

# National Mental Health Strategy Refresh

September 2008

Of interest to organisations and individuals with an interest in promoting social inclusion through learning and skills provision for people with mental health difficulties



# Foreword



One in four people will experience mental health difficulties at some point in their lives. Yet people with mental health difficulties often encounter high levels of stigma and discrimination which result in social isolation and exclusion. They are also less likely to be in employment, despite in

many cases a strong desire to work. Untreated or unsupported, mental health difficulties can also represent a significant cost to business, with high levels of absenteeism and lowered productivity.

The Learning and Skills Council (LSC) believes that the further education (FE) system is uniquely placed to improve employability and skills and to contribute to economic growth and social inclusion. The LSC's focus, with its partners, is to deliver the skills that individuals, businesses and the economy needs, which will in turn contribute to people's well-being, as well as to their prosperity.

Much has already been done to promote access to, and success in, learning and skills for people with mental health difficulties. In response to the Social Exclusion Unit (SEU) report *Mental Health and Social Exclusion* (SEU, 2004), the LSC highlighted its commitment to these learners in its *Annual Statement of Priorities 2005-06*, which was followed by its mental health strategy *Improving Services to People with Mental Health Difficulties* (LSC, 2006). Since then, the LSC has developed a successful partnership with the National Institute of Adult Continuing Education (NIACE) and the National Institute of Mental Health in England (NIMHE) to implement the strategy. This partnership has helped the LSC to align its work with the broader government agenda of inclusion, social justice, health equality and economic competitiveness.

In October 2006, the LSC published *Learning for Living and Work: Improving education and training opportunities for people with learning difficulties and/or disabilities*. This, along with other policies and strategies, has helped to reinforce the commitment to combating social exclusion and improving the life chances of people with mental health difficulties. To reflect developments in policy, the LSC is launching this consultation document to reinforce its commitment to this group of learners and to lay the foundations on which it will work with local authorities and other organisations as it moves through the Machinery of Government changes.

This consultation outlines our determination that people with mental health difficulties will, through learning and skills provision, be able to lead active and fulfilling lives, as part of their communities and in employment, in ways that sustain good mental health and well-being. We outline here the direction of travel the LSC needs to take to achieve that outcome. This consultation phase is your opportunity to respond to the suggestions made here, and to help the LSC develop an action plan.

Following this consultation, the LSC will launch the strategy and action plan in February 2009. The strategy will represent the next steps towards making England, by 2015, an international exemplar in providing high-quality post-16 education and training for people with mental health difficulties.

A handwritten signature in black ink, appearing to read 'Chris Banks', written in a cursive style.

Christopher N Banks  
Chairman



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# 1: Introduction

## Our vision

**1** The LSC's vision is that people with mental health difficulties<sup>1</sup> should, by accessing learning and skills provision, be able to lead active and fulfilling lives as part of their communities and in employment, in a way that sustains mental well-being.

**2** Our vision:

- involves the whole FE system so that learners with mental health difficulties have equal access to the full range and diversity of provision in their area
- promotes economic and social participation to enable learners to take a valued and active part in their provision and progress towards their goals in life and work
- is based on the notion of success and achievement, thus challenging the low expectations often placed on people with mental health difficulties
- is grounded in collaboration and partnership with key stakeholders, including learners with mental health difficulties themselves, to ensure that they have holistic packages of provision that meet their learning, skills, employment and mental health needs
- acknowledges that mental well-being is fundamental to the achievement of a person's aspirations and recognises that the FE system can contribute to the mental well-being of staff and learners
- seeks to tackle, along with our partners, the stigma and discrimination that prevent many people with mental health difficulties from achieving their goals.

**3** The LSC's strategy, *Improving Services to People with Mental Health Difficulties* (LSC, 2006) was built on four aims; to:

- build capacity in the FE system
- boost demand for learning among people with mental health difficulties

- ensure the quality of the learning experience
- raise achievement levels by learners with mental health difficulties.

**4** In 2008-09, we will refresh our strategy to reflect the changing policy context in which our work to improve services for people with mental health difficulties sits. We will strengthen our commitment to these learners and lay the foundations for work with local authorities and other organisations as the LSC progresses through the Machinery of Government changes.

**5** In order to fulfil the aims of this strategy, the LSC will:

- increase the capacity and expertise of LSC staff to lead this change, as part of our legacy as we move through the Machinery of Government changes
- ensure national consistency exists alongside local and regional flexibility
- ensure simpler and more flexible funding systems
- involve learners themselves in the development of strategies, policies, processes and plans, and work with our partner agencies and employers
- promote the concept of 'healthy FE' on the basis that good mental health and well-being are important for all staff and learners in the achievement of our vision.

**6** This strategy takes in our overarching ambition for the sector, which is that by 2015, England will be an international exemplar in providing learning and skills opportunities for people with mental health difficulties. Thus the strategy initiates and develops activity for long-term reform that will be continued post 2010 by our successors, the Young People's Learning Agency and the Skills Funding Agency. Arrangements that will progress the Machinery of Government Changes will be clearer by the launch of the strategy in February 2009.

<sup>1</sup>Mental health is defined by the World Health Organisation as 'a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' ([www.who.int](http://www.who.int)). Mental health difficulties, or illness, may therefore be defined as a period of time when a person's thoughts, emotions or behaviours become distressing and/or disruptive to themselves and/or others around them.

## Consultation question 1

**Do you agree with our vision to take forward our work on improving learning and skills provision for people with mental health difficulties?**

## Consultation question 2

**Do you think that any of the six strands of the vision (para. 2) should take priority?**

## Background

**7** The Social Exclusion Unit (SEU) report *Mental Health and Social Exclusion* (SEU, 2004) set out an agenda for the modernisation of mental health services so that people with mental health difficulties could be helped to access mainstream services, including better employment opportunities and the use of community facilities. The SEU report also sought to tackle stigma and discrimination by promoting greater social inclusion of people with mental health difficulties and challenge the culture of low expectations surrounding them. The report's recommendations were taken forward across all government departments, including the Department for Education and Skills (DfES) by the National Social Inclusion Programme (NSIP). As part of this work, the DfES Grant Letter 2005/06 to the LSC stated 'a need to address mental health and social exclusion issues' (DfES, 2004).

**8** Our Annual Statement of Priorities for 2005 (LSC, 2005) noted that the LSC 'will respond to the Social Exclusion Unit's report on meeting the needs of people with mental health difficulties' and that it would 'publish proposals to improve services to learners with mental health difficulties' (LSC, 2005:24). This led to the publication of the LSC strategy *Improving Services to People with Mental Health Difficulties* in August 2006 (LSC, 2006). Responsibility for implementing the strategy rests with the Partnership Programme that exists between the LSC, the National Institute of Adult Continuing Education (NIACE) and the National Institute of Mental Health in England (NIMHE). Through our partnership with NIMHE, we have developed a national action plan with the National Social Inclusion Programme (NSIP), which leads the social inclusion work for NIMHE, as well as working with the Care Services Improvement Partnership (CSIP) in the regions.

**9** In 2004, the LSC's National Council endorsed the need for a strategic review of the LSC's planning and funding of provision for learners with learning difficulties and/or disabilities across post-16 learning. This led to the publication of *Learning for Living and Work: Improving education and training opportunities for people with learning difficulties and/or disabilities* (LSC, 2006). This strategy is the blueprint for LSC thinking and actions that, with our partners, we are taking forward to address the recommendations of *Through Inclusion to Excellence* (LSC, 2005).

