these were recorded and included in the research.

After the focus groups the learning providers were given feedback on the quality of the provision they offered and ideas for quality improvement.

People from the focus groups also provided us with feedback. The learners commented on how they had enjoyed being asked for their views and were keen to know if their input would help to make things better for other learners. The staff from the providers and their referral agencies noted how they had valued the opportunity to reflect on their practice and importantly the time to talk together as a group. This feedback from both of the groups highlights the importance of involving learners and practitioners in research, but also, in the case of the staff group, the importance of having time to talk and share ideas.

2. The learners and what they had to say

In understanding what works in supporting learners with mental health difficulties to attend, remain in and succeed in learning it was crucial that we captured the learner voice. This part of the report provides information on the kind of learners who participated in the groups and what they thought were the factors that impacted on the attendance, retention and achievement of learners who experience mental health difficulties.

A total of 141 learners were interviewed in the thirty-five focus groups.

At first we asked the learners about themselves. As can be seen from table 1 they were a diverse group of learners. The most notable fact was the number of years many of them had experienced mental health difficulties.

Table 1: Learners interviewed = 141

Gender	
Male	80
Female	59
Not known	2
Age	
Under 16 years	0
16-18 years	7
19-25 years	18
26-60 years	108
61+ years	8
Not known	0
Ethnicity/Race	
White/UK	75
UK	37
White	8
Black/UK	6
Asian	5
Mixed Race	1
Other	4
Not known	5

In learning	
Less than 1 year	24
1-2 years	28
2-5 years	61
5+ years	28
Not known	0

Years of mental health problems	
Less than 1 year	0
1-2 years	3
2-5 years	14
5 - 10 years	28
11-20 years	38
20+ years	17
Since childhood/primary school	16
Since adolescence	9
'All of my life'	16
Not known	0

We asked learners how long they had been experiencing mental health difficulties because we were interested to see if this had any bearing on their attendance and likelihood of them lasting the course. When we asked learners later how they rated their own attendance it can be seen that enduring mental health difficulties does not necessarily affect attendance and success in learning.

Although it is not within the remit of this research, it is important to note for how many of the learners the onset of mental health difficulties began in childhood, adolescence or early adulthood. It can only be assumed what impact this has had on their enjoyment of early schooling, the fulfilment of their educational potential, employment prospects and confidence in their ability to learn. Moreover, what it must be like to live so long and at such formative stages of one's life with the stigma of mental health difficulties surrounding you. For many of the people who responded to this question, participation in adult learning is second chance learning – a chance to make up for lost opportunities.

We asked the learners how they assessed their own attendance and success.

We asked the learners about their own attendance and persistence with learning because we wanted to understand their perspectives on attendance, retention and achievement in learning.

In the focus groups, 114 learners out of the 141 assessed their own attendance and success as excellent or good. Learners recorded comments such as:

“Attendance excellent in short course and achieved everything so far. Course is a challenge and useful in overcoming problems.”

Male, aged 42, mental health problem “most of my life”

“I have only missed 1 lesson in English since I started in September 2006.”

Male, aged 36, mental health problems since he was 9 years old

“My attendance has been good, as my tutor really motivates me and makes me want to achieve my goals.”

Female, aged 29, “experiencing mental health problems since I was 13 years old”

However, 24 learners felt that their attendance could have been better and that they could have achieved more.

Some learners equated poor attendance with lack of progress, for example:

“My attendance could be better which contributes to poor achievement.”

Male, aged 19 who has experienced mental health problems for “about four years”.

For some learners poor attendance and therefore slower progress was due to other commitments. For others physical and mental health problems has an impact. One learner wrote:

“Attendance is difficult due to ill-health and mental health problems – which has a knock on effect to my learning ability.”

Female, aged 52, mental health problems for “nearly 40 years.”

For other learners, inability to attend regularly did not affect success or enjoyment.

“My attendance has been very bad, but my success in some A-levels has been good due to support.”

Female, aged 17, experienced mental health problems “all my life.”

“I do a lot of work from home.”

Female, aged 18, mental health problems “all my life.”

“I have struggled with my attendance but things are getting easier as time goes on. I enjoy the learning process, it has changed my life.”

Female, aged 37, mental health problems for 25 years.

Three learners did not respond to this question.

The focus groups then moved on to talk more generally about attendance and success in learning, and the questions were structured to reflect the journey that people tend to take as they access learning.

The learners were first asked why they thought people with mental health difficulties go back into learning

We asked this question because we were interested in what motivates people when they decide to return to learning. There were many and varied answers to this question but certain themes clearly emerged. A common theme was that people felt that they wanted to get their lives back. Learners make frequent comments such as:

“To start my life again.”

“The need to get back into the community.”

“To have a bit of life.”

For many this “lack of life” was most exemplified by isolation and loneliness. Getting back into education was clearly seen as a means to break out of the isolation and loneliness which so undermines positive well-being. Learners spoke about:

“Wanted to break free from the isolation they felt due to their illness.”

“Part of treatment and to begin to socialise; to get away from isolation.”

Learners also talked of having lived with a sense of inadequacy and of not facing life’s challenge, and that at some point, education became a means to deal with this. Learners explained how:

“You reach a stage in life when you decide to face problems and education is a good route to coping with situations.”

“Having lived for many years with feelings of inadequacy and inferiority, there was a compulsion to prove my parents wrong. I needed to find alternatives to my problems in life, concentrate on something interesting and enjoy a sense of achievement.”

As part of this moving on process and of re-engaging with people and life, learners identified key ways in which returning to learning helps with this.

For many years getting out of the house and thinking about other things were the first steps on that road. Comments included:

“Helps me get out of my house into a safe environment where people understand me. Acts as a distraction and takes my mind off my worries.”

“Improving a routine and structure of life rather than being unoccupied and dependent on benefits which can lead to a downward spiral into helplessness, lack of confidence and depression.”

“I want to learn so that I’m in control of my future.”

“Want to learn something different and forget about my illness.”

The regaining of confidence and self-esteem as part of this process was mentioned time and time again in the focus groups. Such comments included.

“I wanted to raise my self-esteem.”

“I wanted to build my confidence and be positive about myself.”

“Build confidence and prove that you can achieve – the process is important.”

The chance to mix socially and interact with others was also a strong motivation to return to learning for many of the learners. Learners talked about:

“A new network of people to socialise and learn with....., we don’t want to sit and watch TV all day and smoke.”

“Meet new people”, and “form new friendships.”

For all these learners it is the wider benefits of learning that propel them into learning.

These were reasons that they had recognised for themselves and were strong motivators to go back into education. For others, these wider benefits of learning had been pointed out to them by healthcare staff, friends or family. In many cases this had led to people being referred into learning by their doctors or mental health support staff, in some cases, there had been coaxing and nudging towards learning. Wherever the first idea for returning to learning came from there was a clear sense that this was part of a journey for them. In addition, alongside the things they were learning in their curriculum the learners valued these wider aspects of the learning experience and saw it as a chance to regain much of what they felt they had lost while experiencing mental health problems, and a base on which they could build.

Returning to learning was also seen as a means of acquiring skills, particularly in the hope of gaining employment.

The learners' comments included:

"Better qualification, interacting with people, completing something, developing a routine and work 'ethic'."

"The future – going into employment."

"No exams at school, I want to get back in and get some."

"Acquiring new skills and re-discovering old ones."

All of these reasons – to overcome social isolation, meet new people, get a structure and a routine to life, to rebuild confidence, to acquire skills and qualifications and to improve employment prospects are important because they are the motivators and the aspirations which propel people back into learning. It is the progress towards these aims that keep learners in learning. Learners have these aspirations for themselves – to recover and regain new lives, to move on in life, to go back to work and it is crucial that we honour those aspirations. For some the journey will be harder to start and slower to make, but the aspirations remain the same.

We asked the learners whether they thought people were fully informed about what to expect when they participate in learning

There were a number of different reactions to this question reflecting the variety of learners' experiences. Unfortunately for some the experience of finding out information and finding the right course was difficult, and learners often criticised the "hit and miss" nature of finding out what was available. Some of these difficulties were laid at the feet of their key workers, many of whom they thought were unaware of educational opportunities and lacked any real knowledge of what options and support were available. Some learners were also confused as to why education was discussed with some service users and not others and could not see criteria or a rationale for this. Worse, however, was the experience of those people who were actively discouraged from taking up learning. One person said:

"The mental health workers at the hospital and the day centres didn't encourage you to go back into learning. They didn't know much about it. They didn't encourage. They said, "it's not for you". They try to put you off. I think it's disgusting."

Other learners were more critical of learning providers and how little guidance and support they received from them to find the right courses. Some of these experiences had been during previous attempts to return to learning and thankfully most received better support second time around. Examples given by the learners included:

"I tried the college.... it was too big – they didn't tell you much. They enrol you as soon as possible..... there was no support"

"I was misled about the level and the depth of work to the course."

"Not enough information about the commitment needed."

Some learners commented that the information they received was good, but only once they found their way into adult education or had turned up for their first day. One group of learners said that the information by mental health services had not been good. However, once contact had been made with the college, the college mental health support work had been very good and had been able to give more information of what was available, the content and times of courses and whether there was homework or not. Another group of learners said that initially the information had not been good and that they had not been made aware of what was an offer or how it might help with their recovery. This information was given on the first day as part of the induction. Student Services were spoken of very highly and comments were made on how helpful they had been in discussing options. The teachers were also rated as being very helpful in explaining everything but only once the learner had started.

One learner explained their experience.

"Had hassle enrolling – booked on to the wrong course, was never on the register, was thrown off the course for poor attendance THEN I found IAG [Information, Advice and Guidance] who checked and sorted everything out. Initially it was a nightmare, but then it became clearer and settled."

While this is good it does beg the question as to whether many anxieties service users may have about returning to learning could be allayed if some of this information was provided earlier. Many people do not even make it as far as getting into an adult education building or signing up for a course because they do not have access to clear information about what exactly the opportunities involved.

Where learners spoke most positively about their experiences was when information and support had been made at all stages. Some of this input came from health and social care staff as learners explained.

".... got some advice/warning from my doctor on what to expect emotionally."

"My O.T. [Occupational Therapist] was brilliant, she helped me find out things, told me what to expect and went with me on my first day."

This level of support was deemed to be important because it came from a trusted person who the learners felt had their best interests at heart. It also shows that if mental health services want to promote recovery and social inclusion they have to be prepared to find out about opportunities, provide information and act as that bridge or hand holder for the learner.

