

# Making the connection

## 1 The Mental Health and Family Learning pack



### Who is the pack for?

This resource pack is aimed at managers and practitioners in adult learning, particularly family learning and mental health services who want to work in partnership to improve, set up or develop opportunities that promote access to family learning for adults experiencing mental health difficulties<sup>1</sup>. The pack may also be useful for anyone interested in mental health and family learning.



### The aims of the pack

By working in partnership, the right infrastructures and support mechanisms can be set up to allow people experiencing mental health difficulties to be successful in family learning. This resource pack aims to:

- support practitioners and managers to overcome barriers to working in partnership by providing an overview of both sectors and signposts to further information;
- provide case studies of how some organisations have worked together in this area.

This pack is not exhaustive and does not aim to enable you to become an 'expert' in either family learning or mental health. The pack is more about increasing awareness of the other sector and how you may work together.

The contents of the pack have been inspired by events held in the summer of 2007<sup>2</sup>, where practitioners from family learning and mental health came together to highlight what work already exists in this area, how it could be developed and what information each sector would find useful in a resource pack.



Useful facts about mental health within families are given over the page; they highlight how much there is a need to develop provision, including learning opportunities, that help to support families where members experience mental health difficulties.

While we are all trying to support learners in the best ways, we all have different perspectives, depending on our own background and professional expertise. This pack tries to open up these differences and increase each other's understanding about these areas.

The pack has been designed with loose leaf sheets to allow you easy access to them and to photocopy them for colleagues.



<sup>1</sup> Different terms are used by different sectors to describe mental ill health. These include mental health difficulties; mental health problems; mental health disorders and mental ill health.

<sup>2</sup> Mental Health and Family Learning events were held in Oldham and Taunton in June and Birmingham in July 2007.



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For more information about Family Learning at NIACE, please visit:  
<http://www.niace.org.uk/Research/Family/Default.htm>

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# Making the connection

## 2 What is mental health?



Mental health is about how we think and feel about ourselves and other people, and how we interpret events. It is influenced by our experiences and our expectations, as well as by cultural, social and religious beliefs.

The state of our mental health affects our capacity to communicate, to learn, to form and sustain relationships. It also influences our ability to cope with change, transition and life events. Our mental health is linked to our emotional well-being, and is a central part of children's development and parents' ability to cope with stressful situations.

Mental (or emotional) well-being is very subjective and can be about:

- satisfaction with life
- self-esteem
- social connectedness
- optimism for the future.



## What helps us have positive mental health?

There are many factors that protect our mental health and help us to develop coping mechanisms and resilience, for example:

- Having a close confiding relationship
- Feeling safe
- Having opportunities to fulfil our potential and that give us hope for the future
- Good physical health
- Being free of pain or discomfort
- Being free of financial worries
- Having at least one good parent-child relationship
- Affection within the family
- Support for education within the family
- Supportive networks within the community
- Good housing
- High standard of living
- Good supportive schools
- Range of leisure and sporting activities





# Experiencing mental health difficulties

Our mental health becomes a problem when it begins to have a negative effect on how we feel and think. Anyone can experience mental health difficulties to varying extents and for different lengths of time. They may arise from a temporary period of stress in our lives, such as divorce or bereavement, or from longer-term situations, such as unemployment and social isolation. Some people experience additional risk factors such as racism, discrimination and poverty. Sometimes a number of problems accumulate that make it difficult for someone to cope. Mental health difficulties are very common: an estimated 1 in 4 people in the UK will have a diagnosis of mental illness at some stage of their life.



## There are two broad types of mental health difficulty<sup>1</sup>

- **Common mental health problems** include anxiety, depression, phobias, obsessive-compulsive disorders and panic disorders. An estimated 1 in 6 people in the UK have common mental health problems at any one time.
- **Severe and enduring mental health problems** include psychotic disorders, such as schizophrenia and bi-polar affective disorders, also known as manic depression.

Sometimes the types of mental health difficulties overlap, so that when common mental health difficulties persist over the long-term they may be considered severe and enduring. Similarly some people with severe and enduring mental health problems may only experience one episode of the symptoms.

An estimated 40% of people experiencing mental health difficulties do not receive help of any kind. They may continue to work, study, support families and get on with their lives.



Diagnosis of a particular type of mental health difficulty helps medical staff to assess what treatment is required. It can also be a relief to the person as it enables them to put a name to what they are going through and gain support and treatment if required. However, it is very important to remember that each person's experience of mental health difficulties is unique. People with the same diagnosis are likely to experience it differently.

Also it is possible for a person to have a diagnosis of a mental health problem, yet lead an active, fulfilling life and have supportive relationships, which means that they also have positive mental well-being. Therefore it is *very important* not to make assumptions about how serious a mental health diagnosis is.

## You should always remember...

Knowing a diagnosis of a person will not tell you about that person as a learner or as a person. It will not help in understanding:

- the skills and abilities they bring to the learning environment
- how they learn best
- whether their mental health difficulties will affect their learning.

Most people recover from mental health difficulties. Lifelong learning can be an important part of someone's recovery process and in maintaining positive mental health.



1. Social Exclusion Unit (2004) *Mental health and social exclusion*, Office of Deputy Prime Minister, London

# Making the connection

## 3 Quick stress check and some mental health facts



Maintaining our mental health and well-being is important for all of us. Not everybody recognises or acknowledges that we all have mental health; often people assume that we are referring to mental health difficulties when we talk about mental health. Yet we all need to look after our mental health and general well-being. Stress is one indicator of how we are coping with pressures in our lives and can be a reflection of our mental health or well-being.

### What is stress?

Stress is defined as the adverse reaction people have to excessive pressure or other types of demands placed on them<sup>1</sup>. Everyone reacts differently to stress and some stress can be positive. Pressure is part of living, including work, and helps keep us motivated, but excessive pressure can lead to stress. The stress we are under can contribute to undermining our sense of well-being.

### Quick stress check

Here is a quiz to help you and colleagues think about your own stress levels. These levels often fluctuate; they can be an indicator of how we are coping and can give us a reminder of when we should pay attention to our needs and find time for some of the things which can help improve our feeling of well-being and maintain our positive mental health.

Do you ?	Not at all	Sometimes	A lot
Fail to see the funny side of things			
Snap at people for no good reason			
Skip lunch			
Take work home with you			
Work for long periods of time without getting up to stretch, relax or clear your mind			
Binge on fatty or sugary foods			
Find it hard to concentrate for long			
Forget things			
Get headaches			
Have trouble sleeping			
Wake early			
Find it hard to sit still or relax			
Bite your nails			
Suffer from minor ailments			
Find it hard to get up in the morning			
Have times when you are so tired that all you want to do is stay in bed			
Find it hard to talk to people about any worries or problems			

1. Definition taken from [www.hse.gov.uk/stress/index.htm](http://www.hse.gov.uk/stress/index.htm)

(adapted from [www.stressinwork.com/](http://www.stressinwork.com/))



If you answer 'a lot' to several of these you may be suffering from stress. There are many things you can do to reduce your stress and improve your well-being, such as making time for yourself to enjoy your interests and friends, eating a healthy diet, taking regular exercise, taking time to be quiet and relax and finding someone you can talk to about your worries.

## Some mental health facts to consider

While everyone has a state of mental health like everyone has physical health, there are statistically higher instances of mental health problems among some groups of people. Some additional facts and information about mental health are given below.

## Facts and information about mental health and families

- 4% of all parents with dependent children have mental health problems.
- 1.7 million adults and 2.5 million children are directly affected.
- 28% of lone parents experience mental health difficulties.
- Many carers lack information about how best to support someone with mental health difficulties and what support is available for them.
- An estimated 6,000 children and young people care for an adult with mental health problems.
- An estimated one-third of children whose parents have mental health problems will experience difficulties themselves.
- Parents can find it difficult to access mental health services to plan for their own and their families' needs before a crisis occurs.
- A high proportion of parents feel that their parenting abilities are unfairly questioned because of their poor mental health.
- Women's roles as mothers and carers make them susceptible to poverty and isolation, which are associated with mental ill-health.
- 25% of adults hospitalised for mental health-related illnesses have children under 16.

(Adapted from SEU<sup>2</sup> and Mind<sup>3</sup>)



2 Social Exclusion Unit (2004) Mental health and social exclusion, Office of Deputy Prime Minister, London

3 [www.mind.org.uk](http://www.mind.org.uk)

# Making the connection

## 4 Mental health facts



### Mental health difficulties: facts and information

The following facts and information are from MIND information and fact sheets<sup>1</sup> and complement the facts about mental health and families, which can be found at the back of Sheet 1.

#### Gender

- The prevalence of mental ill-health is slightly higher among women than men.
- Physical illness is a major contributory factor in men developing mental ill-health.
- Men are less likely to seek medical attention than women.