**10** Although the LSC's mental health strategy was developed as a stand alone document highlighting the particular needs of these learners, it has a bearing on the overview presented in *Learning for Living and Work* (LSC, 2006) and is integral to the LSC's consideration of the planning and funding of provision for learners with learning difficulties and/or disabilities across the FE system.

**11** This 'refresh' of the original strategy signals the LSC's continued commitment to this group of learners, but also recognises that the world of education and training moves on. In order to drive forward our commitment, we have chosen to look again at how the LSC, along with its partners, can contribute through education, training and employment opportunities, to social inclusion and improved life chances for people with mental health difficulties.

**12** To ensure that the needs of people with mental health difficulties are addressed, this strategy needs to be embedded within the LSC's core business cycle and processes. The needs of these learners cannot be met through policy and strategy relating only to learners with learning difficulties and/or disabilities, but must be informed by, and inform, wider LSC activity and reforms.

**13** This strategy must also link with the reforms that are transforming the FE system:

- Leitch Review (Leitch, 2006)
- Skills Strategy (DfES, 2003; DfES, 2005)
- Every Child Matters (DfES, 2003)
- Valuing People (Department of Health (Department of Health), 2001)
- 14 19 agenda (DfES, 2005)
- Further Education: Raising skills, improving life chances (DfES, 2006)
- Framework for Excellence
- Foundation Learning Tier
- integrated employment and skills
- demand-led funding
- skills accounts
- Offender Learning and Skills Service (OLASS)
- Qualifications and Curriculum Framework (QCF)
- informal adult learning
- adult advancement and careers service
- digital inclusion (UKonline Centres and Freshminds, 2007).

**14** The Department for Children, Schools and Families (DCSF) and the Department for Innovation, Universities and Skills (DIUS) published the White Paper *Raising Expectations: Enabling the system to deliver* (DCSF and DIUS, 2008) with proposed reforms to education and training. As the LSC progresses through these Machinery of Government changes and the landscape of the post-16 education system changes, it will be important to ensure that the needs of people with mental health difficulties are safeguarded now and in the future.

**15** Other reforms and activities across government are also driving the well-being and social and economic inclusion of people with mental health problems. This strategy will endeavour to relate these broader agendas to its work of promoting access to, and success in, learning and skills by people with mental health difficulties. Reforms that directly affect the aims of this strategy are:

- *Improving Life Chances of Disabled People* (Strategy Unit, 2005)
- *Our Health, Our Care, Our Say: A new direction for community services* (Department of Health, 2006)
- *A New Deal for Welfare: Empowering people to work* (Department for Work and Pensions (DWP), 2006)
- City Strategy<sup>2</sup> (DWP)
- local area agreements (Communities and Local Government)
- the disability agenda<sup>4</sup>
- *Reaching Out: An Action Plan on Social Exclusion* (HM Government, 2006)
- *Health, Work and Well-being* (DWP, Department of Health and Health and Safety Executive)
- Healthy FE (Department of Health and DIUS)
- *High Quality Care for All: NHS next stage review final report* (the Darzi Report) (Department of Health, 2008)
- *Opportunity, Employment and Progression: Making skills work* (DIUS and DWP, 2007)
- *Work Skills: Unlocking talent* (DIUS and DWP, 2008)

- *Fair Deal for Mental Health* (Royal College of Psychiatrists, 2008)
- Making a Real Difference (CSIP)
- *Health Inequalities: Progress and next steps* (Department of Health, 2008)
- *Delivering Race Equality in Mental Health Care* (Department of Health, 2005)

**16** Through our partnership with NIACE and NIMHE we are able to incorporate the learning and skills agenda into the NSIP action plan on employment, learning and skills<sup>6</sup> and also, through our work with CSIP in the regions, work with the regional employment teams (RETs) in their delivery of the PSA Delivery Agreement 16 targets on increasing employment rates for people with severe and enduring mental health difficulties.

**17** *Progression through Partnership* (DCSF, Department of Health and DWP, 2007) is a joint strategy which responds to the recommendations made in *Learning for Living and Work* (LSC, 2006). It shows how government departments must work together to ensure that young people and adults with learning difficulties and/or disabilities achieve the education and training they want and need to be able to live fulfilling lives in their local communities and, in particular, to enter the world of work.

**18** *Progression through Partnership* cites the LSC's mental health strategy and the Partnership Programme and highlights the 'need to develop and share expertise in providing services for this group' and points to the work the LSC does in partnership as a 'real opportunity to change the climate of support for this group' (DCSF, Department of Health and DWP, 2007:14). The report continues 'we expect our delivery partners to continue to explore solutions and improve access to support services' (DCSF, Department of Health and DWP, 2007:14). This LSC refresh strategy for learners with mental health difficulties responds to this statement and presents an opportunity for the LSC to explore how it can achieve maximum impact for this group of learners, particularly through Machinery of Government changes and to wider government strategies and reforms.

**19** The LSC believes that its aim of promoting access to, and success in, learning and skills for people with mental health difficulties has a strong bearing on other agendas across government.

<sup>2</sup>See [www.dwp.gov.uk/welfarereform/cities\\_strategy.asp](http://www.dwp.gov.uk/welfarereform/cities_strategy.asp)

<sup>3</sup>Local area agreements (LAAs) set out the priorities for a local area agreed between central government and a local area (the local authority and local strategic partnership) and other key partners at the local level. See [www.communities.gov.uk/localgovernment](http://www.communities.gov.uk/localgovernment)

<sup>4</sup>The disability agenda sets out the chief public policy challenges for the coming debate and the actions required to meet them. See [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

<sup>5</sup>The Making a Real Difference initiative is operated by the Care Services Improvement Partnership (CSIP) and was launched in response to the Department of Health 2006 White Paper, 2006. See <http://mard.csip.org.uk/>

<sup>6</sup>See [/www.socialinclusion.org.uk/home/index.php](http://www.socialinclusion.org.uk/home/index.php) for details of the work of the National Social Inclusion Programme (NSIP).

- **Participation in learning can help to address health inequalities.** The LSC recognises the relationship between health and well-being and participation in learning. For many people who develop mental health difficulties in childhood and adolescence, the disruption to their education and the subsequent impact on their life chances entrenches the inequities that continue to undermine individual health and well-being and future participation in learning and in the labour market.
- **Lifelong learning** is a key tool for promoting social and economic inclusion among excluded groups, such as those who experience mental health difficulties.
- The **wider benefits of learning**, such as increased confidence, better self-esteem, feeling in control of one's life, having a sense of hope and optimism about the future, are synonymous with **recovery**<sup>7</sup>, whether one is free from the symptoms of mental ill-health or not, and are inseparable from participation in learning, skills and work.
- Social isolation undermines mental well-being and social and economic inclusion. Too many people with mental health difficulties are socially isolated. Participation in learning can be the first step towards greater **social integration**.
- Learning and training opportunities can lead to **improved employment prospects**, and participation in learning can be a stepping stone to employment. Employment is, in turn, a route into learning and skills. The learning and development we undertake at work can help us to feel confident and effective in our jobs, and can therefore benefit our mental well-being at work. It is a key tenet of this strategy that people with mental health difficulties should have equal access to learning at work.
- The **personalisation agenda and person-centred planning approaches** represent an opportunity to build services around the goals, aspirations and needs of the individual, and we need to ensure that all our services are learner centred. Participation in learning can increase people's confidence and ability to make informed choices and to get what they need from the various services they use. This strategy envisages that providers in the FE system and other agencies will work together to ensure that people with mental health difficulties can access the support they need to function effectively and successfully in a variety of settings.
- The FE system has a role to play in tackling **stigma and discrimination**. We will, through our work with all learners, promote the equal rights of all our citizens, and through our work with employers, challenge the stigma that is a barrier to employment.