Another group of learners explained that it was the learning provider who had done this preliminary work. In one case the college support staff visited learners before they attended college, accompanied them to college and remained the point of contact after they had started.

One group of learners suggested it would be helpful if the tutor came to visit them in their residential setting so that they could see that she was a friendly person and that there was nothing to worry about.

Being able to talk about returning to learning and what it would be like or even to see it happening around them was felt to be very helpful, it allayed anxieties and gave learners a greater sense of what to expect. Learners could see this when courses were held in day centres. One learner said:

“..... able to understand the value and content of courses because they are going on around me.”

Learners also talked about the importance of being able to talk through options. For many, having been out of education for so long, having experienced mental health difficulties and how that can change you, being able to look at course information and think about how it applied to them was essential. Some said it helped them to put a plan together and helped them to see how it could enable them to achieve their goals. One learner explained:

“Had a few ideas but didn’t really know how to put a plan in place.... I flittered about there was guidance and support but didn’t have confidence..... rusty after leaving school 15 years earlier.”

Learners also liked face-to-face contact with people who could give them information and felt that on the whole this was better than only being given written information. One group of learners explained.

“On the pre-registration day, they were given information about the support available at college. They had a meeting with the learning support co-ordinator straight after they started the course. He assured them of the support available to them i.e. 1:1 sessions with him, additional support to go over assignments and acted as a link person with an ‘open door’ policy to contact him for any issues or support needs’.”

Other learners highlighted how having a named contact and being able to put a face to a name was very important. One learner said:

“Having a named person made all the difference – a point/person to go to and help was there.”

Most learners also found written information useful, but some learners felt that more written information up front would have been useful especially information about benefits, transport and even extra-curricular activities. However, one

learner felt that having too much information would have been off-putting and scary.

It seems that pre-course information is important and needs to start early, even before contact with a learning provider is made. This shows the importance of health and social care services being able to talk about opportunities and being competent and confident enough to encourage the take up of learning and to provide the encouragement and moral support that many learners said they needed in the beginning. It also shows that people need differing amounts of information at different stages, that personal contact backed up with written information is the best and that one-size fits all pre-course information and guidance process is not right for everyone. As in all decision-making processes we all make decisions in different ways – some people need to talk through options, others like to have written information to refer to, some like to try things out with no obligation and some like to observe others doing it. However, it is worth investing time in this process because people will know what to expect and what is expected of them. There will be no nasty shock, no hassle, frustrations or feelings of failure. It helps to maintain motivation and keep alive the feeling of being on the right track. If learners get the right information at the right time and get on to the right course they are more likely to remain in learning.

We asked learners who were the key people who support learners in their learning

All the groups of learners that we interviewed identified tutors as being the most supportive of their learning. In particular they talked about tutors' understanding of their mental health needs whilst being respectful of them as adults. Learners appreciated the fact that tutors were interested in them and specifically in the progress they were making. They praised the tutors' enthusiasm and passion for their subject and their desire to see learners do well at that subject. One learner said

“They don't want you to give up.”

Where they existed, specialist mental health staff in college who had a non-teaching role but who gave 1:1 support, guidance and mentoring were also cited as being very supportive.

In one group, the learner praised the reception staff as being very friendly and welcoming and how that made it easier to walk into the learning centre.

Outside of learning, staff in health and social care services as Occupational Therapists, Community Psychiatrist Nurses, Social Workers, doctors and psychologists were also mentioned as being supportive. Examples of this support included:

“Day Centre link person came every day to make sure we were okay.”

“Staff provided motivational support, providing encouragement and moral support.”

Support from families varied. One woman, when asked where her support came from, said;

“My kids are proud of me and make sure I come to college.”

Most people felt that families and friends were supportive, but one learner said he had no family and felt that there was an assumption that people had family to support them and it was not always the case. Some learners felt that whilst families were supportive and encouraging they sometimes lacked the knowledge or understanding about adult education or what the learner might be going through to be really helpful. For other learners the relationship with their families could be problematic. For some, families were a source of put-downs and feeling of failure and whilst some learners talked of wanting to prove their families wrong by taking part in learning they did not receive encouragement and support from that quarter. One group of learners also reflected that in some cases families were fearful that the learner was becoming lost to them. They felt that when learners returned to learning they would have to compete for the attention of the learner with education and all that entailed with new friends and interests.

Some learning providers had developed buddying schemes and mentoring schemes that provided support.

Case Study

The Centre runs a listening service staffed by volunteers who are also learners at the Project, a number of whom had themselves experienced mental ill-health. The service gives learners an opportunity to talk to someone and discuss problems and concerns and this was felt to be highly supportive.

The Bridge Project. Bridge Women’s Education Support Centre

Other learners on the course were also seen as a key source of support. These were people who had become friends and who were supportive and encouraging, particularly if they too had experienced mental health difficulties.

Overall, support from one or two key people seemed to be crucial in supporting learners to return to and stay in learning. This support was partly practical but it was also emotional support – having someone who believed in you and who was interested in your progress helps learners to stay the course.

We also asked the learner groups whether they felt that the support they got was sufficiently positive and constructive

Overall, learners agreed that support was positive and outlined a number of ways which exemplified good support. Most consistently reported was the positive attitude of tutors and other staff. Learners repeatedly used words like *'encouraging'*, *'informative'*, *'structured'*, *'positive'*, *'calm'*, and *'consistent'* to describe how they felt supported by tutors and staff. Learners talked about *'feeling cared for'* and how the way they felt treated was important in building confidence, self-esteem and a sense of self worth. One learner stated:

"Tutors give you time, whereas GPs give you tablets."

Learners also described the teaching styles of tutors as being helpful. Learners talked of tutors as being patient and that they were never made to feel silly. One learner described being able to ask over and over again without being made to feel stupid. This feeling of never being judged was a strong feature throughout many learners' testimonies. Learners also liked the fact that they were challenged, albeit in sometimes small ways, but with evident incremental effect on learners' confidence in themselves. Learners described how tutors expected more of them than they did of themselves, and more than they thought that they could do. Learners also reported that *'things were not done for you'* and commented on the gradual withdrawal of support so that, as one learner put it, *'control is given back to you'*. Learners in the groups also highlighted that tutors helped them to think around problems and thereby empowered them to work more independently. Interestingly, some learners noted that while it was difficult they liked the idea of moving on to new courses with new tutors. The challenge of this, if handled well, showed learners that they were moving forward, could cope with change, gave them a feeling that they were not dependent on one person and provided some markers for progress.

In practical terms learners in the focus groups also highlighted a number of support strategies that they found helpful. Most of these strategies centred around support for handling 'bad days', or when someone was becoming unwell or was off sick. One group of learners liked the fact that when they were becoming anxious or stressed they were able to leave the room and take 'time out' without having to ask permission. Being able to take a few minutes out to get a breath of fresh air or have a cup of tea made them feel like adults and enabled them to manage their own mental health in a learning situation. However, when situations became more problematic or a different level of support was required, learners identified that referral on to more specialist support was helpful. This could include counselling support or dyslexia support, for example.

Equally, when learners needed to take time away they valued the support to come back into learning. This included IT support so that learners could catch up in their own home and in their own time. One learner also described how his tutor had visited him in hospital and there had been an opportunity for him to do work in that setting if he had wished. In general, these support strategies are good examples of the positive and constructive way that enables learners to access learning and shows that flexible support measures for individual needs in a variety of situations is important. Another factor in providing positive support, which was rated highly, was the ability of the provider to respond quickly. When a learner was experiencing difficulties, whether because of their mental health

difficulties or in their learning, action was taken as soon as possible by the learner, or the tutor, to try and ease the situation or to resolve the problem.

Support at times of transition was also highlighted as being important. Time to discuss future options so that learners progressed on to the right course at the right pace was noted, as was the flexibility to provide additional support, mentoring or 1:1 support at times of transition. This was particularly mentioned as being important when learners progressed from discrete provision to mainstream provision.

Equally, support for progression on from learning was highly valued in the few cases where it existed. One learner described his experience:

Steve became ill and lost his job as a tiler. Then he was in hospital for a time. When he got back home he said *“I spent the day with my head in my hands.”* He wanted to get back to work but couldn't get a job because he couldn't cope with the interview *“in a professional manner”, “I lost my pride”*. One of the primary mental health teams suggested he contact Bolton College. For the past few weeks he has been on the 10-week 'Learn to Earn' course which the college has developed. They are teaching him about coping with interviews and writing a C.V. Recently, he went on his first work placement at a tile workshop, accompanied by a support worker. It went well and he will go regularly. He said this course *“is giving me hope for the future, I'm not just re-living the past.”*

Other learners also described how voluntary work placements and links with careers advisers and guidance workers gave them a sense of what was possible.

We asked learners what helps people to keep turning up, even when things may get a bit tough or difficult

Stereotypically, learners with mental health difficulties supposedly lack motivation and have poor attendance and retention rates. Yet we know from the providers we talked to that attendance was good and retention rates were often 100%. So what is it that makes people turn up each week despite how they may feel mentally and emotionally?

There were numerous and varied responses to this question but they fell into three broad categories.

Firstly, turning up to classes was the result of the learners' own attitudes and attributes. Learners felt that what got them to classes, even when they were finding it difficult, was their own determination, will power, conscience and sense of personal responsibility. Learners acknowledged that it was a struggle at times to leave the house and make the journey to classes but felt the determination paid off. Learners said:

“To turn up is half the battle.”

“I feel better once I am there.”

Learners also felt that not turning up would be failing in some way and numerous comments were made about *“letting myself down”*. For some learners the determination was borne from a starker choice, as one learner put it:

“I want a future. I refuse to give up and die an addict or alcoholic.”

For many learners this sense of responsibility was not just for themselves but was also extended to other learners in their classes and to tutors. Learners felt that their absence would impact on the group and that not to turn up would let other learners down. They felt that friends would worry and thought about *“the bad effect it could have on others in the group”*. This feeling of responsibility and reciprocity also extended to the tutor and learners commented that as tutors put such a lot of effort into their work they should at least turn up.

“My tutor is the only person who phones me when I am ill. I think if he can be that bothered then I can be bothered to get up and go in.”

For some learners, attending regularly gave them the structure and routine they felt they needed in life. For some, returning to learning was a reason and excuse to leave the house, to be more active and to have other things to think about. Other reasons included having *“me time”* or to *“have time away from the children”* or *“to move away from people that I know and make new friends”*. Structure, routine, social contact was seen as being an important part of the recovery journey. Attending was an important part of keeping well and that not attending *“is a trigger to my illness”*.