#### Age

- Psychotic disorders occur in young people from the age of puberty onwards.
- Self-harm is increasingly common among young people, and more common in girls than boys.
- Growing old, while positive for some, may bring susceptibility to mental ill-health for others.

#### Ethnicity and culture

A higher proportion of people from black and minority ethnic communities are diagnosed with mental ill-health than people from white groups. This may be because:

- People from black and minority ethnic communities may be more likely to experience poverty, discrimination and harassment, or be victims of crime, all which have an impact on mental well-being.
- People from black and minority ethnic communities are often (mis)diagnosed and treated for mental ill-health differently from their white counterparts. For example, recent research shows that more black Caribbean people are treated for psychosis but this may not indicate that they are more likely to have such an illness. The way they express their symptoms may be interpreted in such a way that they are more likely than others to be prescribed treatment for those symptoms.
- Levels of diagnosis between different ethnic groups vary. This sometimes relates to cultural stereotypes more than the existence of different types of mental ill-health.
- Within some cultures people may not regularly seek help for mental health difficulties for different reasons, such as not being aware of what support is available or because of the discrimination and stigma associated with mental ill-health.

#### Disability

- Having another disability can increase vulnerability to mental ill-health, due to the greater likelihood of being unemployed, living on a low income, and having limited life choices.

#### Education

- People who leave school early have higher rates of common mental health problems. This could be linked to the increased likelihood of unemployment and low-paid employment which can be associated with poor mental health.

1. [www.mind.org.uk](http://www.mind.org.uk)

# Family learning and offender learning

The following facts and figures, illustrating the connections between prisons, family learning and mental health are taken from various documents as detailed below.

*"72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders."*<sup>2</sup>

The Green Paper, *Reducing Re-offending through Skills and Employment*<sup>3</sup> sets out the government's aim to improve skills to move offenders into employment, and break the cycle of re-offending, through a 'new emphasis' on skills and jobs for offenders across prisons and probation, and a focus on motivating and engaging offenders. The paper notes the importance of family contact time in breaking the 'cycle of crime':

*"Prisoners who maintain strong family ties whilst they are in prison are up to six times less likely to re-offend."*

The National Foundation for Educational Research (NFER) evaluation for the Department for Education and Skills (DfES) found that *"Family Learning programmes offered considerably more benefits to participants than the family contact experienced during normal visits"*.<sup>4</sup>

The relationship between family relationships and reducing re-offending is generally accepted, as a report from the Social Exclusion Unit noted:

*"Maintaining family relationships can help to prevent prisoners re-offending and can assist them to successfully settle into the community."*<sup>2</sup>

Family Learning provides an opportunity, not only for family interaction, but quality time and quality interaction for those involved.

*"Prisoners who maintain strong family ties whilst they are in prison are up to six times less likely to re-offend."*<sup>5</sup>



- 2 Social Exclusion Unit, 2002. *Reducing re-offending by ex-prisoners. Report by the Social Exclusion Unit.* Available at: <http://www.socialexclusion.gov.uk/downloaddoc.asp?id=64>
- 3 Department of Education and Skills, 2005. *Reducing Re-Offending through Skills and Employment.* Cm 6702. London: The Stationery Office
- 4 Halsey, K., A. Johnson, S. Kaur, J. Harland, 2004. *A World Apart? Summary of key findings: Evaluation of family learning programmes in prison.* Slough: NFER
- 5 Campaign for Learning, 2005. *Family learning: Working with Offenders.* Available at: <http://www.socialexclusion.gov.uk/downloaddoc.asp?id=64>

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## 5 What is family learning?



'Family learning' refers to learning approaches that engage children and their parents, carers or grandparents in learning and involves explicit learning outcomes for adults and children. It supports adult family members and carers to help their children achieve, gives parents and carers the confidence to go on learning for themselves and encourages progression to further learning. While family learning is generally intergenerational and involves adults and children learning together, sometimes learning involves adults only, such as courses about supporting children's learning and development at school.

Family learning includes a wide range of informal and formal learning opportunities as well as programmes of parenting support and Family Literacy, Language and Numeracy (FLLN). Family learning activities take place in many settings, including schools, nurseries and Children's Centres, through voluntary, community and faith groups, in museums, libraries, sports and leisure facilities, in prisons and through initiatives like Bookstart. The provision is tailored around the families who attend as well as wider community needs.

### The benefits of family learning

Family learning is a relaxed and learner-centred way to encourage parents and carers back into learning. Many family learning activities have creative outcomes which help build self-esteem and open doors to new areas of interest for the family, give a chance to learn about new technologies, and include advice and guidance about further learning and work opportunities.

From family learning, many parents and carers gain the confidence and skills to progress to other and further learning, voluntary activities or work in their community or children's school.

*"I was beginning to lose my confidence and self-belief that I could do things. The course encouraged us to take the lead. I found I was able to do it and something sparked inside. I really enjoyed that aspect."*

(A parent involved in a family learning programme)

Children involved in family learning can experience a range of benefits including increased positive behaviour, raised achievement, and an increase in participation in social activities.

### Quality

Learners, both adults and children, are entitled to excellent family learning provision. A key challenge in family learning is that of improving the quality across all types of provision irrespective of setting. The development of National Occupational Standards in Family Learning sets out the knowledge and skills expected of practitioners. The publication *Quality Matters: Think Family* provides a checklist for setting up and running good quality family learning activities. (See [www.niace.org.uk/projects/QualityMatters](http://www.niace.org.uk/projects/QualityMatters))



# Funding a family learning project

The major source of funding for family learning is the Learning and Skills Council (LSC), which sets out its priorities for funding in its annual funding guidelines.

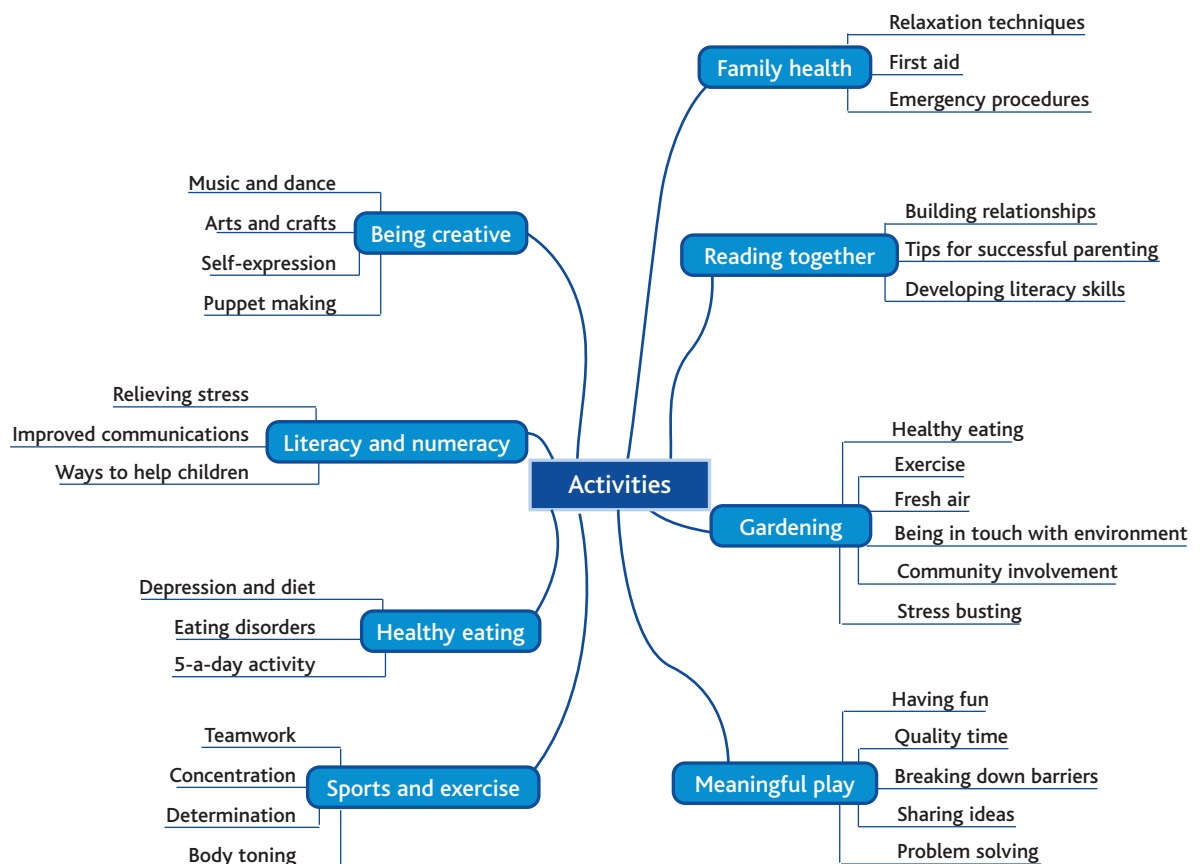
Information about other sources of funding is available from the National Family Learning Network website. See [www.campaign-for-learning.org.uk/familylearningnetwork](http://www.campaign-for-learning.org.uk/familylearningnetwork)

## Family learning activities improving well-being and health

Parents and carers who take part in family learning activities say again and again how successful they find the programmes in building their confidence, both as individuals and as parents or carers, and in encouraging them to take up further learning. Family learning is a strong element in turning the family into a catalyst for learning for adults and children alike with clear benefits for well-being and physical health. The diagram below shows how family learning activities can build confidence and the well-being of participants.