## Context

**20** This document adopts the term 'FE system' to refer to a range of organisations that contribute to post-16 provision. This comprises:

- FE colleges and providers
- special designated institutions
- independent specialist providers and schools
- independent training providers
- large employers who contract with the LSC
- Learndirect/Ufl
- providers of personal and community development learning (PCDL) including local authorities
- providers of learning and skills for offenders
- school sixth forms
- special school sixth forms
- providers in the voluntary, community and faith-based sector (the 'third sector')
- information, advice and guidance services.

**21** Mental health difficulties affect people of all ages, ethnic groups and both genders. People of all abilities and intellectual levels, and people from all walks of life can experience problems with their mental health. There is no typical learner with mental health difficulties and there is no one type of provision or approach that will suit all. Learners with mental health difficulties may include people with severe and enduring problems and people with mild to moderate mental health problems. This group includes people who receive care and support from:

- primary care services
- mental health services
- forensic units and forensic services

<sup>7</sup>Recovery is defined by NIMHE as 'what people *experience themselves* as they become *empowered to manage their lives* in a manner that allows them to achieve a fulfilling, meaningful life and a contributing positive sense of belonging in their communities' (NIMHE, 2005:2; original emphasis). In this context it does not necessarily mean the absence of symptoms of mental illness.

- drug and alcohol dependency services
- voluntary and private sectors.

**22** While these factors may be significant for the people concerned, they will not necessarily be an indication of how easily a person accesses learning and skills provision, what provision they access or at what level. Previous educational experiences and/or belief and confidence in one's abilities can be the more determining factor in access to learning and skills.

**23** Although mental health difficulties can affect anyone, the LSC recognises that certain socio-economic factors increase vulnerability to poor mental health and well-being. These include living in poverty or on a low income, negative educational experiences and skills needs, unemployment, experiencing racism and discrimination, being a victim of crime, violence, harassment or bullying, a history of offending and having another disability or long-term limiting health condition. Many of the LSC's existing priority groups may therefore be experiencing mental health difficulties.

**24** The LSC works within the social model of disability. This acknowledges that while people may experience impairments, too often the disabilities experienced by people are socially constructed. Thus someone with mental health difficulties may be disabled by other people's fears and prejudices. For learners with mental health difficulties, these attitudes may be more disabling in the learning or training environment than the symptoms of the condition itself. For this strategy to be effective, we must be alert to this and constantly challenge these negative assumptions in ourselves and in others working and learning within the FE system.

### Consultation question 3

**Are there any other government strategies or reforms (besides those in paras 13 and 15) that we should be linking to?**

## 2: Communicating our Priorities

**25** In order to take forward our vision, we must ensure clear and consistent communication. We want to make sure that the sector has a clear understanding of our vision for learners with mental health difficulties, and that this vision will be implicit in all our work with our partners and fellow agencies.

**26** The LSC and its successors have a legal duty under the Disability Discrimination Act, Disability Equality Duty and the Single Equality Scheme to realise this vision, but it is also our desire to fulfil this vision. We believe that there is a strong social and business case for ensuring that people who experience mental health difficulties can access and succeed in learning and skills. This belief is underpinned by the DfES Grant Letter for 2004/05, the LSC Annual Statement of Priorities 2005-06 and our continued support for and involvement in the Partnership Programme with NIMHE and NIACE. The provision of learning and skills for people with mental health difficulties is an important factor in reducing their social exclusion, social isolation and worklessness. By realising our vision, we can support people with mental health difficulties in being active members of their communities and playing a valued role in the workforce.

**27** In the context of the Machinery of Government changes, we need to communicate our vision through close working arrangements with local authorities and LSC skills teams so that the needs of people with mental health difficulties will continue to be addressed by the newly formed Young People's Learning Agency and the Skills Funding Agency. By strongly communicating our vision we will ensure that our commitment to prioritising this group of learners will pass to the newly formed agencies, and their needs will not be lost when the new agencies assume responsibility for planning education and training provision.

**28** We are determined to involve learners and service users in the development of our policy. We cannot achieve our vision without listening to and involving people with mental health difficulties in its development. We will continue to support the work of national and regional learner panels and ensure that learners with mental health difficulties are supported and included within all mechanisms for involvement.

**29** It is crucial that we communicate our vision to employers and listen to the views and experiences of employers who are involved in both open and supported employment of people with mental health difficulties. There is still a great deal of reluctance and misinformation among employers about employing and/or retaining people who have mental health difficulties. The LSC will not be able to achieve its vision unless we challenge the stigma and discrimination within the labour market about mental health, but we must also develop positive strategies to support employers, to recruit, train and retrain people with mental health difficulties. The LSC will help to improve the work of its delivery partners in:

- supporting learners with mental health difficulties to make the transition to work
- helping work-based learning providers recruit and train people with mental health difficulties
- promoting and disseminating success stories of people with mental health difficulties in difficulties in gaining and sustaining work
- providing the information and support needed to encourage more employers to employ, train, develop and retain people with mental health difficulties in the workplace.

**30** We will work with employers who recruit, train and retain people with mental health difficulties so we can learn from their successes and use examples of good practice to encourage others. While other agencies are working to support employers who recruit and retain people with mental health difficulties in the workforce, the LSC believes we also need to work with employers so that they can support employees with mental health difficulties and encourage their participation in training.

**31** To achieve our vision, we must lead by example. In 2007, the LSC National Office signed up to be a 'Mindful Employer' ([www.mindfulemployer.net](http://www.mindfulemployer.net)) and through our commitment want to ensure that we are an exemplary employer in the recruitment and retention of people with mental health difficulties within our own workforce. We want to encourage our delivery partners and agencies to sign up to become Mindful Employers. We believe that one

of the most potent ways we can achieve broader economic participation by people with mental health problems is by practising what we preach.

**32** Through the provision it funds, the LSC is a major contributor to the education and training of the workforce. Work is continuing across government to improve the health and employment prospects of working-age people. We believe that by supporting our delivery partners to develop whole-organisational approaches to mental health and well-being awareness, disability awareness and anti-discriminatory practices, we can contribute to creating a healthy, skilled labour market for the future. Some sectors of the labour market experience very high levels of stress and this is a health and safety issue. Doing more to raise awareness of stress in the workplace while people are training or to provide workplace 'health literacy' training may help employees to combat stress in the workplace, and cut the cost of mental health difficulties in the workplace.

**33** We need to communicate our vision and the implementation of our strategy to our partners and other stakeholders. While better links between services have been made over the past decade, there is still much to do to forge better partnership working. We need to do more to promote the positive impact that participation in learning and skills by young people and adults can have on increasing their economic and social participation, preventing social exclusion and promoting social inclusion and recovery. We must be clear about what we cannot fund and deliver so that we do not raise false hopes. By communicating our vision and strategy effectively, we will develop our joint work with stakeholders and agencies and support our providers and other agencies in developing clear arrangements for funding, and for working together.

**34** Above all, we need to communicate our vision and commitment to people with mental health difficulties, especially those who are most disadvantaged in the labour market and who are at greatest risk of being, or remaining, socially excluded. This includes people from black and minority ethnic communities, older people, homeless people and ex-offenders. We need to convey that we welcome and value the participation of all people with mental health difficulties in all their diversity in the FE system and promote awareness of the personal benefits of their participation. We will do this by working in partnership, particularly with service users, carers and the voluntary and community sector.