Learners also explained how the social aspects of learning were another reason why learners turned up even when they were having a bad day. Learner groups reported that learning was fun, rewarding and a positive place to be. Not turning up meant missing out and as one learner said:

“I would turn up even if I won the lottery!”

Much of the positive atmosphere that made learning fun and enjoyable was to do with the friendships, group spirit and sense of belonging that was engendered within the group. Learners saw this group spirit as an important source of support for persisting and succeeding in their learning. They wanted each other to do well and supported each other. Learners talked of phoning each other or texting each other if somebody didn't turn up because they wanted them to be there and to do well, but also because they were fearful for the person and for themselves if someone appeared to be becoming unwell. The belief that *“if they can do it, then I can do it”* works both ways. If they saw fellow learners doing well then there was no reason they could not do the same, but equally if someone became unwell or was unable to cope there was also concern that the same might happen to them.

This emphasis on the social interaction, fun of learning, social responsibility and reciprocity and group spirit, shows how learning providers need to think about how they make their learning environments friendship-friendly. We all feel motivated to go somewhere if we know that when we get there someone will be pleased to see us, that we will be engaged in what we are doing and that we will be met with warmth, friendliness and interest in our wellbeing and progress. Given how many learners had talked about the isolation and loneliness that they had experienced in their lives, this is a particularly important part of the learning environment.

We asked learners what happened if they needed to take time off from their learning

Only in one focus group did the learners say that no contact was made with them if they took time off from learning and neither were they expected to phone in. Learners explained that this was because it was a college and “*you don’t pester adults.*” When they did return to college their tutors helped them to catch up.

All the other groups reported that contact of some kind was made if they were absent. Some groups reported that at the outset of their courses they were advised that good attendance was expected of them and that if they were absent they had to make contact with their tutors. In many groups, learners revealed that if they were absent it was the tutors who contacted them. However, this did not feel like an intrusion, but rather they welcomed the contact as being evidence that they were valued and wanted as learners. Again, the feeling of being cared for and that there was concern for their welfare was apparent. One learner told how his tutor rings “*to see how we are, not to say why are you not here.*” This felt like a very important distinction to the learners.

All the groups agreed that if they did have to take time off the tutors always welcomed them back and support was available to them to catch up. Some learners were on courses that were flexible and learners worked at their own pace, so that taking time out was not such an issue. Other learners, particularly those taking accredited courses, acknowledged the role that the tutors and other learners played in helping them to catch up, and in some cases to re-negotiate deadlines.

Having asked what support was available and what kept learners going even during the ‘down days’, we then asked ***what it was that kept people going to the end. What was it that helped them to achieve?***

Many of the responses re-iterated some of the answers to the earlier questions. For example, learners again highlighted good teaching methods such as flexibility and clarity. The understanding of tutors about the difficulties learners felt that they faced was also noted, as was the on-going support of other learners.

Except for two groups, on the whole reviews of progress, 1:1 sessions with tutors and Individual Learning Plans were all felt to be enormously helpful. Learners

liked the fact that they had a clear plan of what they wanted to achieve from the start with targets and goals to achieve. One learner said it enabled them *“to see a path to the future.”* Having put a plan in place, learners also liked the regular reviews of progress. One learner who was taking an evening class said the 1:1 sessions were invaluable and gave the learner the motivation to come out *“on a cold dark wet winter’s night.”* Another learner said she could *“look back and see what I have achieved”*, which motivated her to keep going. Another learner talked of being able to see what he had achieved and of the importance of aiming for qualifications, saying *“this is the first thing I have been able to commit to in years.”*

Reviews of progress and being able to look back at the journey they had made also helped learners to think about their aspirations for the future, such as getting a job, securing a place at university or in making their family proud of them. Part of the aspirational thinking was in the importance of gaining qualifications and certificates. One focus group stressed the profound importance of achievement and totally rejected notions that gaining qualifications was not appropriate for people with mental health difficulties on the grounds that it created anxieties. They strongly believed that gaining recognised qualifications was an extremely important step on the way to recovery. Another learner talked about the certificate at the end of the course which *“makes you feel nice and proud”* and that *“you put it on your wall and people come in and they say ‘have you been doing that, that’s nice’.”*

Learners also said they felt motivated to remain in learning and achieve because they could see positive changes in themselves. Being in learning distracted them from other problems, as one learner said *“when I am not at college I withdraw into my problems, but when I am here [at college] I’m thinking about others things and I feel clearer”*. Learners said that their learning boosted their self-esteem and this kept them coming back for more. Growth in confidence, a sense of pride and a greater sense of hope and optimism in the future were also seen as important reasons to keep going with their learning. Allied to this improved sense of well-being, learners felt they were *“getting on with life – leading a ‘normal’ life”*. Some learners said they liked being part of something and being out and about, and that they liked to be doing things like sitting in the canteen, watching the variety of people of all ages. It was important that the learning was fun and enjoyable. Gaining new friendships, alleviating loneliness, being able to get out more and to take advantage of extra curricular activities were all reasons that motivated the learners to continue with their learning and to achieve their goals.

Lastly, several groups also raised practical issues such as transport to get to learning and venues being local and accessible as important factors that made it easier to stick with their learning to the end.

Since we had asked about what helped learners to attend and stick with their learning, we then asked ***what might stop them from attending and from achieving.***

All of the groups felt that poor provision was a major cause of learners dropping out of learning. The lack of suitable courses was cited as a reason – courses that

were too long, or too short, boring or irrelevant. Poor teaching was also highlighted; tutors who were unenthusiastic about their subject and left learners feeling 'flat', who lacked awareness of mental health difficulties, or who were insensitive in the feedback they gave. Despite all the positive comments learners gave about tutors and support workers, they could also relate stories of put-downs, negative comments or staff who were unapproachable or who patronised them. Equally, while most praised their fellow learners for being supportive and friendly, some groups also related incidences of bullying and unfriendliness.

Learners also reported that a general lack of support meant that some things were not dealt with properly. Learners gave examples such as if a person had a panic attack in front of other people they can feel self-conscious when they return and this needed sensitive handling. Others said that if there was not enough support to catch up with work after an absence; this created too much stress and people dropped out. Other learners talked about managing conflicting demands in life such as looking after a family or caring for someone. Learners explained how having a mental health difficulty can undermine one's confidence and assertiveness and therefore juggling demands and sticking up for yourself and for your right to learn was very difficult, and often a cause of learners leaving courses early. Support to manage situations like this was thought to be important.

Learners also noted that in some cases tutors and other staff were supportive in listening to problems but failed to back it up with practical support. Learners commented that being listened to was all very well, but lack of action to back it up resulted in learners feeling that their concerns were not really that important.

Despite the fact that many learners were happy to be made aware of the providers' expectations on them to attend regularly, in some instances this was not dealt with very sensitively. Some learners felt that too much emphasis was put on them attending regularly because tutors were worried only about their retention data rather than their learning.

Despite being very positive about the social aspects of learning, learners also talked about how difficult that can be. Some learners felt that colleges can be big, noisy and nerve-racking places, especially the canteens. Some learners found the younger students difficult to cope with and others related that they felt conscious of being older. Many learners felt that having quiet, 'chill out' spaces where they could go was important in helping them to cope with the environment.

All of the groups felt that at times mental health difficulties could become 'too overwhelming' and therefore likely to lead to someone dropping out of learning. Learners talked of depression, paranoia, insomnia, panic attacks and anxiety as sometimes making it difficult for someone to continue in learning. One learner said, "*You are up and down and here and there and all over the place*" which made it hard to keep going with something. Another told of finding Mondays hard to cope with after having a weekend alone, as if implying that having to keep picking yourself up and get going again made it hard to sustain learning. Medication was also noted as having a detrimental effect on learning at times, especially as the side effects can be unpleasant and make concentration difficult.

Learners also talked about fear as a reason why people could not access learning or continue in their learning. Such fears as fear of the unknown, fear of change to routine or in themselves, or fear of failure were all mentioned. Sometimes it appears that the risks outweighed the benefits for some people.

Similarly, fear of some subjects or bad memories of past educational experiences was another reason why some of the groups felt that some learners dropped out of learning.

Many of these reasons why people dropped out of learning are resolvable with some planning and the right support from learning providers and mental health support staff.

Practical issues were also cited as being a major reason why some people dropped out of learning. Money was highlighted as being a major barrier to continuing in learning. The cost of some courses and cuts to benefit made it financially impossible for people to carry on in learning, but also, if confidence and motivation is low, much harder to justify continuing in learning to family and partners. One learner told how during her floristry course her benefit was cut and her son remarked *“We have no food but we do have nice flowers”*. Although this learner was still continuing in her learning, it is a good example of the sacrifices that have to be made, not just by learners but also by their families. Transport was also reported as a major factor that made attendance and completion of courses difficult, especially in rural areas where infrequent public transport could make attendance very difficult. Some learners reported that the course start times meant that they had to travel at the busiest times on public transport and that this could be uncomfortable and difficult for some people. Delaying the course start time by half an hour could have helped in some situations. Transport issues are compounded during bad weather and required people to have high levels of motivation to keep going. Lack of concessionary bus passes also added to the costs of being in learning. Some of these issues are major barriers to many learners, not just those with mental health problems.

3. The learning providers and their referral agencies

This section of the report looks at the views of practitioners in learning and in health and social care about what supports learners with mental health difficulties to attend, remain in and succeed in learning. The focus groups of staff were mixed, with staff from education and from health and social care, because we recognised that the support given to learners was probably from both sectors and would probably be an integrated approach to support. This part of the report reflects that joint working and highlights the importance of partnership working.

As part of the research 35 focus groups were held with a total of 98 referral organisations and providers taking part.

The focus groups were well attended by a wide range of organisations from the voluntary and statutory sectors. This included different types of learning

providers, although the majority were colleges of Further Education (see Table 2).

Table 2: The type of learning providers that participated in the research

Type of provider	Number involved in research
General Further Education Colleges	20 providers
Local Education Authority Adult and Community Learning Provision	7 providers
Voluntary and Community Sector Providers	4 providers
NHS Unit in association with an FE College	1 provider
Residential Further Education College	1 provider
Specialist residential Further Education Provider	2 providers

The providers offered a range of provision. Some provision was offered in community and/or healthcare settings. Some provision was offered specifically for people with mental health difficulties – discrete provision. Other providers offered support for people with mental health difficulties to access general courses open to all learners. Many providers offered all three types of provision. The curriculum subjects offered were very varied including Skills for Life, art-based subjects, computing, GCSEs, A-levels, vocational subjects at all levels and personal development courses.