## Family learning activities that build confidence and well-being



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## 6 Promoting positive mental health for all



### The role of family learning in promoting positive mental health

It is important to create learning environments that support learners' and colleagues' mental health. All good adult learning experiences can have positive benefits for people's mental health. There is a strong case for promoting positive mental health through family learning.

Family life is often associated with some common mental health problems, such as post-natal depression, anxiety and stress. Sometimes there can be a gap between the service provision for adults with mental health problems and services provided for children. As a result parenting and family issues are not always given the attention they deserve.<sup>1</sup> The process of family learning can have a positive impact on improving poor mental health and maintaining the positive mental health of individual family members and family relationships.

### The benefits of learning

Family learning can give parents, carers and grandparents the chance to:

- feel more confident and improve their self-esteem
- improve their own skills and learn new skills
- feel more empowered and have a greater sense of purpose, which can lead to health benefits, such as visiting their GP less often
- improve their employment prospects
- provide an opportunity to meet and discuss issues with other adults and to make friendships
- get involved in learning activities with their child
- gain confidence in supporting their child
- explore how children learn
- become learning role models to others, including their children.

### The barriers to learning

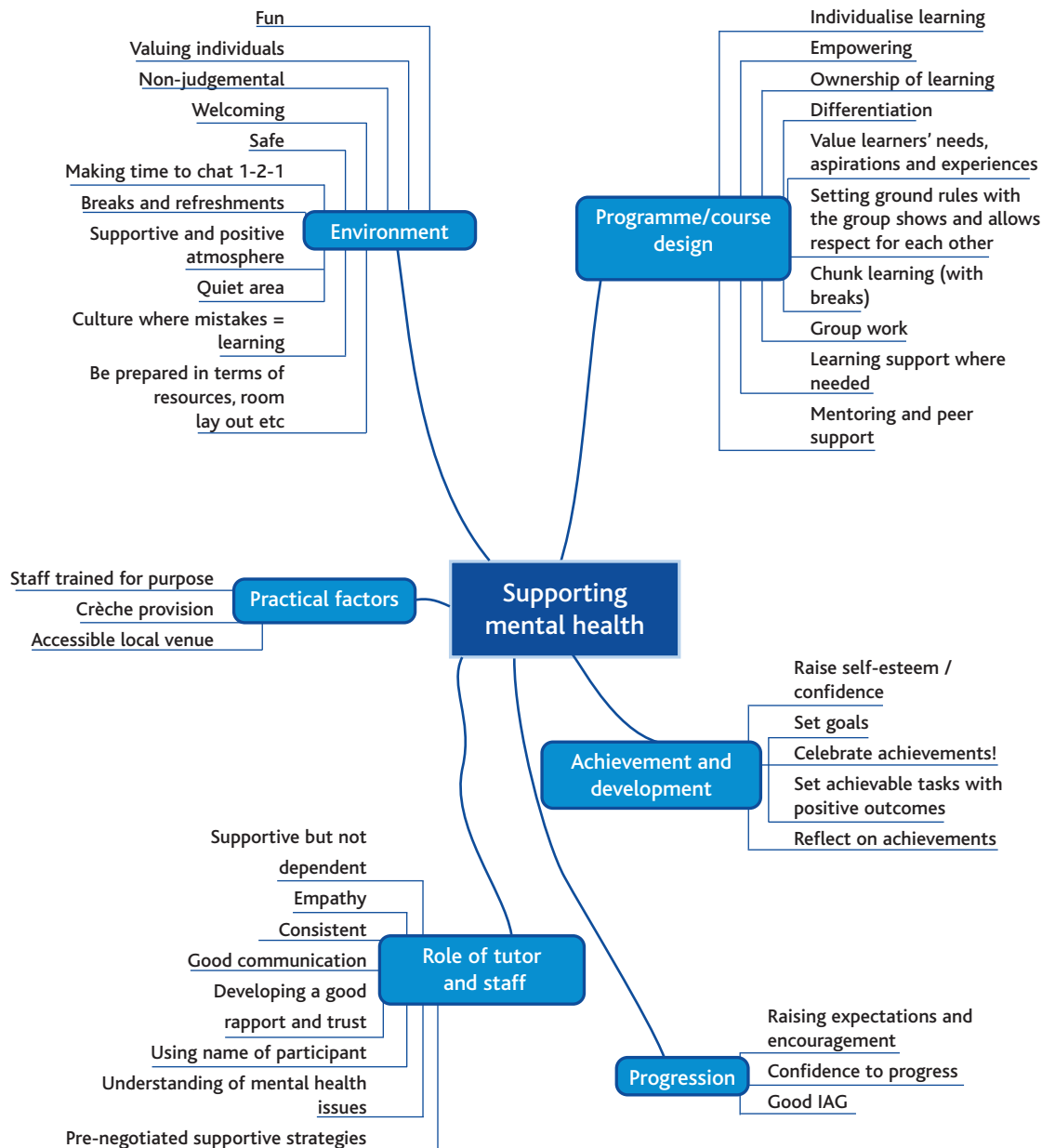
One of the first challenges can be encouraging people to take part in learning and to overcome any barriers to learning they may be experiencing. While some barriers are specific for people who experience mental health difficulties, most barriers are experienced by all types of potential learners. These may include:

- previous negative experiences of education
- stress and worry about meeting new people
- practical factors, such as transport, location of the learning venue, availability of crèche facilities
- the cost involved
- not always being able to attend regularly
- some learners will require a personal mental health worker in each session.

1. Social Exclusion Unit (2004) Mental health and social exclusion fact sheet 9, *Mental health families and carers*, Office of Deputy Prime minister

# Ways to promote positive mental health among all learners

Much of what constitutes support for learners with mental health difficulties is simply part of teaching and learning. This diagram highlights techniques and actions which practitioners identified as ways of promoting well-being amongst all learners. You probably are aware of most of the actions listed, although it is always good to remind ourselves.



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## 7 How do you know a learner has a mental health difficulty?



### Stigma and discrimination

There are often negative stereotypes associated with mental health problems. People with mental health difficulties can experience or fear discrimination and stigma associated with their ill-health. This can lead to them being reluctant to share any details about the difficulties they have and can affect their levels of confidence and participation in social activities.

### Disclosing mental health difficulties

Fear of stigma and discrimination means that some people with mental health difficulties choose not to disclose their needs, while others talk openly. It is unlikely that an individual will feel safe to disclose such difficulties to a complete stranger, particularly during an admissions interview.

It is very important to remember that people recover from mental health difficulties and when people begin learning they may well be on their way to recovery. Recovery is not always about being free from symptoms but about a process that enables an individual to have the life they want, rebuilding a meaningful and valued life.



### How do you know a learner has a mental health difficulty?

You may become aware that a learner has a mental health difficulty through a number of means, including:

- they have been referred from mental health services or organisations
- they have indicated on an application form that they have a mental health difficulty
- they have declared a mental health difficulty when asked about any support needs they have.

Steps to encourage disclosure may involve:

- making written statements on any publicity material
- providing opportunities on any application or registration forms
- making sure staff are aware and trained to deal with any disclosure sensitively
- ensuring that there is a confidential and private environment for people to talk freely.





Before talking to someone about their mental health needs, keep in mind these simple guidelines:

- Do not make assumptions about them as a learner because they have a mental health need.
- Being aware of a learner's exact mental health diagnosis does not mean you can predict/know what type of support they need. Each person will cope with his or her mental health difficulties in a different way to another person who might have the same diagnosis.
- Medication for some mental health difficulties can have side-effects that can be disabling in terms of learning (see list below). Knowing about the side-effects may be useful, but knowing the type of medication will not.
- Having a mental health difficulty and living with the associated discrimination and stigma can lead to low confidence and self-belief.

It is important to:

- find somewhere private and confidential to talk
- have enough time to talk things through without the learner worrying about being rushed and pressured
- remain focused on the learning and how you can support the learner to achieve; be careful not to slip into the role of counsellor
- remember the person with the mental health difficulties is the expert on their own mental health.