### Consultation question 4

**Do you agree that leading by example and being an exemplar employer is an effective way to communicate our commitment to learners with mental health difficulties?**

### Consultation question 5

**We think that by working with providers, we can help raise awareness of mental health and stress in the workplace as a health and safety issue. Do you agree that this could contribute to mental health and well-being in the working-age population?**

### Consultation question 6

**In what other ways can we communicate our vision and commitment?**

# 3: Learner Involvement

**35** Our commitment to learner involvement will underpin and inform our work with people with mental health difficulties. We want to ensure that we can enhance the opportunities available to all by listening to and involving people with mental health difficulties at all levels and in many different ways. This may include people with mental health difficulties who are already involved in learning, as well as those who still face barriers to participation.

**36** The LSC has established a National Learner Panel to advise government on how proposed changes in FE in England will affect learners. The LSC is exploring a variety of ways of capturing the views of people with learning difficulties and/or disabilities, which will include people with mental health problems, which can be sustained beyond 2010.

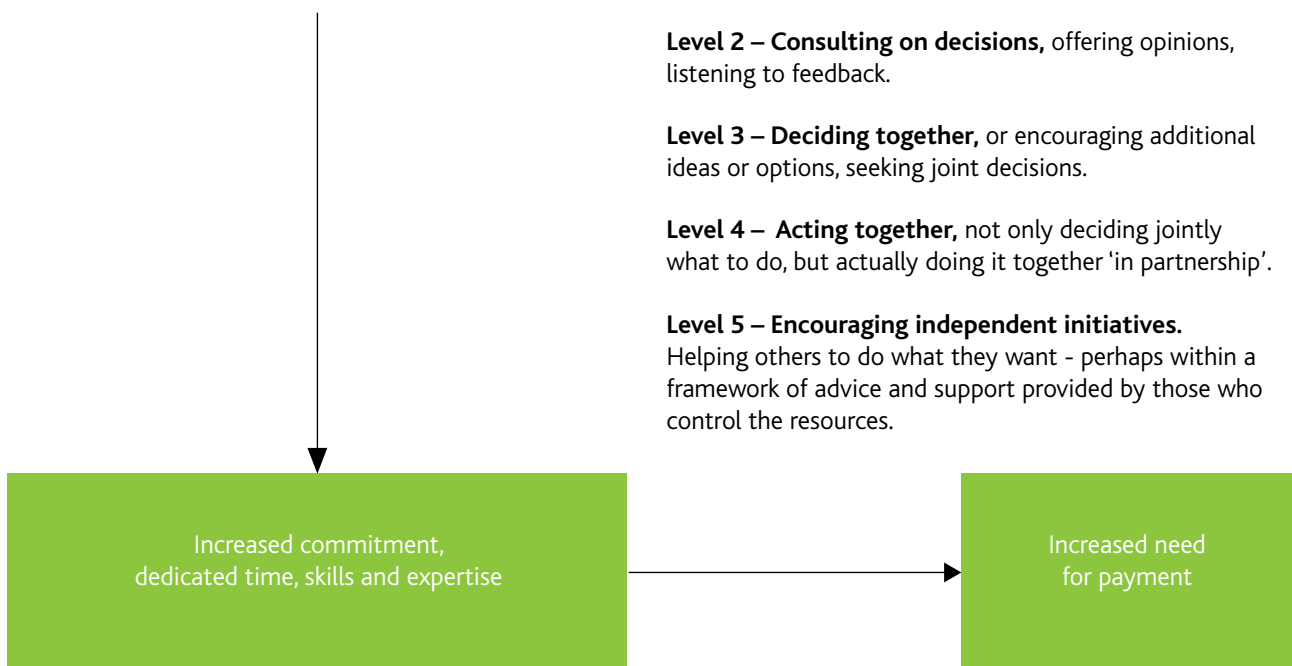
**37** The LSC launched its Talk to Des campaign ([www.lsc.gov.uk](http://www.lsc.gov.uk)) in July 2006 with the aim of engaging people with disabilities, their families and carers in determining future policy. The campaign is helping the LSC understand the problems learners with learning difficulties and/or disabilities face when accessing provision, and the obstacles that prevent them from engaging in learning. The role of the LSC's voluntary and community sector partners, particularly user-led organisations, is important in achieving the aims of this initiative.

**38** Through our work with NIACE and NIMHE, we also aim to involve learners in regional network meetings and other forums. We want to ensure that these methods of involvement are linked so that they form a coherent framework for learners and service users at all levels.

**39** There are varying levels and ways in which learners with mental health difficulties can be involved, depending on their context. Figure 1 presents a suggested five levels of involvement.

**Figure 1: Levels of involvement**

A simple classification shows the different levels of involvement:



**40** The model of learner involvement in Figure 1 is taken from developments in health and social care services where there is increasing recognition of the need for, and benefits to be gained from, service-user involvement in the development of enlightened services. Frameworks for developing the involvement of service users within health and social care settings include recommendations for reward for, and recognition of, their involvement, including financial payments that reflect the expertise, skill and time required for some levels of involvement. Currently, we do not have systems that would reward and recognise learner involvement in this way. As we explore and develop the ways in which we involve learners, including learners with mental health difficulties, we will need to consider how we reward and acknowledge their involvement, particularly when there is a move to develop more integrated and collaborative provision and support.

**41** Because of their experiences, learners with mental health difficulties are the experts on what it takes to participate and succeed in learning while contending with mental health problems. Listening to and involving learners can therefore not only help the LSC shape and define its thinking about services for the future, but will also help it develop models and examples of involvement that can be emulated by our providers. Involving learners will contribute to ensuring that the LSC and its providers comply with the Disability Discrimination Act, the Disability Equality Duty and the Single Equality Scheme. Organisations have much to gain from involving learners with mental health difficulties and the LSC will seek to capitalise on this in its drive towards providing high-quality exemplar services.

**42** Learners themselves also benefit from involvement. First, there is the increased likelihood of improved services for themselves and others. As importantly, meaningful involvement can foster a sense of achievement and empowerment in learners which can lead to an improved sense of well-being. It can also see learners gaining useful skills for their day-to-day lives. The LSC recognises the value involvement has for the individual and will seek to maximise these benefits as a means to promote social inclusion, civic participation, recovery and employment opportunities.

**43** Some learners will give their time voluntarily for the benefit of others and this should be their choice but it should not be presumed. The level of involvement and what is expected needs to be made clear from the start.

**44** Learner involvement must be meaningful if it is not to risk becoming mere tokenism, or even damaging to those involved. The LSC will make sure its processes for learner involvement are transparent, consistent, respectful and built on accepted good practice. We will encourage and expect learning providers to put in place proper procedures for learner involvement. This will include being clear about

the purpose of involvement, providing the information learners need in order to become involved, and developing structures to encourage representation by learners.

**45** The LSC has structures for the involvement of learners. We will make sure that these structures are inclusive for learners with mental health difficulties, recognising that at times our work will require the expertise and experience of learners with mental health difficulties to inform policy. The LSC Task Group that oversees the development of this strategy and the work of the Partnership Programme is a case in point, and the LSC acknowledges that this work is strengthened by their involvement.

**46** The LSC recognises that for learner involvement to be truly representative and to make the most of all the gains to be had from involving learners, it will depend on the necessary support structures and arrangements being in place. A few examples of such arrangements are:

- the provision of practical and emotional support
- making information available in a variety of formats
- acknowledgement of involvement
- prompt payment of expenses and fees
- the supply of travel warrants in advance
- administrative support.

**47** Appropriate guidelines for the payment of expenses and fees needs to be developed for the FE system. These must take into account factors such as the national minimum wage, employment law and the position of those involved in respect of any state benefits they receive.