The number of learners receiving learning and support varied among providers. The smallest provision was for 20 learners while one provider was supporting over 500 learners with mental health difficulties (see Table 3).

Table 3: Numbers of learners with mental health difficulties supported by the providers

Number of learners	Number of providers
Up to 50 learners	5
50-100 learners	5
101-200 learners	8
201+ learners	11
No figures provided	6

The groups also included key staff from referral agencies such as regional branches of national charities and small local charities focusing on specific areas of need. There was a large representation of healthcare professionals across a

range of provision from keyworkers in small supported housing, day centre staff to clinical psychologists and psychiatrists. The levels of co-operation and understanding between the referrers and the providers varied considerably. Those with well established links and protocols provided a 'seamless' join in provision which was of considerable benefit to the learners. The shared use of staff and facilities built up a trust between organisations and, more importantly, between the learner and the providers.

Table 4: Type of referral agencies/ individuals who were part of the focus groups

Type of Referral Organisation	Number involved in the research
Mental Health Trust/Primary Care Trust	12
Consultant Psychologist/Psychiatrist	6
Community Mental Health/Psychiatric Nurse Team	12
Local Mental Health charity group	15
Local Housing group	5
Local Employment group	10
Local alcohol and substance misuse group	3
Day Services provider	11
CAHMS	2
Rehabilitation team	2
Occupational Therapist	6
Connexions/IAG for adults	4
Residential staff	6
Social Services	12
Local Education Authority	2
Independent trainer	1

Using a semi-structured interview approach, the focus groups were asked to reflect back on the learner's journey. The questions were structured so that questions were asked alternatively of the learning providers and then of the referral agencies, because we wanted to get a sense of how the support dovetailed together. We began with questions about the identification of individuals who were ready to take part in learning and how they were supported, guided, assessed and introduced to a range of providers. Then we explored how organisations worked together developing programmes and organising support to meet individual need. We finally asked questions about achievements, progression and staff training. Groups were given an opportunity to add further comments at the end of the meeting and these were recorded and included in the research.

There were specific questions asked of both groups of staff in order to measure the individual interpretation and understanding of the issues faced by learners.

The first questions related to readiness to learn, for example, assessing whether someone was ready to take part in learning and the approaches taken to effectively make that assessment.

There were clear themes that kept emerging from the referral agencies. These related to prospective learners identifying courses in reviews and Care Programme Approach (CPA) interviews, and in more informal talks with a range of staff. Developing good group socialisation skills and informal visits to providers were important. Key factors identified by staff were:

“Knowing clients well.”

“Part of the referral process and CPA/reviews.”

“Linking to short term and long term goals as part of their care plan.”

“Run groups to help them feel comfortable in society, confidence/ stress/ relaxation courses, facilitate learners to build confidence and courage.”

For some referral organisations there were more practical tools for assessing readiness:

“I would consider levels of motivation, previous education/work experience. Attendance and punctuality in other contexts.”

“Clients are clinically screened. If they are well enough, motivated and there are no risk factors, they are referred for information to providers.”

“Learners have to be well on the way to recovery.”

“No pressure to leave day centre but would encourage when moving on was right.”

“Levels of concentration, transport and their ability to commit to a project.”

There was recognition by a large number of referrers of the need to address unrealistic expectations by learners and to ensure that the decision to go into or return to learning was the individual’s choice:

“Undue pressure from parents – expectations from older siblings, school.”

“It was observed that particularly in the case of younger learners, they may not see that the pressures of educational achievement in the first place may be what lead to a breakdown in the first place; however, the learner may still feel a strong sense of ‘unfinished business.’”

“How realistic achievement is.”

These comments are interesting when compared to what learners said about not understanding how decisions were made by health and social care staff as to who was 'ready' for learning. It should be borne in mind that motivation is also situational, a person may have no motivation in some settings but may be motivated in others, so it can be difficult to assess motivation in one context in relation to another.

The use of short taster courses within their own organisations to build confidence, prepare individuals for learning and *"act as a bridge for the college"* in a familiar environment was a strategy identified by several of the groups.

The support provided by referral agencies was varied but the majority ensured that the learner was accompanied for the initial visit to the learning organisation or that the meeting was held in a familiar community setting or contact was made by telephone to help ease the movement into the learning environment. In a large number of cases the referral agencies would continue to accompany individuals for the first few weeks of any courses and meet with them at the end of classes. Support relating to transport needs was raised by several of the groups.

"Community support worker would draw up a bus programme. Would meet them at college and after their class. Key workers might attend classes in early weeks."

Many referral agencies saw their role as one of advocacy ensuring the needs of the individual learner were being met. Being available by phone and also attending meetings to review progress.

"If enhanced [CPA] there would be continuing support. I would discuss progress and how they were finding the course. Ring up if there was [a] problem."

When asked about information passed on to the learning provider the first response was overwhelmingly *"only with the learner's consent"* and many agencies quoted *"confidentiality policies"*. As the discussions developed this response was explored more deeply and the actual answers were less simplistic. The phrase, *'need to know basis'* was used by a number of agencies but no clear pattern emerged to define 'who needed to know'. In Lancashire there is a *'no secrets agenda'* and another area spoke of *'all info verbally passed on'*. Some agencies had referral forms which were given to providers with the learner's agreement. These contained contact details, emergency contacts including Community Psychiatric Nurses or other Mental Health professionals, long term and short term aims, educational history and references to individual circumstances that may impact on learning, for example need to smoke or panic attacks. The majority of agencies encouraged learners to think about disclosing information that would help them to access additional support, resources, extra time for assessed modules and to keep well and safe. There was a concern relating to risk assessment and information that must be shared with providers:

"Risk assessment and duty of care – bypasses individual wishes – still involve learner to feel comfortable with what information is given and to whom."

“Support learner to recognise information that will help in learning and reducing anxiety without telling college everything.”

“Any risk issues, including any vulnerability of the service user. Lancashire has a ‘no secrets agenda’ to protect vulnerable adults which recognises that each service has got high quality confidential systems but also the responsibility to share information to protect the vulnerable. The college would pass on information needed to support learning but not details of any diagnosis”

For some agencies information was kept to a minimum:

“Unless a named person has been allocated to the learner.”

Others were more transparent:

“We don’t hide anything.”

Concerns were raised that highlighting ‘*risk issues*’ can lead to tutors seeing the learner as ‘*risky*’ even though the learner is fully into recovery or that too much attention is focused on the mental health issues and not the learner. ‘*Normalised*’ behaviour may be misunderstood because of the mental health label.

Where relationships have been built up over time a different response was given:

“College does not want info: assumes referring agency has risk assessed – they prefer a clean sheet.”

This was an uncommon response but one that looked at the individual solely as presented when joining the college.

These responses also highlight the importance of learning providers and health and social care providers developing joint protocols about the passing on of information, so that all stakeholders including the learner is clear about what information should be provided and why.

The final part of the first question which looked at the referral agencies’ assessment of learner readiness focused on the confidence of these agencies in talking about post-16 education. The responses were very varied and covered the full continuum of agencies from being very confident to having no confidence at all. A number of agencies cited the importance of having a main, named contact:

“I don’t know but I know someone who does!”

“Building up relationships.”

“Very [confident] – can always ask programme leader.”

There were concerns raised that if key contacts leave organisations the relationship may not continue and that some of the links developed are too narrow and more organisations need to be involved:

“More confident with referring to more socially inclusive courses at day centres where people are more used to working with users with mental health difficulties.”

“Building up a network of contacts with different support teams.”

We asked the learning providers about the pre-course guidance and assessment they did with learners

In many cases this was through informal interviews often carried out off campus in the community and in a health care environment. The use of the Care Programme Approach was seen by many providers as a foundation on which to build shared goals. Many providers had developed a wide range of publicity materials and had targeted specific referral agencies to try and reach the learners. Induction packs had been produced by a number of providers enabling potential learners to have a tangible resource to refer to and to access relevant contact numbers and individuals. Care had been taken to ensure these resources were accessible in a variety of formats, print, internet, emails, telephone messaging, for example and with an understanding of content presentation:

“Of particular note is the fact that the learner induction pack is printed font 14 which is the recommended type size for learners with less-well-developed literacy skills.”

Many providers use Summer Schools or Taster programmes to gently introduce or re-introduce learning to individuals:

“Summer Tasters funded by additional learning support funds to support pre-entry.”

“Taster day infill and short taster courses before Easter to prepare for main programmes.”

A number of providers have developed close links with a wide range of referral agencies and work with Year 11 heads and SENCOs (Special Educational Needs Co-ordinators) in local schools to ease the assessment processes and to have a clearer understanding of the specific needs of individual learners prior to entry. Through this process the providers were able to ensure appropriate support and resources were available to learners as soon as they began their chosen programme of study. One provider had a traffic light system to aid this process:

“Green information given on learners – some concerns but opportunity to start afresh and move on – fine and no intervention. Amber – actively working with learners from before/LDD [Learners with learning difficulties and/or disabilities] support or self identification – some support initially and then discussed and may

not be needed or needed at specific stress times, e.g. written assignments, end tests, work experience. Could involve CAHMS [Child and Adolescent Mental health Service] - substance misuse – inter agency approach. Red highly vulnerable – support from day one – regular meetings with Dept manager full support and bringing concerns forward.”

The application/proforma entry form was seen as a useful document if learners disclosed support needs/mental health issues but if nothing was disclosed this could hinder support for learners. Often issues are raised in formal or informal interviews prior to starting programmes, particularly if learners are accompanied by staff from the referral agencies. Although there were concerns that information given would damage the learner’s chances of being accepted:

“Assessment via application information first (certain extreme behaviour might preclude entry – fire raiser, sexual issues).”

“ ... [named person] or staff will mediate with tutors and support for course interviews if required.”

This was more difficult when learners self-referred or were referred through family or friends and information was kept to a minimum. Providers were more concerned in the main with ensuring learners had access to the best range of support available and this could only be planned when they had the fullest picture of the needs of the individual learner. This may involve looking for other options not available with the provider:

“Difficulties arise if someone is not in the system and inappropriate behaviour can be damaging to the whole group – intolerance by others and more needs to be done to link with external agencies to support from the community. Is it the right time for learning? If not, what else is there?”

Many providers screen all learners for basic literacy, numeracy, language and learning style needs. If concerns are raised through this screening, diagnostic assessment is carried out and this is used to inform support and resourcing needs. Support may also come from services like Connexions and Job Centre Plus.