Be clear about the requirements of the family learning they are going to undertake, such as the time of the sessions, how many people are likely to be on the course, and length of course. Sheet 8, 'Supporting learners with mental health difficulties', highlights some of these issues.



## How can mental health difficulties affect participation in learning?

Mental health difficulties and any side-effects from medication may affect a person's learning. They may experience:

- anxiety about accessing learning and their ability to learn
- poor concentration from anxiety or side-effects of medication
- unpleasant side-effects from medication – such as mornings being difficult and feeling sluggish
- limited stamina, memory problems
- poor attention and retention
- unshared perceptions – having to balance their internal world with the world that others know
- problems with physical co-ordination
- reduced ability to cope with stress, becoming more panicky
- reduced ability to cope: they may have good days and bad days.



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## 8 Supporting learners with mental health difficulties



Learners with mental health difficulties will vary greatly in their experience of mental health difficulties. The most important thing is to start with the learner, and placing them at the centre of how their learning is supported. Good teaching and learning and appropriate support are the basis on which recovery and social inclusion are founded in adult learning. Working with the learner to identify what will enable them to access learning and achieve, will help to ensure support is put in place. Having disclosure procedures within your organisation and ensuring reasonable adjustments can be put in place for learners helps to implement the requirements of the Disability Discrimination Act – DDA (see Sheet 15, 'The Policy Context', for information on the DDA).



People may have developed effective strategies for coping with any symptoms of their mental health difficulties or any side-effects from medication they may be taking. It may be useful to discuss with the learner how these strategies can be adapted to the learning situation to enable the learner to relax, feel comfortable and concentrate on their learning.

### Appropriate support and reasonable adjustments

Practical support may include:

- planning learning – helping the learner to think about what they want to get out of the learning and varying teaching delivery into smaller chunks of activity
- providing flexible and responsive assessments
- arranging support – such as keeping in touch with people who are away or absent, support to organise a return to learning, peer support or mentors
- arrangements to help the learner feel comfortable and ensure access to appropriate resources and facilities – appropriate seating arrangements, note-taking or providing handouts, equipment, and access to other facilities such as libraries
- regular tutorials in one-to-one or small groups to check out learning and support for all learners
- planning is important, such as making sure you can offer learning in an afternoon rather than morning which can help with any side-effects from medication.





Emotional support may include:

- ensuring time is available to make sure the learner is settled, particularly at the start of the course
- ensuring learners know where all facilities are
- setting group ground rules, such as respect for diversity within the group, respect for everyone's right to learn, not talking over other people
- regular comfort breaks and promoting the social aspects of learning
- ensuring learners achieve some success as soon as possible
- giving plenty of honest but encouraging feedback
- knowing there is a person to go to should difficulties arise.

What supports people experiencing mental health difficulties in their recovery journey is feeling valued and accepted in everyday situations, regaining skills and confidence, feeling in control and able to cope and having a sense of learning and growing and a sense of hope and optimism. Participation in learning can support all of these.

These support strategies are the sort of strategies that you would use with many learners and exemplify good practice. It is important to remember that, like any learner, the amount of support needed may vary over time. Some people experience fluctuations in their mental health. Staff should be sensitive and flexible in their response to this. Adjusting levels of support is crucial for ensuring that learners remain in learning and achieve, while also being as independent in their learning as possible.

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## 9 Joint working: Ways forward



When talking to mental health and family learning professionals, most people highlighted how much they wanted to have greater communication between agencies in order to promote joint working. They wanted to understand more about each other's work. They wanted to share ideas, knowledge and resources and good practice.

When embarking on joint working it is important to understand the differences between roles and responsibilities in the different services. Joint working should be about complementing each other and maximising the benefit of working together without increasing workloads. Partnership and collaboration should also involve learners so that provision reflects the interests and needs of the learner group.



You do not need to be an expert in the other fields or know everything – having people with different expertise and skills can reduce the stress and help build up resources and people to call on. It is about knowing how to support a person and where to get advice.

### Joint working on a basic level

On one level joint working might be ensuring that you are aware of each other's roles (see sheets 10 and 15) and where to refer to when extra support or activities are needed to help the client.



### Joint working on a more integrated level

On another level, joint working can ensure that there is sufficient support for people who experience mental health difficulties to participate in family learning. This could include enabling people with mental health difficulties to take part in 'mainstream' family learning programmes or setting up programmes specifically targeted at supporting parents and carers who may be experiencing mental health difficulties.

Joint working helps to ensure that families are best supported, are able to access services they need and to make the most of the resources available. This can be done through:



- building explicit links between adult mental health services, mental health organisations, children and family services and family learning
- knowing where to go and who to liaise with, such as local organisations and Early Intervention Teams, who can help to support people experiencing different levels of mental health difficulties
- ensuring that practitioners working within family learning are aware of what they can do to support learners with mental health issues.

# Some potential benefits of joint working

For learners:

- Greater understanding and support of their needs
- More opportunities to take part in family learning activities
- Support for well-being integrated in all programmes

For practitioners/tutors:

- Greater understanding of the support family learning can make to mental well-being
- Greater understanding of how to support people who have or develop mental health illnesses, in family learning provision
- Being better able to help a person's recovery through referral and support to family learning provision
- Knowing where to go to for advice about mental health support or family learning

For your organisation:

- Contributes to meeting DDA requirements
- Improves partnership working
- Increases opportunities for clients/ learners
- Improves inclusivity
- Contributes towards achieving the outcomes of Every Child Matters<sup>1</sup> (which includes being healthy as an outcome) and Change for Children agenda<sup>2</sup>
- Helps meet targets



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1. Department for Education and Skills, 2003. *Every Child Matters*. Cm 5860. Nottingham: DfES  
2. [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

# Making the connection

## 10 Joint working: Who you might need to work with



Mental health and family learning practitioners can all benefit from access to advice about each other's work, a two-way referral process and an awareness of how each practitioner's work can complement the other's. In order to start this process you will need to find out who is in your area and how the organisations and services operate.

### People working in mental health

In every area there will be mental health organisations, services and professionals. You will need to find out who is in your area and how the services work. Titles and roles may vary but you could start by finding out who works in:

- Community mental health team/services
- Occupational therapists working in mental health
- Services provided through the voluntary sector
- Recovery/rehabilitation services
- Health professionals – Primary care trust websites ([www.nhs.uk](http://www.nhs.uk)) provide links to specialist posts
- Practice nurses
- Support workers
- Health advisers
- Social workers
- Early intervention team
- Social work team
- Mental health team
- Child and Adolescent Mental Health Services (CAMHS)
- GPs
- Health visitors
- DRE-CD workers (Delivering Race Equality in mental health Community Development workers)
- Therapists (under the new Increasing Access to Psychological Therapies scheme)

The regionally-based CSIP NIMHE/NIACE networks

([www.niace.org.uk/mentalhealth/project-officers.htm](http://www.niace.org.uk/mentalhealth/project-officers.htm)) offer a good way to make regional links with people working in the areas of learning and mental health.

Because of the high proportion of people in prisons who suffer from mental health disorders (see sheet 4), a useful link will be OLASS (the Offender Learning and Skills Service).

### People working in family learning

There will be organisations and professionals working in family learning in every area. You will need to find out how family learning is organised in your area. Try contacting your local authority, local colleges, voluntary organisations, children's centres, museums and libraries, and ask for family learning provision/service, family learning manager/coordinator, adult learning or lifelong learning.

You need to establish trust between the organisation and services and this will take time.



## How you might initiate joint working

- Make initial contact.
- Meet up with the relevant person or perhaps go to a team meeting.
- Explore what your services/organisations offer.
- Identify other people/organisations who could be involved.
- Set up a meeting to explore how you could work together.

## You will need

- Creative thinking.
- Open and honest communication.
- Respect for other's targets.
- Respect for other's skills and knowledge.
- An approach that genuinely involves learners/clients as partners.



## Ideas for developing joint working

- Raising awareness sessions in both sectors.
- Set up joint training/workshops for mental health and learning services to explore common areas of work.
- Identify differences.
- Identify the benefits of joint working.
- Explore the jargon and terminology of both sectors.
- Set up regular meetings.
- Discuss how specifically you could work together.
- Identify a particular project/piece of work that you could develop. For example, taking on particular roles and responsibilities.



## Working together strategically

- Develop a strategy and policy.  
As one practitioner said: *"you have got to go in at a strategic level and make sure you are talking the right language"*
- Establish sound protocols between services, for example referral procedures, passing on information, confidentiality, risk assessment, support, training, arranging regular meetings, and so on.
- Agreement at service level to giving time for staff to develop and support the work.