**48** Learner involvement needs to represent all learners. The LSC wishes to see all people with mental health difficulties being supported to become involved at the level they choose. This includes people who:

- use primary care services and secondary services
- are in secure settings such as forensic services and prisons
- use drug and alcohol dependency services
- are from a broad range of backgrounds, including those from black and minority ethnic communities, young people, older people, gay, lesbian, bisexual and transgender people, travellers, people in rural communities, members of faith and religious groups, people with personality disorders, and carers.

**49** The Single Equality Scheme will help to ensure that people who face multiple disadvantages are included and involved. By ensuring diversity in the type of learners involved, we can gain a better understanding of the way learning and training affect people's lives and how we can improve services in the light of this understanding.

**50** The LSC wants to build the capacity of all learners with mental health difficulties to become involved in developing high-quality educational and training opportunities. Failure to do so may mean that we do not capture the diversity of the learner experience. Moreover, over-reliance on a small number of learners can lead to burn-out and the risk of deteriorating mental health for those who are involved. Naturally, the LSC and FE system will benefit from this increase in learners' capacity to be involved, but we can also be the main source of capacity building itself. The LSC wants to encourage providers to develop opportunities to help people develop involvement skills, such as the expertise required for meetings, research, training and giving presentations. This will mean that more learners will be able to contribute at different levels of involvement. Acquiring such competencies will have a beneficial effect on the quality of the learner's involvement, and for those that wish it, is an opportunity to build up a CV for involvement, which could lead to paid employment in, for example, research, advocacy, training or consultancy. The LSC will ensure that courses that develop the skills required for involvement are part of the Foundation Learning Tier and the Qualifications and Curriculum Framework.

### Consultation question 7

**We believe that learners with mental health difficulties should be included in all the different forums for involvement. Do you agree that we should also develop separate forums to involve people with mental health difficulties?**

### Consultation question 8

**Do you agree that we should develop appropriate methods to recognise and reward learner involvement, including financial recompense?**

### Consultation question 9

**Do you agree that developing and offering training and accreditation for involvement is important?**

### Consultation question 10

**What is your experience of learner involvement, as a learner or as a provider?**

# 4: Working with Partners

**51** The LSC recognises that working in partnership is essential to fulfilling its vision for people with mental health difficulties; that is, that they should, by accessing provision, be able to lead active and fulfilling lives as part of their communities, and in employment in a manner that sustains good mental health and well-being.

**52** Mental health difficulties can affect anyone, regardless of age, background or life experience. Recovery from mental health problems and the way that people rebuild their lives after a period of mental ill-health is unique to each individual. Therefore, the LSC and its delivery agencies will need to work with many different types of organisation to ensure that the needs of such people are met as they progress on their journey. Working in partnership will also enable the LSC to avoid the duplication of services and thus secure more effective use of public funds.

**53** Our own partnership with NIACE and NIMHE has shown the many benefits of working together at both the strategic level and the practitioner level. It has helped all partners to develop shared language and understanding, and to influence policy and practice. We have an integrated employment, learning and skills action plan which was developed by NSIP and is supported by the Partnership Programme. The joint working between NIACE regional project officers and CSIP regional employment leads has shown how partnership working, knowledge sharing and joint development can have many benefits at the regional level.

**54** The LSC recognises that many of our partner organisations and individuals have a key role to play in supporting people with mental health difficulties in accessing and succeeding in learning. This important bridge-building role is often carried out by our partners in the voluntary and community sector, as well as other statutory services. Such support may comprise ongoing support to maintain motivation and mental well-being while in learning, or support to move on in learning towards more defined goals. Access to, and success in, learning are often built on strong partnership working across agencies and individuals in a local area.

**55** As the LSC moves through the Machinery of Government changes and the Young People's Learning Agency and the Skills Funding Agency are established, it is especially important that the foundations of solid partnership working are laid so that working arrangements between organisations can transfer smoothly to the new agencies. Existing working relationships between our delivery agencies and their partner organisations must not be disrupted, and we must make sure that the needs of

learners with mental health difficulties are not overlooked or lost.

**56** The Young People's Learning Agency will have responsibility for the education and training of young people aged 16-19 years. The DCSF and DIUS are discussing the arrangements from September 2010 onwards for funding and the associated processes in relation to learners with learning difficulties and/or disabilities, which includes people with mental health difficulties.

**57** Adolescence and early adulthood can be a vulnerable time for the onset of mental health difficulties. The transition to adulthood and stressful events such as leaving home, being bullied or starting university can trigger mental health problems. Young people may not have previously required any special educational or additional support, but where distressing symptoms occur, services will have to work in partnership to provide the young person with timely mental health support, as well as support to help them remain in or return to education and training, thus reducing the risk of social exclusion.

**58** It is proposed that the Learning for Living and Work Framework will incorporate the Common Assessment Framework and S140 guidance, which look at the health, social care and learning and skills needs of all young people from year 9 onwards. Young people can be assessed up to the age of 25. Local authorities have to ensure that, in partnership with Connexions services, Child and Adolescent Mental Health Services (CAMHS), Early Intervention in Psychosis (EIP) services, pupil referral units, young offender institutions and other relevant agencies that young people who acquire mental health difficulties may come into contact with during those years, are assessed in a way that enables the LSC to distinguish provision and support that meets their education and training needs from provision that would not. The assessor will need up-to-date information about education and training provision and relevant support services. The Learning for Living and Work Framework can be used to collate this information and ensure that a holistic and consistent approach is taken to ensure a young person's entitlement to education and training is appropriately fulfilled.

**59** In 2008, approximately 105 young people were in adolescent forensic units (AFUs) and a further 2,450 young people were in young offender institutions (YOIs). Young people in AFUs have severe mental illness and evidence suggests that an estimated 95 per cent of young people in YOIs have mental health difficulties<sup>8</sup>. Many of the young people in these services will be in centres out of their home catchment area. The LSC will work with local

authorities to make sure that young people in these services receive the same entitlement to assessment so that they can access learning and skills opportunities in their home area or the area in which they will resettle.

**60** Adults with mental health problems have access to learning and skills through LSC-funded provision (and from 2010, provision funded by the Skills Funding Agency). Provision will need to reflect the very diverse learning needs of this group of learners, which includes people who have:

- long-term and ongoing mental health problems
- experienced one episode of mental ill-health
- few or no qualifications
- no previous work experience
- high skill levels, good qualifications and a successful work history
- fluctuating mental health problems
- complex and multiple mental health needs.

**61** Our delivery partners, particularly those in general FE colleges and at PCDL locations, have, over the past two decades, developed good partnership working with the community teams of the mental health trusts and forged links with the teams operating day services. The LSC wants to help develop this successful partnership work to foster regional and local consistency. A learner should be able to access good-quality provision, wherever they live. The LSC will encourage providers to share good practice on collaborative working and tackle the barriers to joint working that still exist in some areas.

**62** Partnership working between work-based learning (WBL) providers and community mental health teams and day services is less well developed, despite the focus of mental health services on supporting their service users into employment. Through our Single Equality Scheme strategy, we have prioritised the development of an action plan that challenges and changes current participation trends of learners with learning difficulties and/or disabilities, including those with mental health problems, in work-based learning. Through our work with NIACE and NIMHE, we aim to increase the participation of learners with mental health difficulties in work-based learning and to build the capacity of our providers to work more effectively with partner organisations in mental health trusts. We wish to pass on to the Skills Funding Agency stronger arrangements for learners with mental health difficulties to access and succeed in work-based learning.