We asked providers if issues of attendance and retention were raised with learners before or at the start of their learning

The use of the induction pack and/or student handbook as a key resource to support attendance and behaviour expected of learners was an example given by a large number of providers.

“As part of the induction programme learners sign an agreement which includes the attendance policy and procedures.”

Providers all stressed the importance of learners taking responsibility for attendance and for informing them if they were unable to attend. There was recognition by many of the providers that key workers and other healthcare staff had a valuable role to play in supporting learners and informing providers when the learner was unable to do so. A number of providers had different ‘rules’ for attendance within their own departments as long as they were informed about the learners’ reason for non-attendance and if it was related to their mental health issues:

“Attendance commitments and responses discussed – linking with dept. College system is bypassed by the department. Reinforcement of ‘need to know’ for course tutors and other college staff.”

“Told they are expected to attend more than half the sessions ... Encourage to attend ‘you might be having a really bad day but it’s important to make the effort’.”

Many of the providers quoted 80% attendance as a requirement both for awarding bodies and the Learning and Skills Council with some providers showing how they adapted delivery methods and course length to support learners more positively:

“Nat Dip [National Diploma] course 80% is essential – discuss impact and negotiate from full time to part time over 2 years to achieve full course. Drop from Dip to Cert [Certificate] course (fewer units).”

The issue of courses paid by other external organisations was also noted and this can have an impact on how attendance is recorded:

“Social services pay for their places at the centre and attendance has to be monitored.”

A number of the providers used electronic monitoring to oversee attendance and this was backed up with telephone and text messaging being used to contact learners to show an interest in their returning rather than as a punitive measure.

We asked providers how they monitored progress with learners

All providers questioned described how they used Individual Learning Plans or in Care Programme approach reviews with shared goals and long term aims. These goals and aims included ‘soft’ targets linked to personal development:

“... each learner also has a personal record of achievement, and regular reviews are made of Additional Learning Support at end and mid term and comprehensive records of ALS are kept.”

“Each has a learning diary which identifies goals for each component of the course + personal goals and records progress. It is the learner’s responsibility to complete.”

“Targets relate to goals set for academic/skills development and for ‘softer’ personal goals including appearance, attitude and behaviour.”

A large number of providers had introduced modular programmes over 10 weeks and used the Individual Learning Plans to monitor progress with a review midway through the course and at the end, before learners progressed onto the next 10 week programme. These reviews were 1:1 sessions and through the tutorial system. Many of the providers were using RARPA [Recognising and Recording Progress and Achievement] to record and monitor progress.⁴ Self assessment was encouraged by several providers:

“It [ILP] sets out learning goals and is reviewed at the mid point of the course. They are also asked to assess themselves.”

“Course is the vehicle to engage learners – talking about assessing self, turning up.”

Personal tutors and key workers were seen as an essential feature to provide support to the learner through this monitoring and review process. This was strongly re-inforced by the learner who also testified to the importance of progress reviews and planning.

When the question of on-course support was asked all providers gave an extensive range of support available. This included learning support assistants and additional learning support staff who worked with learners both in class and outside within learning resource centres, libraries and, in a few examples, with external agencies off site. This support was linked to the identified individual needs taken from the initial interviews and application forms, where possible, or assessed during the first few weeks of a programme.

A number of providers used volunteers to support learners including ‘buddy systems’ and mentoring, as well as for more practical tasks:

“Volunteers used for accessing college can be from outside agencies or from the college pool.”

A number of providers use the ‘buddy system’ for additional support using other learners or staff. Learners are also encouraged to develop their own support networks through group activities and linking to wider social events. However, for some providers the use of other learners is seen as inappropriate or potentially too ‘risky’ for the individuals:

⁴ RARPA (Recognising and Recording Progress and Achievement) is a learner-focussed system of recognising both anticipated and unanticipated learning outcomes arising from non-accredited programmes.

www.lsc.gov.uk/whatwedo/rarpa.htm

“Have a buddying system but only with staff, no learner-to-learner buddying.”

“Buddying is not used as it is considered a potential strain on the buddy.”

For residential providers the learning support offered covers a wider range including more focus on social and independent living skills with practical tasks complementing vocational skills development. Each learner has a key/individual support worker who links with vocational/academic staff to provide a seamless join with support, monitoring progress and developing strategies to progress and gain new skills.

All providers described the wider range of support available through counselling services, welfare/finance services, careers’ guidance, workshops and exam concessions. These services are accessible through referral from staff or self-referral and were detailed in induction/student handbooks. Tutors, in particular, recognised the importance of addressing these ‘non-educational’ issues as they could impact within the classroom and on the attendance of learners. Transport and childcare costs and accessibility were identified as areas for support that impacted on learners’ engagement with provision.

Having a quiet space/room for learners to access was identified as an important aspect of support giving the learner ‘time out’ and somewhere ‘safe’. Support also included materials such as coloured paper for learners with dyslexia (where appropriate), with varying font sizes, specialist computer packages, adaptive technology and appropriate classroom layout. This kind of support was seen by some providers as more difficult to offer and there were concerns regarding the level of support needed from the referral agencies:

“Technical support (.....) but emotional support for mental health is referred back to the agency.”

Case Study

One provider described the on-course support for discrete provision as:

“They are supported by the way the learning is structured. Each lesson plan has a double thread: meeting learning objectives and supporting personal goals. Always start with ‘issues time’ – how is everyone today, opportunity to say anything that needs to be said, then asked to park the issue and focus on the learning. At the end of every lesson they receive feedback on what learning goals they have achieved and they record their views on how well the lesson went, how feeling now about the activity and compared with how feeling at start of class.”

Nelson and Colne College

Referral agencies were then asked what on-going support they give

The majority cited 'regular contact' through meetings both formal and informal, and as part of their CPA review structure. Where learners have an identified key worker, support was often on a more practical level; getting learners up in the morning, accompanying learners to the provider, sitting in on class, positive encouragement and challenging negativity:

"Challenge learners - 'learners have often been told that they will never achieve', we have to convince them they can do it."

"Key workers provide encouragement but need to develop a process that goes beyond the causal enquiry. Some offer to go through with them what they have covered in the week, help with revision."

"Support and giving coping strategies for dealing with big and small things, i.e. alleged complaint re: someone staring at a learner, wearing a cap in class."

For some referrers this support will continue indefinitely and for others they see their role finishing as learners establish themselves within the education and skills sector and become more independent.

"CPNs [Community Psychiatric Nurses] will provide ongoing support whilst at college or until signed off the 'system'."

There was a concern about the levels of case loads for healthcare professionals and little time to support effectively. The need to ensure learners were well enough to continue with their programmes was seen as a higher priority:

"Medication management and/or compliance – prioritising roles and support."

Concerns were also raised over the level of support for learners who are losing access to the CAMHS (Child and Adolescent Mental Health Services) services when they are judged as adults:

"Day service staff say there is a 'yawning gap' in support in the community for young people, particularly 17-20 age group."

The multi agency approach was seen as the way forward by a number of providers who were working towards having joint provision in tandem with mental health specialists to ensure that the individual needs of the learner were being met as fully as possible. Providers were also aware of the importance of the social involvement with learners taking part in a range of activities outside programme areas and in some cases working closely with the Student Union and community groups:

"not just academic support – football 5 a side team – charity fund raising – beach cleaning – leading a group."

When asked about learner progression, providers had clear pathways available for learners from discrete provision across mainstream programmes and beyond. A large number of providers linked with Connexions and adult Information, Advice and Guidance services to support learners into a variety of employment opportunities including work experience, voluntary work and part and full time jobs. This support included job seeking skills, CV development and interview techniques:

Case Study

“Work Placement Co-ordinator works alongside learners who want to do work – voluntary or paid. The work placement co-ordinator works with employers to help generate opportunities and to discuss how barriers to employment may be addressed. A commitment from the Local Authority to provide work opportunities in five of their libraries.”

Barnet College

Learners were offered a range of programmes which linked to further discrete and mainstream courses ranging from Entry level to Access to Higher Education. The use of 1:1 interviews including using the tutorial system was the key to moving learners forward, or in some cases, across programmes at the same level but with gaining new skills. Several providers stressed the importance of maintaining skills as well. For many learners progression was a slow process with courses offered in ‘bite sizes’ to gently ease learners back into study or to introduce them to studying for the first time as an adult.

“They refer learners to the IAG [Information, Advice and Guidance] team at the mid-point of the course who tell them the different options available. Ultimate goal is to get them into employment but they look at smaller steps first. Some do two or three courses before ready for the next step. They are trying to build local partnerships to develop progression routes. They look at sideways steps.”

A number of providers identified the continuity of Learning Support Assistants across programme areas as important for learners when they first move into mainstream provision. In some colleges the continuity of the tutor moving through the levels was seen as one reason for successful progression by learners:

“Have managed to get three reserved places on all mainstream courses until end of August for their learners. Then help through the complicated enrolment system, do the paperwork with them, go to the first classes with them if needed.”

As part of recording progress we asked providers what indicators of success they used

The leading indicator of success for providers was the use of RARPA (Recognising and Recording Progress and Achievement)⁵ to record everything achieved by the learner. Retention figures were also seen as a clear indicator that programmes had been successful for learners alongside destination information linked to Individual Learning Plans. In many cases success was linked to the on-going well being of learners and information obtained from referral agencies as to personal development and confidence. A number of providers had been involved in the pilot delivery of 'Catching Confidence'⁶ and had used the programme successfully.

A large number of learners had gained a range of non-accredited and accredited qualifications but providers did not see this as the main goal but a bonus to the 'softer' skills and confidence gained:

"Improved confidence and health."

"Richter scale⁷ training questions on specific issues that help measure the impact of training/learning, personal/emotional development or problems. Learners map their progress on the scale at various points through the course."

Providers used Individual Learning Plans and end of course reviews to gain data linked to retention, achievement and destination highlighting the learner's journey and using this to development their provision and their support networks for the future. Learners were also involved in the Duke of Edinburgh scheme and Young Enterprise.

We also asked providers how they celebrated success

All providers celebrated success with award ceremonies; informal and formal events. Many providers were acutely aware of the difficulties many learners faced with 'public exposure' and options were available to acknowledge successes: learners' work displayed around the buildings; exhibitions of learners' work; articles in local, regional and national publications; and a growing number of providers were using Adult Learners' Week as the key event for celebrating achievements. Several providers sent personal messages to learners using post, email and text messages:

"Learning mentors send postcards 'I'm proud because ...'"