## What are some of the barriers to joint working?

- Although everyone has the same aim in mind (to support the learners/clients), everyone has different perspectives on how to do this and it can be challenging to come together.
- The benefits of learning for people with mental health difficulties are not always recognised.
- Time.
- Targets and budgets.



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<http://www.niace.org.uk/Research/Family/Default.htm>

For more information about Mental Health at NIACE, please visit: <http://www.niace.org.uk/mentalhealth/>

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### Family learning practitioners' checklist

- Is there a process in place to ensure adequate support if someone discloses any mental health difficulties?
- Is there time available and are systems in place, especially at the start of any programme, to identify and discuss with learners any needs they might have?
- Are processes in place to ensure ongoing communication with mental health services once people are enrolled onto courses?
- Have all members of staff received training or information about mental health awareness?
- Do staff know where to go for extra support and to signpost learners for appropriate help externally and internally?
- Are there appropriate guidance and clear progression opportunities in place for learners?
- Do you have a system set up so that all staff know what to do when personal information is disclosed by a learner and they need support or someone to talk to?
- Do you need a learner support network within the family learning team, for example, crèche staff, tutor and support worker?
- Are quality assurance measures in place, such as making sure you are meeting DDA requirements and equal opportunities?
- Is the curriculum flexible and responsive to learners' needs?

### Mental health practitioners' checklist

- Have you contacted the local authority to see what family learning provision is available in your local area?
- Do you know enough about the provision to be able to tell your clients? You could ask to visit a programme to see for yourself and meet with the family learning team.
- Are processes in place about how much information should be disclosed and shared with other organisations when referring people to them?
- Does the family learning course have clear aims, objectives and a curriculum that interests the learner?
- Can family learning be delivered within secure environments (prison, hospitals)?
- Do sources of funding and time need to be secured to support this work? Is there any cost to the learner?
- Are there any practical issues that can be addressed such as transport, timing, location and travel requirements and the length of the programme?
- Are you aware of what support is available for learners in mainstream family learning programmes and what support mental health services can provide in class?
- What role do you play in providing initial ongoing support for the learner?



## Hints and tips for all

- The family learning staff are not mental health specialists and vice versa. It is important to ask for advice and be able to refer to specialists
- Make sure that each partner organisation and worker is clear about their responsibilities and role
- Make use of existing groups and networks to recruit learners
- Accommodation should be safe, welcoming, warm, and appropriate (does it need to be a single-sex group?)
- Developing group rapport can be helped by establishing ground rules together
- Learner confidentiality is essential in publicity, enrolment, discussion with staff and other learners. Consider disclosure issues throughout the process
- The initial meeting with the group could be a taster session to elicit needs and interests and to get to know the learners and to get the learners to know each other. It is important that the curriculum meets the needs and interests of learners
- Sessions will only be effective if run for a session of 1-1.5 hours (with breaks) as learners with mental ill-health can experience short attention spans
- Sometimes you may need to provide differentiated work for all abilities as learners are taking part in group work during the lesson; they may wish to take home some work for themselves and activities to do with their children at home
- Give one-to-one tutorials regarding progress and potential progression routes to enable learners to become more independent
- Provide the opportunity for achievement, either through a process such as RARPA<sup>1</sup>, or the opportunity to take a national qualification e.g. an Open College Network certificate or the national tests in literacy and numeracy
- Celebrate achievement at the end of the course and provide certificates of attendance

(Many thanks to Mental Health Team Newquay and Oldham Lifelong Learning Service for their hints and tips)

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1. RARPA stands for Recognising and Recording Progress and Achievement; for more details see <http://rarpa.lsc.gov.uk>

# Making the connection

## 12 Examples of family learning and mental health in practice



In Oldham some work has been developing between family learning and mental health services.

### Case study 1

#### Background

Initially an outreach worker from the Oldham Family Crisis Group (OFCG) met the Family Learning team of the Oldham Lifelong Learning Service at a taster session of some of the courses that the service delivered.

The family learning programme leader was then contacted by a senior mental health development worker from Oldham PCT to discuss the possibility of delivering a family learning ESOL course for women at the Family Crisis Group. Several meetings were held between staff members from each organisation establishing exactly what was needed and an understanding of the ethos of the work carried out by each other.

#### The activities

A new family learning course was set up at an outreach 'refuge' centre and the OFCG learners were directed to this. This first course was set up in partnership with a community worker from OFCG, a venue and crèche space were provided by the centre and crèche staff by the Lifelong Learning Service. Outreach workers contacted learners and supported the group by providing transport and following up on absence and punctuality to increase regular attendance. A bilingual support worker was arranged in order to meet the group's needs.

*"There has been two-way communications between the Family Learning team and the OFCG in order to match learners with suitable classes/tutors and to monitor individual learners so that they become independent, some one-to-one support was given by the OFCG team and this helped enormously." (The Family Learning Programme Leader)*

Over six weeks, 11 women, mainly of South Asian origin, attended the Family Learning ESOL class. Their ages ranged from late teens to late 50s. All of them had spent some time in a main refuge and were now living independently.

The women had some mental health issues; some had been or were presently experiencing domestic violence, others had emotional, psychological or psychiatric needs.

#### The curriculum

The curriculum for the first six-week course was based upon ESOL Speaking and Listening at Entry 1, the level at which learners were assessed. This developed to include festivals and cultures with arts and crafts activities for adults and children.

The second six-week course had 19 people and was held in a venue close to a women's refuge and set up in partnership with Barnado's and Surestart. This course focused upon speaking and listening, starting with learners expressing emotions through their senses. With careful planning of activities, for example paired and small group activities such as making friendship cards, using the emotions ball, and sharing food and drink, friendships built up quickly. The atmosphere was calm and learners took part in a variety of creative activities with a focus on expressing opinions and taking part in reviews.

*"I was too shy but now I can speak in a group. I can help my children with their homework and now I want more confidence to speak in English." (Learner feedback)*

Refuge staff were able to provide advice to the Lifelong Learning Team and Barnado's staff about mental health and well-being prior to the programme and as issues arose.



*"The women who have been attending the class have been vulnerable and isolated, due to their home circumstances and the language barrier. The class has given them hope and independence, there is an opportunity to mix with other women in a safe environment. They no longer feel isolated." (The Barnado's community worker)*

All the learners became more independent, increased their confidence, speaking and listening skills, their ability to support their children with their homework and activities and made friendships. The women from the refuge integrated well and became valuable members of the group. The support of the workers was also invaluable.

### What worked well

- The class was held in a safe, warm and comfortable environment.
- Without the support networks and workers, many would not have continued with their learning.
- The tutor managed the class well and involved all learners in activities.
- Course content was varied, mainly based on speaking and listening but with differentiated activities.
- Partnership working ensured that the learners were offered a course that met their particular needs.
- Progression worked well at the end of both courses.

### Challenges

- Language barriers.
- For some, attendance was irregular and travel difficult.
- Establishing a good working relationship with the outreach team was required as the programme leader was reliant upon them to recruit the learners.
- Confidentiality had to be maintained when enrolling learners (the OFCG telephone number was used rather than personal numbers).

### Time taken with learners to support them

- Before the course, the OFCG outreach workers spent time with potential learners as part of their workload, either on a one-to-one basis or during coffee mornings and parenting sessions.
- Each session lasted 2.5 hours giving time for teaching and tutorials.
- Group and one-to-one support was provided during the course.
- The course content was sensitive to learners' cultural and life experiences.

### What family learning workers learnt about mental health

- They gained greater awareness of learners with poor mental health and became better able to recognise the effect that domestic violence has on women as learners.
- They could see the positive effect that attending a family learning class can have on learners with mental health issues, from being unable to interact with others to being valuable group members who can take part in discussions and have the patience to spend time with their children and have fun together.

### Funding

Funding for classes was from the Family Learning budget. In the initial class, this involved the tutor, bilingual support worker and crèche worker as well as all teaching and learning materials. Accommodation and transport for the learners was provided by the centre at no cost to the learner.

### What next?

Now that partnerships have been established they will continue to develop. All the partnerships now know where to signpost learners to and what support they can each provide.

A new Family Learning ESOL Curriculum within the context of personal safety, First Aid, car safety and Safety in the Home courses will start; this is in response to learner evaluations and needs.

(A special thanks to Janet McDowell at Oldham Lifelong Learning Service for providing the case study)

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<http://www.niace.org.uk/Research/Family/Default.htm>

For more information about Mental Health at NIACE, please visit: <http://www.niace.org.uk/mentalhealth/>

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# Making the connection

## 13 Examples of family learning and mental health in practice



Here are a few more examples of organisations and projects at different stages of working towards providing family learning that you may find interesting. They illustrate the value of working in partnership and forging links, for example, with the local authority adult and family learning service or with CAMHS.

The following example illustrates how the Family Learning team in Cornwall has successfully developed and delivered family learning to families coping with the pressures of having a child with special educational needs.