**63** An estimated 90 per cent of people with mental health problems receive mental health support through primary care services, but the learning and skills sector does not have a strong tradition of working with these services. Participation in learning can have a positive impact on mental well-being and evidence suggests that this is most marked for people with common mental health difficulties such as depression and anxiety. The development of Improved Access to Psychological Therapies (IAPT) within primary care is being linked to Pathways to Work so that work and healthcare form a seamless package. The role of employment support advisers will be to provide information, advice, guidance and practical help to people receiving IAPT services on a range of topics such as retaining employment, exchanging employment for a more suitable role, returning to work after a period of sickness absence and accessing work after a period on welfare benefits. Some people accessing IAPT and/or Pathways to Work may want or need to develop their skills at any one of those points, so we need to explore how this can also be part of the seamless package.

**64** We want to explore with our partners in the Department of Health and Department of Work and Pensions how such services will exist alongside existing information, advice and guidance (IAG) services for adults, the emerging Adult Advancement and Careers Service, skills accounts, Train to Gain, apprenticeships and other services and measures that could improve access to employment, learning and skills for people with mental health difficulties. As these initiatives are piloted in certain regions, we want to explore with our colleagues the positive impact these initiatives are having on improving the employment prospects of people with mental health difficulties, and to work with them to address any gaps in support or provision.

**65** Some people with mental health difficulties receive support to access employment from vocational rehabilitation services in NHS trusts. Some approaches (such as the individual placement and support model) have shown promising results in getting people with mental health difficulties into open employment and further education. Supported employment agencies also have an important role to play in helping people with mental health difficulties to enter the workforce: interesting work is being done to show how this model can support the transition from FE to employment. We need to understand what it is about such schemes that make them successful, particularly when they are able to support people with severe and enduring mental health difficulties into work. If these models of good practice are rolled out more extensively, we need to know what makes them work, and what skills staff employed within them need to possess. Finally, we need to know how we can

<sup>8</sup>Lader, Singleton and Meltzer, 2000. A high proportion of all young offenders had evidence of several mental disorders. In all sample groups, at least 95 per cent of inmates were assessed as having one or more disorders.

align these models with work-based learning and training so that we can begin to open up opportunities such as Apprenticeships and Train to Gain for people with mental health difficulties. We believe that there is much to gain from exploring and developing these options. It will result in better packages of support for our delivery partners and employers and allow us to align specialised support with the existing provision and infrastructure. Overall, we all benefit from the creation of a more diverse, but skilled, workforce.

**66** Participation in learning and skills can help to break the cycle of intergenerational disadvantage experienced by some families, which can impact on and increase vulnerability to mental health difficulties. Funding streams such as personal and community development learning and neighbourhood and community learning can be used to address issues of intergenerational disadvantage. Family learning is one example by which we help to break those cycles of disadvantage. It can also enrich family life and strengthen the relationships and bonds that are an essential building-block in fostering a sense of well-being. We want to explore with our partners in local authorities, primary care services and mental health trusts how we can take this work forward.

**67** Our partners in the voluntary and community sector provide a valuable role in reaching out to many people with mental health difficulties and providing the first steps back into learning. The LSC wants to ensure that this type of provision is integrated with the range of learning and skills provision on offer so that learners with mental health difficulties are enabled to progress to other types of learning or into employment.

**68** The LSC recognises that learners in our other priority groups are more vulnerable to developing mental health difficulties. For example, it is estimated that 90 per cent of offenders have a recognised mental health difficulty<sup>9</sup>. Within this, female prisoners and foreign national prisoners have particular needs. Depression is much higher among people with poor literacy skills, again particularly for women<sup>10</sup>. Other groups that may need particular focus are migrants and asylum seekers, older people and ex-servicemen for whom post-traumatic stress disorder and the transition to civilian life can create difficulties. We need to be much better within the FE system at ensuring that people who have multiple disadvantages have their learning support needs met. We will look at ways of encouraging and supporting our providers, by working in partnership, to meet the mental health needs of the learners in all our priority groups.

**69** In particular, we want to make our links with the Department of Health *Delivering Race Equality Action Plan* (Department of Health, 2005) more explicit. The national Count Me In Census<sup>11</sup> (2005, 2006, 2007) indicated that Black Afro-Caribbean, Black African and mixed-race service users had a six- to seven times higher chance of being admitted to mental health inpatient units under the Mental Health Act 1983. These categories are also disproportionately represented in secure mental health units, prison services and young offender institutions. It is particularly important in our partnership working with trusts that we pay attention to the strategies needed to engage this group in learning and focus on what is more likely to contribute to better learning outcomes.

**70** Some people with mental health difficulties may have more complex needs, such as those who use drug and alcohol dependency services or those with a diagnosis of personality disorder. By working in partnership with learners with those needs, and with services who support them, we will develop more inclusive provision that supports their learning needs.

**71** Education and training is provided within the forensic services in health and criminal justice settings and through the NHS or independent sector. There are three levels of security in forensic hospital: low secure, medium secure and high secure. The most common way of being transferred into forensic services is by transfer from prison, a hospital order or transfer from community mental health services. People may move from forensic services into prisons or back into the community with the support of forensic community teams. As people move within and between these different services, so their learning will be funded from different funding streams and inspected to different standards and criteria. The LSC believes that this may create inequities in learning and skills provision for this group of learners. A review of the education and training provision offered within forensic services, including the efficient use of resources, is timely and we will discuss this with our partners in the Department of Health.

**72** This section has focused on partnership working and how it can help us to develop better learning and training opportunities for people with mental health difficulties, and better learning outcomes for individuals. However, through partnership working, we can also support individuals to develop their 'health literacy' skills, and so assist them to maintain and manage their own physical and mental health, and develop the skills to get the support they need from services. Partnership working at this level can also lead to better mental health outcomes.

<sup>9</sup>Lader et al, 1998 cited in Durcan and Knowles (2006). ONS statistics indicate that approximately 90 per cent of prisoners have a psychosis, a neurosis, a personality disorder, or a substance misuse problem and that many prisoners have more than one of these.

<sup>10</sup>Bynner, Parsons and Basic Skills Agency, 1997. Women with poor literacy skills are five times more likely to experience depression than women with good literacy skills, while men with poor literacy are three times more likely to experience depression than their peers with good literacy skills.

<sup>11</sup>See [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

### **Consultation question 11**

We are keen to improve the employment prospects of people with mental health difficulties. What are the best ways for us to align mental health and employment support with learning and skills support?

### **Consultation question 12**

In order to meet the learning needs of people with mental health difficulties, we feel the LSC needs to develop better partnership arrangements, for example, with work-based learning providers and mental health support services. Do you agree?

### **Consultation question 13**

Do you agree that we need to review the education and training provision, and associated support, on offer within forensic services?

### **Consultation question 14**

How do we work more effectively across different parts of the FE system to ensure that learners in other LSC priority groups, such as offenders and those with literacy and numeracy needs, also have their mental health needs met?

### **Consultation question 15**

Do you know of any learning and skills provision for people with mental health difficulties that is an example of effective practice in partnership working that we could learn from?

# 5: Planning

**73** One of the most pressing issues that the LSC has been addressing since the publication of *Learning for Living and Work* (LSC, 2006) has been the collection of data on the participation of learners with learning difficulties and/or disabilities. Inefficient data-gathering across providers and agencies, and the failure to share accurate data between these partners, inhibits understanding of the current and future demand for provision. This in turn prevents the LSC from using the data effectively to predict and meet demand. These issues apply equally to learners with mental health difficulties but there are additional factors affecting this group that have a negative effect on our ability to plan and commission provision.