⁵ LSC <http://www.lsc.gov.uk/Whatwedo/rarpa.htm> for RARPA

⁶ NIACE <http://www.niace.org.uk/Research/keyfindings/catching-confidence.htm> for 'Catching Confidence'

⁷ Richter Scale www.richterscale.com

Referral agencies were also asked how they supported progression and success

The majority of referral agencies saw their role in supporting progression and success as part of the Care Programme Approach process. Depending on the level of Care Programme Approach support agreed, the referrers saw the providers as the main supporter for learners. Many saw their role as slowly withdrawing as 'learners gain in confidence and progress'. Some referrers continue to offer programmes that complement the providers' courses building on the 'softer' skills:

"Courses are offered in personal development, anger management, assertiveness, confidence building, stress, etc. that add to their rehabilitation and act as a support mechanism."

"Outside referring practitioners work with learners to support their motivation and to keep them on track. Also work to review and re-evaluate learners' goals where appropriate – all this is done in close working relationships with the college."

An earlier question to providers looked at the issue of attendance from the beginning of the programme. ***This question was asked again to both providers and referral agencies focusing on attendance once a learner has started a course and what action they took if learners were absent.***

The answers were very similar with inter agency co-operation and a joint approach to support the learner as key to ensuring a return to learning outcome. College providers in particular were given more flexibility to 'allow' learners time out from courses when they were unwell and unable to return quickly to study. Through this inter agency approach individual learners' needs were assessed and where appropriate a 'strategic, planned withdrawal' could be arranged which would give a positive and 'in control' feel for the learner, not reinforcing 'failure'. For other learners a gradual return to study could be planned with additional in class and out of class support and, in some cases, home support given to enable the learner to complete their chosen programme. Providers have been developing a range of methods to keep in touch with learners and for some text messaging has proved very successful as learners can respond without having to 'talk' to anyone or feel obliged to explain themselves when they are unwell. Referral agencies saw their role as an intermediary to inform providers if a learner was unable to do so themselves and in some cases to act as an advocate on the learner's behalf.

When asked what are the main challenges in supporting learners to attend and achieve in learning both providers and referrers highlighted the importance of understanding mental health issues and how these can impact on learning. Disclosure was still seen as a major hurdle as planning effective support can be hindered by lack of information. For many learners motivation is difficult and 'bad memories' of learning in the past can be major barriers to re-engaging with learning. Prejudice from staff – teaching and non-teaching, other learners and

ignorance of mental health in general need to be addressed in order for learners to be successful. Seeing learners as individuals with their own particular needs rather than a medical condition attached to a person was a challenge as it was recognised that at any given time those mental health issues could impact on the individual's learning. This could be through a reaction to medication, levels of anxiety, misinterpretation of actions and responses to behavioural changes:

"Miss 1 appointment – 'I'm in trouble/will be told off/embarrassed – can't go back'."

"Supporting and empowering learners in the belief that they 'can make a change' that they can achieve."

"Psychotic episodes in class used to be covered by the disciplinary procedure now open dialogue and support framework."

Other barriers were of a more practical nature with transport being one of the most difficult to address. In rural areas lack of good transport links, the cost, the inability to drive and confidence to drive were major issues for learners. For some learners they did not have the confidence to use public transport and the timings of some provision coincided with the busiest commuter times which either stopped a number of learners attending or they constantly arrived late.

"The practical arrangements are the ones which impact most adversely. When the practical issues of transport and childcare and financial support for learning are dealt with, then the emotional support is invaluable in maintaining learners on programme."

Benefits are another large issue for learners who are concerned that they will lose vital monies and that means-testing may impact on what they can afford to do. *'Transport and childcare are not routinely paid for'*. Funding of courses was another major issue and providers and agencies were looking towards the new government strategy for partnership working with the DH (Department of Health), DIUS (Department of Innovation, Universities and Skills), DCFS (Department for Children, Families and Schools) and DWP (Department for Work and Pensions) for guidance and support for cross agency provision and funding.

The sheer size of some providers' sites and, in the case of colleges, the large number of teenage students were areas of concern for many learners and recognised by providers and referrers as a barrier to overcome.

When asked what strategies were successful in supporting learners both providers and referrers were able to identify a wide range of good practices that have been developed over time and which are reflected in the high attendance, retention and achievement figures taken from the organisations involved in this research. More importantly, the learners' confidence and re-engagement, not just with learning but in many cases with society in general and employment in particular, were the key drivers for success.

Personal contact and *'treating students as individuals'* were key strategies addressed through individual Learning Support Assistance, well placed base rooms in accessible areas, key workers, buddy systems, peer support and befriending schemes:

"Meeting learner at the front gate/desk."

"Meeting when college is empty, meetings with mentors – importance of a friendly face and linked to learner not course."

"Meeting in a car, in town starting that initial contact where the learner wants to be but not at their home/hostel."

"Support team are excellent loiterers."

This contact leads to a feeling of security where issues are dealt with swiftly and with *'genuineness'* enabling the learner to concentrate on learning. The issue of emotional support and listening was put forward by a large number of organisations as an important strategy to ensure learner attendance, retention and achievement. This also included providers linking with referral agencies to build a continuity of support and to have named person available for individual learners:

"Knowing the learners well, a positive atmosphere which makes the learner feel valued, having an identified and named person to be available for learners, college staff and outside agencies to be able to approach on behalf of the learner."

"People are linked – key workers know the learner, know support staff in college and know the tutor with a single point for more effective support."

"Two way communication between college and agencies: a partnership that supports learning."

These links were invaluable when learners needed to catch up after absences, ensuring additional support was in place and work taken outside of the provider was supported in the agency setting or the house/hostel environment.

"Seamless join between health and education providers."

One provider used the term *'Triangle of Care'* with the learner at one point, the provider at one point and the support at one point. There were links across all three points and lines going across from one point to another. All lines leading back to the learner.

Inter agency working can ensure that learners are moved on effectively and support needs identified quickly to avoid learners getting *['on a hamster wheel']* and *"doing the same thing over and over again"*. There was a commitment to moving people on quickly to keep momentum going and to reinforce success.

Where shared staff were working on contracts with the referral agencies and the providers, in some cases 0.5 posts for both organisations, the experience of the health and education sectors enabled programmes to reflect the specific needs of the individual learners and to ensure that quiet areas, counselling and other 1:1 support could be accessed quickly and more effectively, leading to more settled learners.

“Personal, individualised support and appropriate programmes. Following through individual needs. Health Trust’s involvement in delivery/facilitation.”

Training for all staff at all levels in mental health awareness and more specific training for tutors, LSAs (Learning Support Assistant) and other key staff is essential to develop a whole organisational approach to MH. This was seen as a key factor in improving delivery and responding effectively to learners’ needs.

“Raising awareness of whole staff – these learners have a good reputation in college because they are focused with clear goals – divisions say ‘have you got any more?’”

The curriculum offer for learners was another area of good practice identified by organisations. A range of short, taster and ‘stepping stone’ courses with potential links to mainstream provision both academic and vocational, where support needs were tailored to taper off as the courses developed and the learners’ confidence grew. Several of the organisations referred to the NIACE Regional Mental Health Networks and their quarterly meetings, newsletters and website as a valuable resource to aid networking and to identify additional pathways for individual learners from a wide range of providers and referral agencies. All organisations were aware of dependency issues for some learners and the importance of developing the learners’ autonomy.

“Student involvement in designing their sessions means students learn what they want to learn not an assumption of an organisation or individual.”

On a more practical note financial support for transport, books and childcare were provided by a number of organisations. In some cases, providers arranged their own transport in more rural and isolated areas.

A successful approach by one provider was the development of a group identity that enables learners to work together and build interpersonal skills:

“Creating group identity, e.g. a day centre with an IT suite allocated to each learner with his or her own project using the web. Each then gave the others their information, which increases links between them and helped them to get to know each other better. Went on a visit to a museum and created a sensory board for the museum as a group based on their projects.”

Incorporating transferable skills was an added bonus for the learners. There is still, however, reluctance on the employers’ side to fully respond to the needs of the individual and in some cases no understanding of the issues.

“Huge gaps regarding worklessness – 9-5 day is difficult for many learners with mental health issues – need to change work patterns and perception. Need friend/ contact point to access to ask ‘can I go early today ...’ Acceptance of mental health needs and culture change in the workplace.”

We asked everybody in the focus group how they thought the mental health difficulties of learners affected their ability to turn up, stick with and be successful in learning

All of the staff from learning providers and referral agencies gave many examples of the difficulties learners can face.

- *Poor memory*
- *Difficulties with concentration*
- *Lacking confidence*
- *Anxiety*
- *Motivation*
- *Timings - mornings good, afternoons bad for some, vice versa for others*
- *Medication changes*
- *Dependency*
- *Getting out of bed*
- *Travelling in busy times*
- *Lack of self belief*
- *Feelings of non-acceptance/rejection from peers*
- *Fluctuation in moods*
- *External focus e.g. meal times for people experiencing bulimia/anorexia*
- *Hearing voices*
- *Family or relationships*
- *Perceived threat*
- *Time management*
- *Meeting deadlines or anxiety over deadlines*

Not all learners with mental health difficulties will experience these barriers to learning, and many of these barriers are common to all learners. The important thing is to discuss with learners how they feel their mental health will affect their learning and to work with each individual learner to identify strategies that will enable them to overcome any barriers or to working effectively while experiencing difficulties. As the learners in this research testified it is possible to have good attendance in learning, to remain in learning, and to be motivated and successful in learning while experiencing mental health problems.

Finally we asked staff in the focus groups what opportunities they have for their professional development in working with this group of learners

All organisations were committed to staff training and a large number were involved in joint training programmes raising awareness of the needs of learners, referral agencies and providers. This included specific training events for identified conditions, the use of learners within the training programmes and recognised accredited programmes leading to national qualifications. One organisation interviewed sums up what is available and the importance of all staff taking part:

“They are well provided for in in-house training. One of the Day Centres has developed a pack with service users’ ‘Awareness of Mental Health’ and this is delivered in year 11 by service users and staff in partnership. They referred to service users as ‘experts through experience’. College has received multi-agency training on self-harm. They have delivered mental health awareness training to health and social care learners and developed tutorials for all learners on eating disorders. They would like mental health awareness training to be mandatory for all staff.”