### Case study 2

Source: Lizzie Evans, Mental Health Project Manager, Harrogate and Area Council for Voluntary Service. Contact: [mentalhealthproject@harrogate.org](mailto:mentalhealthproject@harrogate.org)

The *Mental Health Project* is based within the Harrogate and Area Council for Voluntary Service. It supports adults aged 18 to 65 years who are experiencing mental health problems. The service provides support for women with postnatal depression through a group called *Mums in Need of Support* (MINOS). It was originally set up as MAMA – Meet a Mum group – and evolved into MINOS, and is now an important part of the *Mental Health Project*. Referral is usually through health visitors.

The learning sessions are varied, involving talks and activities for the mums based on their requests and needs. Learning topics include childcare, weaning, jewellery making, biscuit making, card making, knitting and felt making, amongst others. Recent sessions have included the local fire service talking about home safety and car seats, whilst a health visitor spoke about potty training. Planned sessions include Eating for Health and going on a Teddy Bears Picnic. At each session, the mothers attend with their children and they always make time to have a singsong with their children.

A number of partners are involved in the delivery of sessions such as health visitors and the fire service. The project is also working in partnership with local children's centres with the aim of providing a MINOS group in each locality according to need.

The Project Manager has secured funding through the North Yorkshire Learning Consortium to run two courses for MINOS; the first is a confidence-building course lasting two hours a week, running over four weeks; the second runs over 16 weeks on planning, organising and delivering a concert for World Mental Health Day. This is in co-operation with other agencies including MIND. It will involve making costumes, singing and using glove puppets. It is hoped the experience will help build self-esteem, confidence and respect as well as being fun.

Volunteers help run the group with support from the Project Manager, and sessions for them include risk assessment and health and safety. The volunteers have an important role to play in supporting the mums and their babies and toddlers whilst attending the group.



The project mentioned here shows how different activities can be successful in engaging and supporting families experiencing mental health difficulties.

### Case study 3

Source: Sarah Worne, Family Learning Co-ordinator and Ellie Peters, Family Learning Development Tutor, Cornwall Adult Education Service. Contacts: [sarah.worne@cornwall-acl.ac.uk](mailto:sarah.worne@cornwall-acl.ac.uk) or [ellie.peters@cornwall-acl.ac.uk](mailto:ellie.peters@cornwall-acl.ac.uk)

Sarah and her colleagues in Cornwall have developed Family Learning provision for families with children attending both mainstream and special school provision. It is included in these examples as it is imagined that parents/carers of children attending special school provision must at times experience high levels of stress and pressure. The most common types of special educational need that special schools are approved of catering for include severe learning difficulties, moderate learning difficulties, behaviour, emotional and social difficulties and autistic spectrum disorders.

It emerged that the siblings of children attending special schools often felt overlooked as the parents are dealing with the needs of the special school pupil. Usually, the Family Learning courses are aimed at one parent working with one child, but in this instance this was opened up to include the whole family. A cooking course, Food Fit for Families, was developed which ran from April 2008. It was funded through mainstream LSC Wider Family Learning funding as a pilot. It included cooking and fun games with exercise. Sessions looked at tasting new foods, good health and correct sugar, salt and fat intake. A wide variety of resources were drawn upon, such as using digital cameras, laptops and printers, cooking equipment, beanbags, hoops and a basketball, and floor games. By the end of the course, families had completed a family diary and compiled their own healthy recipe book.

The families involved enjoyed the opportunity to spend quality time with their children and one or more of their more able siblings. They were also surprised to discover what was in everyday food and how their knowledge could help in managing their child's behaviour. They enjoyed recreating the recipes at home for their whole family. Using the children's school as the venue for the course was ideal as it provided a safe and familiar environment for the children who were able to cope with meeting a new tutor and the challenges of the course.

As this was a pilot course, Sarah identified a number of challenges, which are worth noting. Although there were three families on the course, only twice were the same two present. This was due to the diverse needs of the families and the children's needs, moods and medical issues. It is important to be flexible – making an activity simpler or more complicated, or acknowledging that it may take longer than planned. It was felt that to meet the needs of groups such as in this instance, Family Learning provision should have looser learning targets and there should be more emphasis on soft outcomes. If she were to run the course again, Sarah would hold an introductory session with only the parents/carers to explain the aims and outcomes of the course and to find out what the parents would like to gain personally and as a family.

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# Making the connection

## 14 Examples of family learning and mental health in practice



Here are a few more examples of organisations and projects at different stages of working towards providing family learning that you may find interesting. They illustrate the value of working in partnership and forging links, for example, with the local authority adult and family learning service or with CAMHS.

This example illustrates how relationships can develop between schools, family learning providers and CAMHS to support families and the value of having one key member of staff with the enthusiasm to make those links.

### Case study 4

*Source: Janice Muirhead, Pupil and Parent Support Worker, Saltergate Infant and Junior Schools, Harrogate. Contact: [janice.muirhead@saltergate-jun.n-yorks.sch.uk](mailto:janice.muirhead@saltergate-jun.n-yorks.sch.uk)*

The post of Pupil and Parent Support Worker was introduced in 2005 by Saltergate Infant and Junior Schools, which had gained some extra funding for work supporting vulnerable children. The post was a new one working part time in both schools to directly support the children and their families, and was only the second of its kind in Harrogate. Over time, other schools have put the role in place, although some are more parent focused than child focused. Although the initial funding ended, both schools decided to self fund the post because they found it so valuable.

The worker has a base in both the infant and the junior schools and works alongside children, families and staff in school, and families in the community. Links with parents and home are seen as vital in ensuring the well-being of pupils. Janice felt that whilst a lot of parents needed support, they would not access it if it was offered directly, so a number of on-site activities have been developed for parents/carers and families, such as a toy library, health visitor drop-in, MINOS<sup>1</sup> and Portage<sup>2</sup> parent and toddler groups in both schools (both are by referral only).

Janice spent a lot of her time developing integrated working relationships with all agencies including the Child and Adolescent Mental Health Service (CAMHS). She now speaks to the CAMHS family worker on a regular basis and, where appropriate, is invited to their meetings with families. Janice is able to make direct referrals to their worker which means families receive support and advice and has involved them with the Common Assessment Framework<sup>3</sup>(CAF) to great benefit.

Her role is illustrative of a useful connecting point between both Family Learning and Mental Health. The relationship with Family Learning was made early on. The Family Learning tutor links with the schools to encourage parents to become more proactive in their children's learning. Janice's supportive role has meant that some parents have attended the Family Learning on offer who wouldn't normally have considered it. The classes are open to all and are tailored to suit. They have been extended to include ICT courses. The tutor runs a regular group on a Monday afternoon. The parents attending the Family Learning provision have benefited, as Janice feels the learning has helped reduce isolation and improve self-esteem, and some have come into school to help whilst others have gained qualifications. At present, the group is studying for maths and literacy. Janice sees her role as the liaison between the families she supports and the Family Learning provision.

There have been attempts to introduce the CAMHS worker into the health visitor/toy library drop-ins, but this wasn't as successful as anticipated. There is still work to do in breaking the barriers down between agencies and removing some of the stigma attached to them.

<sup>1</sup> See Case study 2 on Sheet 13 on the Mental Health Project from the Harrogate and Area Council for Voluntary Service.

<sup>2</sup> Portage is a home-visiting educational service for pre-school children with additional support needs and their families. See <http://www.portage.org.uk/index.html> for more information.

<sup>3</sup> The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. See <http://www.everychildmatters.gov.uk/deliveringservices/caf/> for more information.



The following example also highlights the significance of partnership working in developing a wide variety of learning provision and activities for families in a children's centre context.

## Case study 5

Source: Sylvia Godfrey, Community Development Manager, Sure Start South West Burnley Children's Centre. Contact: [Sylvia.Godfrey@nch.org.uk](mailto:Sylvia.Godfrey@nch.org.uk) or visit: [http://www.southwestburnley.surestart.org/index.php?page\\_id=1](http://www.southwestburnley.surestart.org/index.php?page_id=1)

The Sure Start Children's Centre in South West Burnley is an example of provision for families with varying levels of mental health problems, where partnerships between agencies are developing to support the needs of parents/carers. There is some wider Family Learning provision in place as well as a number of adult learning opportunities for parents/carers. The NCH<sup>4</sup>-run Children's Centre is in an area of great deprivation and need, where many parents struggle with complex practical and emotional situations, which take their toll on the whole family. Services are available to all families in South West Burnley with children aged 0–5. They include education and childcare, family support and outreach work, child and family health services and links to job centres and training providers.