**74** Mental health difficulties can affect a person's confidence to access services, and may lead an individual to think that education and training is not for them, and that they would not be welcome. Those working in the fields of health and social care, the voluntary and community sector, employment services and vocational services can play an important role in stimulating interest and demand for learning and skills among this group. Carers and service users have an equally important contribution to make in encouraging participation. The LSC will continue to support providers in the partnership work they do with all these agencies and individuals to promote participation in education and training. We also accept that we can do more to stimulate demand. The involvement of learners with mental health difficulties is pivotal to helping us understand the barriers they face, and that understanding will help us to encourage increased take-up of learning and skills provision by people with mental health difficulties. It is only by understanding the full extent of the demand for learning among this group that we can plan and commission the most appropriate provision.

**75** One of our major concerns is the level of self-declaration among learners with learning difficulties and/or disabilities, and we are particularly concerned about levels of self-declaration among learners with mental health difficulties. Research shows that people are often fearful of disclosing mental health problems in a variety of situations<sup>12</sup> although we know of no research that looks specifically at disclosure in education and training contexts. We do know, however, that in some types of provision, the number of learners declaring mental health difficulties is very low. At present, it is unclear whether this is because

learners with mental health difficulties are absent from some areas of provision, or whether they feel unable to declare their mental health needs, and therefore may not be getting their learning support needs met. If we want to make all provision within the FE system accessible to people with mental health difficulties we must understand what the real situation is. Declaration of mental health is a personal choice but it becomes important when mental health difficulties affect the person's ability to access and succeed in learning. In these circumstances, declaration of mental health difficulties should trigger the provision of additional learning support to meet individual learning needs.

**76** Understanding barriers to participation, boosting demand for learning and skills and ensuring that learners can declare mental health difficulties when appropriate will assist in our planning of provision. This activity has to sit alongside activity that is already being carried out through strategic area reviews and other mapping exercises that help us to identify gaps in provision. These activities also need to be carried out in the context of the Single Equality Scheme so that we are mindful of the multiple disadvantages that some individuals with mental health difficulties face. This could include people from black and minority ethnic communities, speakers of other languages, travellers, ex-offenders, people who are homeless, people who use drug and alcohol dependency services and young people not in education, employment or training. As our intelligence base becomes greater, so we will develop more detailed regional plans that will help us to set priorities and plan effective provision.

**77** We envisage that regional LSCs will prioritise their development work according to the emerging pattern of gaps and trends in provision and learning difficulties and/or disabilities. Evidence from recent mapping exercises shows there is still much work to be done. We want to support innovative provision that reaches out to excluded groups, but we also want to ensure that the good practice that is developed in each region can be shared nationally and duplication of funding and resource is avoided.

**78** Since the publication of *Learning for Living and Work* (LSC, 2006) we have been working to improve the process and procedures used to collect data about learners with learning difficulties and/or disabilities. The Managing Information Across Partners (MIAP) network has been

<sup>12</sup>De Ponte, 2000. The Mental Health Foundation cites that 74 per cent of respondents to a survey did not mention their mental health problems on application forms and 55 per cent did not tell work colleagues.

working to get greater consistency in the definitions used by agencies and partners with the aim of fulfilling the data-collection principle of 'collect once, use many times'. The LSC is at the same time developing new data definitions to be used for the Individualised Learner Record (ILR) from 2009/10. The revised ILR will be comparable to the Pupil Level Annual Schools Census (PLASC) data and will give us a clearer understanding of participation trends among young people with learning difficulties and/or disabilities, including those with mental health difficulties.

**79** Many people affected by mental health problems do not develop them until adulthood, making it hard to identify and pin down participation trends for this group. In *Learning for Living and Work* (LSC, 2006), we committed to working more closely with Jobcentre Plus to understand the learning and skills needs of people with learning difficulties and/or disabilities who are claiming Job Seekers' Allowance and Incapacity Benefit. Some 40 per cent of people claiming Incapacity Benefit cite mental ill-health as their primary disability, so this is particularly relevant for this group of learners. As the welfare reforms come on board and the Employment Support Allowance is introduced, we should get a clearer understanding of adult participation trends and work with our colleagues to understand, plan and commission provision that more closely meets the learning and skills needs of people with mental health difficulties.

### Consultation question 16

**Do you agree that we need to do more to stimulate demand for education and training among people with mental health difficulties?**

### Consultation question 17

**Do you agree that we need to do more to encourage people to declare their mental health difficulties and seek appropriate support?**

# 6: Quality

**80** The LSC cannot achieve its vision for improving services to people with mental health difficulties unless we develop services that are of the highest quality. The development of high-quality provision is:

- led by well-informed staff from across the whole of the LSC and its successor agencies
- applies to all providers across the FE system
- applies to all staff in the FE system
- applies to all aspects of the FE system, teaching and non-teaching
- incorporates a whole-organisation approach to quality improvement, in all types of provision.

**81** At any given time, one in six people will be experiencing some level of mental distress. This strategy must ensure that they will be able to access the opportunities and support they need, regardless of their context or circumstances. This includes staff and learners.

**82** The LSC recognises that quality improvement must be part of the drive to develop healthy environments in which people can learn and work. The National Healthy FE Framework<sup>13</sup> will be developed with FE sector and other representative bodies to improve access to health-related advice, information and guidance through all colleges. It will also develop a cross-college approach to individual personal and social development.

**83** Our drive for quality improvement will be based on the notion of inclusive learning, an approach that provides the best match with the individual learner's goals, aspirations and support needs. In the past there has sometimes been an over-reliance on discrete provision for learners with mental health difficulties. While we acknowledge that there is sometimes a need and a place for discrete provision, we wish to see learners with mental health difficulties having equal access to the range and diversity of provision across the FE system. We will work with our partner agencies and providers to ensure that, wherever possible, all learners with mental health difficulties can access or progress to mainstream education and training opportunities across the range of provision. We want to ensure that we make full use of the Disability

Discrimination Act in making reasonable adjustments as necessary.

**84** We have stated our commitment to learner involvement earlier in this document (paras 35-50). Our drive for quality improvement will contain opportunities to involve learners with mental health difficulties. We believe this is best achieved using a whole-organisational approach. All sections of a learning and skills provider, including marketing, estates management, learning support, senior management, human resources, governors and so on, have a responsibility and a role to play in ensuring that people with mental health difficulties can be involved in developing high-quality educational and training opportunities.

**85** Within this whole-organisational approach we envisage a strand of quality improvement that is about provision. Within this strand, we have identified three areas that we think we need to focus on:

- barriers and blockages to the development of high-quality provision
- elements of good-quality provision
- our plan for developing high-quality provision.

**86** The quality of provision is often compromised by the lack of opportunities to sustain new and/or innovative provision. This can be demoralising and demotivating to the staff involved, and undermines the credibility of the sector. Too often such provision is isolated. Individual staff working on small, discrete provision within a larger organisation, or certain types of provision that offer teaching and learning opportunities to people with specific mental health problems can be cut off from colleagues and from professional development opportunities. Too few opportunities to learn from others or to reflect on practice means that time is wasted 'reinventing wheels', that good practice is patchy and practitioners lack opportunities to benchmark their provision. We believe there is too much segmentation of the sector with too many assumptions being made about what kind of provision learners with mental health difficulties need and want. A drive towards the achievement of targets has meant that the curriculum may be driven by the funding stream rather than by learners' needs. At times, this is exacerbated by a lack of

<sup>13</sup>The National Healthy FE Framework is funded by the Department of Health, with support from DIUS and DCSF. See [www.healthyschools.gov.uk](http://www.healthyschools.gov.uk).

understanding that progression need not necessarily focus on qualifications alone. Finally, low expectations and a lack of aspiration for learners with mental health difficulties have led to learning experiences that stifle potential and do not challenge learners in a healthy, productive way.