Having access to continuing professional development enables practitioners to reflect upon the way that they work and how best to support mental health service users in learning. Training that involves people with mental health difficulties can be particularly effective in challenging our assumptions about mental health and in raising awareness of what works in supporting people with mental health difficulties to achieve.

On completion of the semi-structured questions providers and referral agencies were given the opportunity to raise concerns, good practice and any other issues that had not been covered in the focus groups or that they wished to expand upon after hearing other comments from different organisations.

These areas were largely concerned with funding as Learning and Skills Council provision was not always appropriate for learners in the first instance and European Social Fund funded programmes only had a limited life span with many organisations unable to continue the funding. No funding was easily accessible for maintaining skills or for learners returning at a lower skills level initially in order to gain confidence before moving higher. As the Learning and Skills Council continue to develop the Foundation Learning Tier (FLT) these concerns may be addressed. One of the intentions of the FLT is to provide learning better matched to learners needs through a robust initial assessment process, coherent and personalised programmes supported by appropriate information. The first pathways are expected to be on stream in 2008/09 and full implementation should be completed by 2010.

Successful organisations – colleges with Ofsted Grade 1: Outstanding - identified the need to develop and produce a ‘users guide’ to setting up successful provision enabling other organisations to avoid many of the mistakes made by the pioneers in the field. Several hoped that this research would be one method of reaching a wider audience interested in embedding mental health support into all provision.

Lastly, when talking about what providers of services and learning needed to develop in this area of work to effectively support this group of learners, one provider summed it up.

“Passion, bloody mindedness, commitment and positive attitude.”

4. Good practice in supporting learners with mental health difficulties to attend, remain in and succeed in learning and skills

This section of the report looks at what we learned from the research. From all the information that has been provided through the focus groups we have been able to draw out and collate all the good practice. This has helped us to develop a framework that shows that by combining good teaching and learning and appropriate and flexible support with high expectations of learners, we can enable learners with mental health difficulties to attend, remain in and achieve in learning.

Over the past decade or so learning providers have used the social model of disability to develop their provision, rather than the medical model of disability.

The medical model of disability sees disabled people as the problem; it is the people/learner with disabilities who needs to adapt to fit into the world. If the people/learner with a disability cannot fit themselves into this world then they have no place in it, and must be separate.

On the other hand the social model, while acknowledging that impairments and chronic illness exist and do pose problems for people, suggests that disabilities are more often socially constructed. So the social model of disability asserts that it is society that needs to adapt or change so that people with disabilities can find a place in society.

By moving away from the medical model of disability, that is, the problem is with the person, to the social model of disability which places the onus on the organisation to change in order to accommodate the person, learning providers have been able to widen participation in learning among people with disabilities and develop more inclusive opportunities.

However, we also see another force at play in how providers respond to learners with disabilities that is based on what expectations they have of those learners.

Providers should have high expectations of all their learners; they need to believe that all learners have abilities and aspirations and the potential to fulfil them. It is the role of the learning provider to facilitate and support that process. Providers ought to believe this regardless of whether a learner has a disability or not.

Sadly, there are many stereotypical and discriminatory attitudes about people with disabilities that exist within society and consequently some learning providers do not have the same expectations of their learners with disabilities as they do learners without disabilities. Within mental health, discriminatory assumptions can lead people to believe that individuals with mental health difficulties are so easily upset or distressed that they need protecting from life's challenges because they do not have the necessary coping skills. There can also be the wrong assumption that when people with mental health difficulties have ambitions and goals in life they should be protected against these aspirations for fear that they will fail, and therefore become distressed and more unwell. These low expectations, whilst often benevolently held,

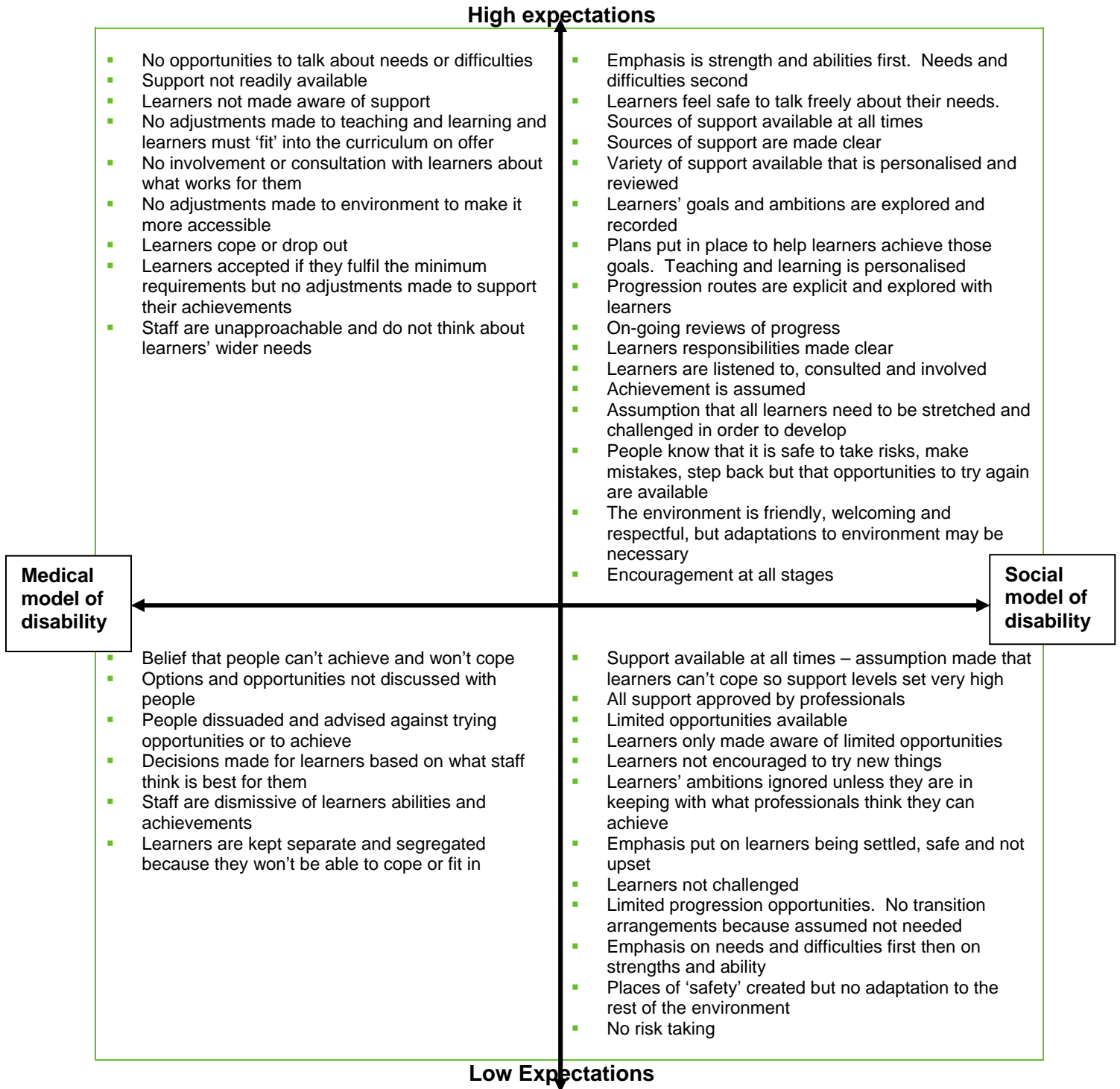
hold people back and prevent them from achieving. On the other hand there are also unhelpful and hurtful beliefs that people with mental health problems should just pull themselves together and get on with life like the rest of us. Whilst these beliefs might represent higher expectations of people with mental health problems, the dismissive intent and lack of acknowledgement or recognition of the barriers and difficulties individuals can face sets people up to fail, whilst often blaming them for that failure at the same time.

If we juxtapose this 'high-low expectations' continuum against the medical versus social model of disability we begin to see how this impacts on practices in teaching, learning and support. We begin to see how high expectations within the medical model of disability mean that learning providers often expect learners to cope for themselves and do not see the need for them to address the barriers that a learner may experience. Equally, within a social model of disability, many learning providers address barriers to learners' participation but low expectations are manifest in the limited opportunities and over abundance of support given to people. Individuals' potential is stymied, and learners remain locked in a comfort zone that maintains rather than develops personal growth. In supporting learners to take part in learning and to remain and be successful, learning providers need to ensure that their provision sits within the remit of the social model of disability coupled with high expectation of learners (see Table 5).

When we talked to practitioners in health and social care and in education it was evident that there are many examples of good practice that combines high expectations with appropriate levels of support. Practitioners talked of differential levels of support and of building in incremental steps towards the learners' goals. They also talked about being open with learners about what was required of them in terms of attendance but also of responding quickly and supportively if learners had to take time out. The learners also recognised that, while being supportive, tutors and other staff had higher expectations of them than they did of themselves. Learners told of how health and social care staff prepared them for learning so that they knew what to expect and also of providing on-going support so that they could keep going with their learning. Learners also explained how tutors encouraged them to think and act for themselves and '*didn't do things for them*' thereby '*giving them back control*'.

Having high expectations of learners is not about pushing learners beyond what they are ready to do and to achieve, but is about being honest and clear with learners about what is expected and what is achievable. It is also about recognising that participation in learning is an incremental and developmental process and that learners' confidence in what they can achieve changes over that time. Practitioners have a role in helping learners to recognise these changes, to support them in that process towards success.

Table 5: Models of disability against high/low expectations



If we then take that quarter of Table 5 that shows the actions and attitudes from the social model of disability and high expectations we can see how it translates into actions that practitioners in education and in health and social care have to take along that journey from preparing to access learning to achievement and moving on from learning (see Table 6). At each stage along that journey staff from education and from health and social care will have specific actions. If staff from the two sectors work together in partnership it provides a more effective and seamless support package that will enable learners with mental health difficulties to attend, remain in and succeed in learning. Varying levels of support will be needed by different learners, but if partnership agreements between health and social care and learning providers register the range of support mechanisms that could be employed, then all learners will be supported.