Some parents attend the counselling service on offer whilst there is provision for families and for parents. The provision for families includes baby massage; 'Music and Movement'; 'Shake, Rattle and Roll'; gardening sessions; 'Dad's Group' and parent, carer and toddler groups. There are courses on offer for parents, such as Food Hygiene; First Aid; Confidence Building; ICT; literacy and numeracy; and 'New Directions', which is especially for people with a history of mental health issues. Almost all the courses have childcare provision, which can prove quite challenging due to the expense. The centre also runs a weekly arts and crafts group session for parents and carers where a tutor attends, but it is mainly a therapeutic session.

A number of partnerships are in place to support parents, such as with CAMHS – parents can make an appointment with the CAMHS worker who attends the centre regularly. The centre also has good links with health visitors and the teenage pregnancy midwife. The centre has worked with East Lancashire Adult Learning and Action Factory Community Arts to run some holiday workshop programmes, funded mostly by the Arts Council North West.

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<sup>4</sup> See <http://www.nch.org.uk/> for more information.



### Family learning

Family learning has a role to play in many policy areas. The NIACE *Linking the thinking* publication draws together information on the different agendas and the way in which family learning can contribute to meeting key performance indicators<sup>1</sup>.

Since 2002 the Learning and Skills Council has been responsible for the planning and funding of family literacy, language and numeracy, with a range of programmes provided by local authorities. A second stream of funding for 'wider family learning' enables providers to develop family learning provision that does not solely focus on literacy, language and numeracy.

*Every Child Matters*<sup>2</sup> (2003), the Green Paper promoting the best outcomes for children and young people, cited family learning as playing an important role in children's development. The Government's strategies for parenting and parent support also acknowledge the role of learning in families. *Every Child Matters* sets out five main outcomes which services should work towards being healthy, staying safe, enjoying and achieving, making a positive contribution, and economic well-being.

Government policies in relation to children, parents and families are part of a vision for a socially inclusive and prosperous society. A large number of policy areas and Government initiatives have an impact upon children, parents and families.

*Every Parent Matters*<sup>3</sup> (2007) sets out the policy initiatives promoting the development of services for parents and the actions needed to involve parents in the shaping of services for families. It acknowledges the key role of parents as educators and partners in the school process.

### Reaching Out: Think Family

The Social Exclusion Task Force review for families at risk first report, *Reaching Out: Think Family*<sup>4</sup> (2007) reinforces the positive effects of intergenerational learning and the significant impact that the level of parental interest in a child's education has in raising attainment. It builds on *Every Child Matters* and identifies service structures and the need to provide a tailored flexible service to the individual family with multiple needs.

A key theme running through the change agenda is a renewed policy interest in the importance of the role of parents in supporting their children's learning, in relation to improving their children's behaviour and in shaping the new services in localities. The second report, *Think Family: Improving the life chances of families at risk*<sup>5</sup> (2008) sets out the steps for improving services to families at risk. It also looks at ways in which local authorities, the third sector and interested professionals can engage with and learn from each other.

### The Children's Plan

In December 2007, the newly formed Department for Children, Schools and Families launched The Children's Plan<sup>6</sup>, its ten-year strategy for education, welfare and play. It re-

1. Haggart, J and Spacey, R (2006) *Linking the thinking in family learning*. Leicester: NIACE. Please also see the NIACE poster on the links to the new PSA targets (in press). Visit: <http://www.niace.org.uk/Research/Family/Default.htm>
2. Department for Education and Skills (2003) *Every Child Matters*. Cm 5860. Nottingham: DfES.
3. Department for Education and Skills (2007) *Every Parent Matters*. Nottingham: DfES.
4. Cabinet Office, Social Exclusion Team (2007) *Reaching out: think family, Analysis and themes from the families at risk review*. London: Cabinet Office.
5. Cabinet Office (2007) *Think Family: Improving the life chances of families at risk*. London: Social Exclusion Task Force.
6. Department for Children, Schools and Families (2007) *The Children's Plan. Building brighter futures*. Cm 7280. Available at: [http://www.dfes.gov.uk/publications/childrensplan/downloads/The\\_Childrens\\_Plan.pdf](http://www.dfes.gov.uk/publications/childrensplan/downloads/The_Childrens_Plan.pdf)



emphasised its commitment to family learning and promised £30 million to provide more family learning especially for families at risk, fathers and in areas of deprivation.

## The Disability Discrimination Act (DDA)

The Act became law in 1995. The act uses a wide definition of disability to include physical or sensory impairment, dyslexia, medical conditions and learning difficulties, as well as mental health difficulties. Under Part 4 of the DDA, education providers have a responsibility:

- not to treat disabled learners less favourably for a reason relating to their disability;
- to provide reasonable adjustments for disabled learners, such as providing support, adapting delivery styles and the way material is presented.

This applies to all services provided by an organisation for learners. For example, it includes library services and learning resources.

Since 2006, all public bodies have a duty to promote disability equality actively. This means when anticipating what support learners with mental health difficulties may need, it is important to promote positive mental health and to make statements that show that you value and support learners who may experience mental health difficulties. Providers are also expected to make steps to encourage learners to disclose a disability. Disclosing any mental health difficulties can lead to discussion with the learner about the best way to support them.

Under the DDA, once one member of an organisation knows about a learner's disability, and providing the learner has given approval to share the information, the whole organisation is deemed to know. Procedures need to be in place to ensure this happens in an efficient and confidential manner.



## Social inclusion and mental health

The National Institute of Mental Health in England (NIMHE<sup>7</sup>) was launched to improve the quality of life for people of all ages who experience mental distress. Improving the lives of people with mental health difficulties includes promoting social inclusion and recovery rather than just treatment. In 2004 the *Mental Health and Social Exclusion* report was produced by the Office of the Deputy Prime Minister<sup>8</sup>. The report aims to challenge the stigma and discrimination experienced by people with mental health difficulties. It wants to raise expectations and achievements for people experiencing mental health difficulties in employment, education and the community. The role of NIMHE is closely linked with the report and includes working across agencies to improve the social inclusion of people who experience mental health difficulties.

## Learning and Skills Council

The Learning and Skills Council is committed to developing more accessible learning opportunities for people who experience mental health difficulties. This can be clearly seen in the LSC document *Improving services for people with mental health difficulties* (2006) which has been aligned with the LSC document *Learning for Living and Work: Improving education and training opportunities for people with learning difficulties and/or disabilities* (2006). They both highlight the importance of supporting and creating good quality, inclusive provision for people who experience mental health difficulties.



7. [www.nimhe.csip.org.uk](http://www.nimhe.csip.org.uk)

8. Social Exclusion Unit (2004) *Mental health and social exclusion*, London: Office of the Deputy Prime Minister



# Making the connection

## 16 Information: useful websites and publications



### Where to look for information

There is a developing structure of networks at national, regional and local levels for family learning practitioners. Local authorities have details of the family learning provision on offer at a local level. Contact your local authority and the National Family Learning Network for your local family learning providers. Contact your regional NIMHE/NIACE partnership representative about mental health contacts in your local area, specifically in relation to adult learning [www.niace.org.uk/mentalhealth/](http://www.niace.org.uk/mentalhealth/)

### Useful websites

[www.bbc.co.uk/health/conditions/mental\\_health/index.shtml](http://www.bbc.co.uk/health/conditions/mental_health/index.shtml) BBC web pages on emotional health includes coping techniques

[www.biglotteryfund.org.uk](http://www.biglotteryfund.org.uk) Information about funding currently available from the Big Lottery Fund

[www.campaign-for-learning.org.uk/familylearningnetwork](http://www.campaign-for-learning.org.uk/familylearningnetwork) Website of the National Family Learning Network for practitioners which provides general information, sources of funding and updates on family learning

[www.csip.org.uk/](http://www.csip.org.uk/) The Care Services Improvement Partnership works through regional centres to support communities and organisations engaged with the health and social care needs of older people, people with mental health problems and learning disabilities, people in the criminal justice system, and children, young people, their families and carers

[www.dfes.gov.uk/skillsstrategy](http://www.dfes.gov.uk/skillsstrategy) Department for Innovation, Universities and Skills Strategy website, providing information on the national skills agenda

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk) A web portal for resources and information relating to *Every Child Matters*

[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk) Information about the Healthy Start scheme

[www.lsc.gov.uk](http://www.lsc.gov.uk) The Learning and Skills Council is the body responsible for planning and funding all publicly-funded post-16 learning that is not university education. Provides information on family programmes which it funds and on developments in adult learning and mental health

[www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) The Mental Health Foundation – offers the latest news on mental health issues. It includes fact sheets, publications and it includes a 'Mental Health A–Z' of mental health terms

[www.mind.org.uk](http://www.mind.org.uk) The Mind website has information on all aspects of mental health. Mind provides balanced and accessible information on mental health diagnosis in their 'Understanding....' series

[www.nacromentalhealth.org.uk](http://www.nacromentalhealth.org.uk) The mental health unit of NACRO, the criminal justice charity

[www.niace.org.uk](http://www.niace.org.uk) NIACE information including Family Learning Topic Papers, research and publications on family learning. The health and disability equality pages include NIACE's work in relation to mental health and learning, including briefing papers, reports and regional updates

[www.nimhe.csip.org.uk](http://www.nimhe.csip.org.uk) and [www.socialinclusion.org.uk/home/index.php](http://www.socialinclusion.org.uk/home/index.php) National Institute of Mental Health in England (NIMHE) has information about mental health policy, strategy and mental health awareness



[www.ofsted.gov.uk](http://www.ofsted.gov.uk) Ofsted is the body charged with inspecting the performance of pre- and post-16 learning provision

[www.rethink.org/](http://www.rethink.org/) A charity founded to give a voice to people affected by severe mental illness

[www.sane.org.uk](http://www.sane.org.uk) Provides help and information to those experiencing mental health problems, their families and carers

<http://www.ukstandards.org/Admin/DB/0030/S591.pdf> The National Occupational Standards in Family Learning sets out the knowledge and skills expected of practitioners

## Useful publications

Barnardo's (2008) *Family Minded. Supporting children in families affected by mental illness*. Essex: Barnardo's

Department for Education and Skills (2007) *Every Parent Matters*, Nottingham: DfES available from [www.teachernet.gov.uk/everyparentmatters](http://www.teachernet.gov.uk/everyparentmatters)

Lamb, P, Meade, C, and Kershaw, P (2007) *Quality Matters: Think Family*, Leicester: NIACE

NIACE (2005) *A guide to understanding adult education and mental health, and how they relate to each other. Briefing sheet*. Leicester: NIACE available from

<http://www.niace.org.uk/Research/HDE/Documents/guide-to-understanding.pdf>

NIACE (2006) *It's not only about flower arranging*, Leicester: NIACE [CD ROM]

NIACE (2007) *NIACE Family Learning Matters. The National Occupational Standards for Family Learning and Qualifications for Family Learning Tutors*. Leicester: NIACE, available from:

<http://www.niace.org.uk/Research/Family/FLTopicPaper2.pdf>

Quality Improvement Agency (2006) *Being healthy: Promoting health messages through family literacy, language and numeracy*, Nottingham: QIA

Quality Improvement Agency (2006) *Getting Healthy: Guidelines for local authorities on introducing health-related work into family literacy, language and numeracy programmes*, Nottingham: QIA

Social Exclusion Unit (2004) *Mental health and social exclusion*, London: Office of Deputy Prime Minister



## Useful information for families

[www.bbc.co.uk/learning/](http://www.bbc.co.uk/learning/) Online learning, support and advice

[www.campaign-for-learning.org.uk/cfl/yourlearning/index.asp](http://www.campaign-for-learning.org.uk/cfl/yourlearning/index.asp) Information from the Campaign for Learning about learning for you and family learning

[www.crusebereavementcare.org.uk/](http://www.crusebereavementcare.org.uk/) Organisation providing support and advice to bereaved people

[www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/MentalHealth/index.htm](http://www.direct.gov.uk/en/DisabledPeople/HealthAndSupport/MentalHealth/index.htm)

Information about mental health including organisations that can help

[www.direct.gov.uk/en/Parents/Yourchildshealthandsafety/YourChildsHealth/DG\\_10026100](http://www.direct.gov.uk/en/Parents/Yourchildshealthandsafety/YourChildsHealth/DG_10026100) Information about children's mental health

[www.gingerbread.org.uk/](http://www.gingerbread.org.uk/) Support for lone parents in England and Wales

[www.learnirect.co.uk](http://www.learnirect.co.uk) Careers advice, skills and qualifications. Also telephone 0800 100 900 for confidential advice

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) Common health questions answered

[www.nspcc.org.uk/documents/stressguideforparents\\_wdf40855.pdf](http://www.nspcc.org.uk/documents/stressguideforparents_wdf40855.pdf) A guide on stress for parents produced by the NSPCC

[www.parentscentre.gov.uk](http://www.parentscentre.gov.uk) Information and support for parents on how to help with your child's learning, including advice on choosing a school and finding childcare. Publications are available in 11 languages

[www.parentlineplus.org.uk/](http://www.parentlineplus.org.uk/) Offers help and support through an innovative range of free, flexible, responsive services – shaped by parents for parents

[www.surestart.gov.uk/](http://www.surestart.gov.uk/) Brings together early education, childcare, health and family support. For information about Sure Start Children's Centres and services available to families

[www.youngminds.org.uk/](http://www.youngminds.org.uk/) Charity committed to improving the mental health of children and young people under 25. Has a section dedicated to parents



# Making the connection

## 17 Family discussion game



- Photocopy this sheet
- Cut along the lines to make the discussion cards
- Turn them upside down on the table
- Taking turns, each person selects a card and makes their response to the statement

The aim is that everyone in the family has a chance to be listened to and to share their ideas and thoughts.

The best kind of family time is...	A happy family is one that...
I don't like it when someone...	I like it when someone...
The best time of day for me is... because...	One thing I like about myself is...
My idea of a great meal is...	A thing I sometimes do when I'm feeling down is...
What would make my life easier would be...	The time I feel most relaxed is...
My perfect world would be...	I feel confident when...
I feel stressed when...	A time I will never forget is...
A happy time I will always remember is...	As a family I liked it when...

Family Discussion Game	Family Discussion Game
Family Discussion Game	Family Discussion Game
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Family Discussion Game	Family Discussion Game
Family Discussion Game	Family Discussion Game
Family Discussion Game	Family Discussion Game
Family Discussion Game	Family Discussion Game

For more information about Family Learning at NIACE, please visit:  
<http://www.niace.org.uk/Research/Family/Default.htm>

For more information about Mental Health at NIACE, please visit: <http://www.niace.org.uk/mentalhealth/>

NIACE, 21 De Montfort Street, Leicester LE1 7GE. Registered charity number: 1002775

Please see overleaf for instructions to make this origami book



4

5

6

7

I like...

Food and exercise that keeps us  
feeling good:

Letting other people know  
what we feel:  
I like it when...

Celebrating what we  
are good at  
Child:

Celebrating what we  
are good at  
Parent/carer:



What we enjoy doing together:

**Enjoying what we do**  
Things we like to do:

**Making Positive Steps**  
**A Family Book**

Make yourselves a promise:  
something you will do to  
keep you feeling good  
I promise that...

This book is about:

Parent/carer:

Name of parent/carer:

Child:

Name of child:

3

2

1

8

Looking after our families and ourselves can improve our sense of well-being.

Listening to each other and taking time to find out what we like to do and what makes us feel good can also help.

This resource gives you a few ideas so that you and your family can make a simple book and explore these ideas together.

For more ideas and information about well-being, why not visit:

<http://www.mentalhealth.org.uk/ways-to-look-after-your-mental-health-2008/>

### Simple steps to looking after yourself:

- Make time to talk
- Listen to others
- Talk about your feelings
- Keep active – exercise can make you feel better
- Eat a well-balanced diet
- Drink sensibly

### Keep in touch with friends

- Take a break – even a change of scenery can change how you feel
- Just getting some fresh air or going for a walk can be enough
- Do something you are good at
- Share a joke
- Help someone else

### Enjoy a simple activity with your family:

- Play games
- Go for a walk
- Tell each other stories
- Cook
- Make a family book to celebrate the things you like doing together

Accept who you are – no one is perfect!

Ask for help:

- When you feel you need more than friends to listen to you - get professional support.

### Some useful websites:

<http://www.mind.org.uk/>

Mind (National Association for Mental Health)

<http://www.sane.org.uk/>

SANE

<http://www.1in4-forum.org/>

Mental Health Forum

<http://www.mentalhealth.org.uk/>  
Mental Health Foundation

<http://www.direct.gov.uk/en/HealthAndWellBeing/index.htm>

Directgov pages on health and well-being

[http://www.bbc.co.uk/health/conditions/mental\\_health/](http://www.bbc.co.uk/health/conditions/mental_health/)

BBC website pages on mental health

<http://www.nhsdirect.nhs.uk>  
NHS Direct

Thanks to Suffolk Family Learning for the Origami book style idea

### Instructions to make this simple book:

1. Photocopy this sheet.  
Cut the top section from the sheet

2. Fold the sheet of paper into eight rectangles

3. Unfold and fold in half widthways. Cut in a straight line to centre fold

4. Unfold your paper and then fold it lengthways, so the numbered pages are on the outside

5. Push left and right ends towards the centre to form a cube

6. Continue to push the ends towards the centre until you have a star shape

7. Fold the sections around to make an origami book, with page 1 as the cover