Table 6

Learning Providers

Learning Providers								
P R E	<p>Being welcoming & friendly</p> <p>Targeted & sensitive marketing</p> <p>Appropriate information & materials</p> <p>Visit to mental health settings with witness testimonies from learning champions</p> <p>Establish partnership agreements with health and social care providers – who provides what support and clarity over role boundaries</p>	P R E	<p>Discuss learner and/or learner support needs - ideally done pre-entry as support may come some time into a course</p> <p>Be honest but optimistic</p> <p>Be friendly, encouraging, realistic</p> <p>Provide clear information on expectations</p> <p>Provide clear information on course content</p> <p>Provide clear information on all sources of help especially funding & transport</p> <p>Explore learning needs</p> <p>Explore individual aspirations & goals</p>	O N	<p>Learner support</p> <p>Timetabling</p> <p>Venue and environment</p> <p>Move from small groups in discrete learning to large groups in mainstream accommodation</p> <p>Timing of course starts - long time to wait can be off-putting</p> <p>Maintain liaison with referral agencies</p> <p>Learning support</p> <p>Literacy, language, numeracy, IT support</p> <p>Study support</p> <p>Mentoring/buddying</p> <p>Feedback and review of progression</p> <p>Tasks into smaller chunks</p> <p>Build in success</p> <p>General support</p> <p>Foster supportive & friendly group dynamics</p> <p>Social support</p> <p>Develop own professional skills and mental health awareness</p>	P R O	<p>Encourage and support especially to stay the course and achieve</p> <p>Advocate for learner</p> <p>Identify any outreach support needs</p> <p>Provide support with forms & applications</p> <p>Arrange work experience and placements</p> <p>Arrange any visits, interview, etc</p> <p>Discuss options for progression in good time.</p> <p>Develop follow on courses that show progression</p>	A C H
P	C	C	G	I				
A R I N G	<p>Initial discussion with person</p> <p>Assessment of learning readiness</p> <p>Be 'education' aware</p> <p>Clarification of role in supporting individual</p> <p>Discuss options that could be explored</p> <p>Discuss disclosure and passing of information</p> <p>Be encouraging and enthusiastic</p> <p>Recruitment - ensure that prospective learner feels secure e.g. through familiarisation visit(s); visits from prospective tutor: pre-programme information</p>	O U R S E	<p>Support individual at interview</p> <p>Support individual and complete forms</p> <p>Give time to individual to reflect on choices available</p> <p>Advocate for individuals</p> <p>Be encouraging and interested</p> <p>Support worker attending interview with learner</p> <p>Take group to visit provider (including developing buddy system)</p> <p>Fees - changes to concessions, correct information and other avenues e.g. College funds</p>	O U R S E	<p>Be interested and encouraging</p> <p>Give individual time to reflect on achievements, and their impact</p> <p>Provide any necessary support through crisis or difficulties</p> <p>"It's ok to 'fail" - build confidence</p> <p>Its ok to 'succeed' - support learners through change</p> <p>Encourage and support learners to return after time out</p> <p>Provide any support with transport</p> <p>Ensure appointments/reviews do not conflict with course times</p> <p>Maintain liaison with college/provider</p> <p>Develop understanding of mental health issues in mainstream tutors</p>	R E S I N G	<p>Discuss options and choices allow time to reflect</p> <p>Dispel fear that achievement doesn't mean the end of support. Some leave before they achieve</p>	E V E M E N T
Health and Social Care Providers								

5. Supporting learners with mental health difficulties to attend, remain in and achieve in learning

There are many stakeholders who can take a part in supporting learners with mental health difficulties to attend, remain in and achieve in learning, including learners themselves. These 'Top Tips' are designed to highlight the various roles different stakeholders can take, and can act as 'reminders' as to what part each stakeholder can take. They are aimed at:

- Managers within adult learning and skills provision who can organise support and make whole college adjustments;
- Teachers and tutors within adult learning and skills provision;
- Providers of health and social care (statutory and voluntary sector services); and
- Learners who may wish to think about their own attendance and hopes for completing and succeeding in learning but also how they may 'support' others.

5.1 Top tips for managers of learning and skills provision

- Establish effective liaison with partner organisations (Mental health care providers in voluntary and statutory sector, employment services,) and develop joint protocols and partnership agreements.
- Develop protocols for passing on information between partner organisations and within your learning organisation so that people are not labelled and their learning needs do not get lost.
- Involve learners with mental health difficulties in the development and quality assurance of the services you provide.
- Ensure flexible timetabling wherever possible – start and finish times that avoid busy travel times, or avoid times when corridors are busiest.
- Be sensitive to the environment and aware of rooming issues - provide quieter areas, put classes in rooms that are nearer to the exits and entrances, provide 'orientation' time so that learners know where facilities are.
- Ensure that learners have access to sensitive and supportive Information, Advice and Guidance when they need it, where they need it and backed up with clear written information where possible.
- Use Additional Learning Support appropriately so that support is provided when learners need it but which also encourages independence.
- Use other measures to show success in learning such as RARPA and Catching Confidence.
- Build in progression routes and ensure that learners are aware and supported in transition.
- Ensure that all staff have access to staff development and mental health awareness, which is regularly provided and appropriate to the level and role of the staff member. This may involve partner organisations and learners with experience of mental health difficulties.
- Offer training to partner organisations on 'education awareness' so that they feel better able to support their service users into learning.

- Work with all learners to ensure a culture of respect for others so that all learners feel safe and valued in the learning environment.
- Link with other curriculum areas such as health and social care or teacher training to ensure that positive messages about mental health impact on future practice.

5.2 Top tips for teachers, tutors and learning support workers

- Develop close but appropriate liaison with referral agencies. Seek learner permission about contact with other agencies.
- Provide early initial assessment of learners learning goals, aspirations and any learning support needs. Help learners to make learning plans and set achievable targets.
- Be clear and honest with learners about what is expected of them.
- Be clear and honest about what support is available to learners, make learners aware that support needs can vary over time and that it is 'okay' to ask for additional help or support.
- Ensure the swift provision of Additional Learning Support if needed.
- Involve learners in the development of provision and of the curriculum so that learners have a say in what and how they learn.
- Make learning fun, enjoyable and challenging. Share your enthusiasm for your subject.
- Break down learning into smaller tasks that are easily achievable and which ensure early success. Build success into every session.
- Ensure a 'group' atmosphere and sense of 'togetherness' - create a friend-friendly atmosphere.
- Be ambitious for your learners, expect achievement, talk about progress and find ways to show learners the progress they are making.
- Have regular reviews of progress and show 'distance travelled'.
- Ensure a swift, proactive and appropriate response to absence. Establish with learners a 'what if' agreement in case of absence or incident.
- Know your boundaries and be honest about what support can be offered and what you can't provide.
- Know when, where and how to refer to more specialist support if appropriate and agree with learner if and when this needs to happen.
- Work as part of team with other teaching staff and learning support so that you plan together, share tasks and responsibilities.

5.3 Top tips for providers of health and social care

- Make contact and build partnerships with local learning providers and employment services to develop provision and progression routes for people.
- Establish effective partnership agreements and protocols such as on passing on information, who provides what support, etc.
- Be ambitious for service users, be enthusiastic and encouraging of their learning. Recognise your crucial role in building confidence and self-belief.
- Provide support as and when and be involved when appropriate – advocating for additional support or in times of crisis, but also in providing on-going support to maintain motivation.

- Recognise that participation in learning impacts on other aspects of the service user's life and that they may need support to juggle conflicting demands or worries.
- Allow people to try and to take managed risks, and to learn from their experiences.
- Encourage and support service users to get involved in providing feedback and in shaping services in adult learning.
- Be proactive in the learning process – be interested, ask about the benefits and impacts.
- Know what is possible and available in learning – find out about different options but also about RARPA, Additional Learning Support, literacy and numeracy support.
- Knowing what different funding streams can pay for, e.g. Direct Payments.
- Offer support to learning and skills providers on mental health awareness and challenging stigma.
- Ensure that you access, and support others to access, training and awareness raising on social inclusion skills or educational opportunities for your own and others' personal development.

5.4 Top tips for learners

- Make sure you are on the right course for you – something you want to do, at the right time and in the right place and at the right level of study.
- Set yourself targets - small but achievable.
- Keep a learning diary so you can see how far you have progressed.
- Try and turn up at all times, even if you are having a bad day, and do what you can. Sometimes it can be good to take your mind off things and the company can help.
- If you have to take time out, let someone know.
- When you are ready to come back, talk through any support you may need to catch up and get back into your learning.
- Don't be afraid to ask for help – let people know what you need to get on in your learning. Sometimes other learners can help as well.
- If you have any worries or concerns about your learning, don't let those worries linger, talk them through with somebody straight away so that any additional support can be put in place.
- Make friends and be a friend to others. Other people can find being in learning difficult at times as well. Be supportive.
- Learning can be hard work and challenging but it should also be fun, enjoyable and interesting.
- Don't be afraid of failure but don't be afraid to achieve either. Take your time and work at your own pace.
- Know your rights and what you can expect from a learning provider.
- Get involved. Learning providers can only provide good learning opportunities if they know what works for learners. Give your feedback.
- Stick with your learning. Remember that being in learning can help to build confidence and develop problem-solving skills so what may seem difficult at the start does get easier.
- Be positive about yourself. You can be successful in learning.

Summary

Although this report has focussed largely on the practical strategies that support learners with mental health difficulties to attend, remain in and achieve, it also represents an attitudinal shift in the thinking of learning providers and health and social care services. While not dismissing the difficulties and distress that the symptoms of mental ill-health can cause, there is increasing awareness of how the social isolation, discrimination, and social exclusion associated with mental ill-health are as disabling and often longer-term than the symptoms of mental ill-health. In finding ways to tackle social exclusion, isolation and discrimination, health and social care providers have to work in partnership with organisations like learning providers who can open up opportunities for people who experience mental health problems. In honing down on issues like attendance, retention and achievement what we are really looking at is access to learning, the quality of the learning experience, the atmosphere of the learning environment and at our own beliefs about the achievement of people with mental health difficulties. In so doing, we are addressing issues of discrimination and social exclusion, that are disabling to people. When this happens, people withdraw and so it creates a vicious circle of negative assumptions about what people can't do.

This report highlights the work that learning providers and health and social care services are doing to challenge negative assumptions. As the learners testify, this creates virtuous circles based on the belief that motivation, when well supported leads to success. The involvement of learners in taking responsibility for their learning, the provision of appropriate and on-going support and good teaching enables people to turn up and succeed in their learning and also to overcome many of the disabling effects of social exclusion, social isolation and discrimination.

The report however, originated because providers often requested advice and support on how to improve their retention and achievement data with regard to learners with mental health difficulties. Hopefully, this report will provide a few answers to those queries and above will reiterate that it is mostly about quality of provision and not just lack of motivation among learners. As the learners whose statement inspired the title for this report said, "I'd turn up even if I won the lottery". That tells it all about learner motivation and the quality of the learning experience.

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