**87** The LSC wants to promote a vision of good-quality education and training for learners with mental health difficulties. We know there is no typical learner with mental health difficulties and no one type of provision or approach that suits all. However, the LSC believes that what makes good-quality learning and training for most learners with mental health difficulties is not different or specialist learning opportunities, but access to good-quality, mainstream learning opportunities alongside their peers without identified mental health needs. All learners need to feel welcomed and valued as learners, reassured that they are progressing well and supported during more stressful times such as exam periods. For some learners with mental health difficulties, this reassurance and support may need to be more explicit and robustly asserted. This does not require specialist mental health knowledge, but it does require good teaching in an inclusive environment. If the LSC and its successor organisations are to achieve a vision of an FE system that is accessible across all provision, then they must ensure that all providers adopt a whole-organisational approach to supporting teaching and learning for people with mental health problems.

**88** Some learners with mental health difficulties may need higher levels of support, may have more complex needs or experience multiple disadvantages. For such learners, we want to ensure that they have support from staff who have knowledge and expertise in teaching people with mental health difficulties. This support needs to be provided within the context of a 'whole-life' approach. We believe that for people with mental health difficulties to access learning opportunities and achieve, they need access to mental health support, social care support and employment support as part of a 'whole-life' integrated package. In some areas, there are examples of good practice in taking this approach through strong partnership working. The LSC will examine how this model can be more coherently applied and discover how the integrated model can help people with mental health problems achieve better economic and social inclusion. The proposed Learning for Living and Work Framework will ensure a holistic approach to assessing the needs of young people with mental health difficulties. The LSC will investigate models of integrated support and determine which are most appropriate for adults with mental health difficulties.

**89** Innovation across the sector is important, but we want to see a reduction in innovation 'for innovation's sake', where this is prompted purely because it gives access to funding. Where provision for learners with mental health difficulties exists and can be shown to result in

achievement for learners, it should be sustained. That said, innovative delivery can be effective where it supports access and success in mainstream learning. Innovation is to be encouraged where we know there are gaps in the opportunities available to certain groups of people with mental health difficulties, such as those with personality disorders, or those from black and minority ethnic communities.

**90** In March 2007, *Framework for Excellence: Raising standards and informing choice* (LSC, DFES, QIA and Ofsted, 2007) set out the way forward for the development of the Framework for Excellence (the Framework). The Framework offers providers a robust, benchmarked and validated assessment of their performance. The LSC sees this as an opportunity to address improvements in learner destinations, and an opportunity for our providers to set themselves aspirational targets with respect to learners progressing to further learning or employment. This will be challenging for many providers. Setting appropriate benchmarks for groups of learners with mental health difficulties presents a particular challenge, but the LSC will work with stakeholder organisations through the pilot phase of the Framework for Excellence to agree what will constitute a positive destination and appropriate measures of success for those with learning difficulties and/or disabilities, including those with mental health difficulties.

**91** As part of our commitment to quality improvement, we will continue to work with our partner agencies such as Ofsted and the Quality Improvement Agency (QIA)<sup>14</sup> to ensure recognition of good-quality provision and to offer support for less well-developed provision. The LSC believes that the QIA's Excellence Gateway could also offer a valuable resource for providers seeking to share effective practice in innovative teaching and learning.

**92** Some providers have already been identified as centres of expertise in providing for learners with mental health difficulties. These centres can be a valuable source of knowledge for this area of work. However, we want to ensure that the development of centres of expertise does not run counter to our vision that all parts of the FE system should be accessible and provide good-quality, local provision for learners with mental health difficulties. We will need to ensure effective mechanisms by which providers of well-developed provision can share and disseminate their practice, and give providers opportunities to peer-reference their work and set themselves performance measures that will drive improvement. Opportunities for networking across different providers within the FE system and with agencies and organisations in different sectors will be an important part of the drive to improve the quality of provision so that it leads to better social and economic participation for people with mental health problems.

<sup>14</sup>From September 2008, the QIA will fall under the umbrella of the Learning and Skills Improvement Agency (LSIS). See [www.lsis.org.uk](http://www.lsis.org.uk).

**93** Certain parts of the FE system are especially isolated and work needs to be done to ensure that they are also supported to deliver good-quality provision. Education and training provision by forensic services should be included in the Framework for Excellence and staff should be able to access the same networking, sharing and peer-review systems as their counterparts elsewhere in the system. This will also benefit providers in the FE system who will be able to learn from and share ideas about supporting learners with mental health difficulties. This will be part of our discussions that we want to initiate with the Department of Health.

**94** The second strand of the drive to improve quality will be to improve the quality of workforce development. *Learning for Living and Work* (LSC, 2006) underlines the prime importance of addressing workforce development for teachers, trainers, tutors and support workers; without the right skills, the sector will not be able to deliver the high-quality provision to meet learners' needs. This document reiterates that point, but in addition stresses that supporting the workforce to feel competent and confident about their skills will also contribute to a sense of positive well-being within individual staff. Within this strand of workforce development, we have identified two areas that we want to focus on:

- mental well-being of staff
- training and development of staff to meet the needs of learners with mental health difficulties.

**95** Addressing the needs of staff with mental health difficulties has been a challenge to the lifelong learning sector, as evidenced by the report of the Commission into Disabled Staff in the Lifelong Learning Sector (Commission for Disabled Staff in Lifelong Learning, 2008). Within the FE system, there are hurdles we need to overcome in order to be more effective in recruiting and retaining people who experience mental health difficulties. It is important that these issues are addressed. Within the FE system, we have an opportunity to show the importance of maintaining positive mental well-being and also to demonstrate that people living with mental health difficulties can have productive working lives. In doing this, we will act as role models to the learners and employers that our providers work with.

**96** The LSC has signed up to be a Mindful Employer. We will show by our own example the benefits of recruiting and retaining people who have mental health difficulties in work. If we want a skilled and healthy workforce in the future, we must show ourselves to be an exemplar employer in this regard.

**97** Having a trained and skilled workforce will ensure that we are able to meet the needs of learners with mental health difficulties. We want to explore with colleagues in Lifelong Learning UK (LLUK) how we might create training

and professional development opportunities for those about to embark on a career in the FE system and for those currently employed in it. This could include training and professional development in providing advice and guidance to people with mental health difficulties, supporting learning and training, advocating for learners with mental health difficulties with employers and other agencies, as well as managing our own mental health and well-being in the workplace.

**98** A recent interim report by the DCSF following the reviews of Child and Adolescent Mental Health Services (CAMHS) (DCSF, 2008) stressed the need for all services to be competent in meeting the mental health needs of children and young people. It stated that often staff with the least experience of people with mental health problems spend the most time with the most vulnerable children. This is true for staff in education, and the raising of the participation in education and training age to 18 years by 2013 highlights the needs to support staff who work with young people. Staff need to develop the confidence and skills to make a real difference to the mental well-being of young people.

**99** Given the prevalence of mental health difficulties in the population and particularly in some sections of the population, such as people with a history of offending, we want to ensure that all providers see the value of staff being trained to support learners with mental health difficulties, as part of their development of good practice. We hope that providers see the business case for this, particularly when it comes to tendering for contracts.

### Consultation question 18

**Are we doing enough to support young people with mental health and well-being needs? What else could we do?**

### Consultation question 19

**Do you agree that for some adults with mental health difficulties there is a need to explore more integrated and holistic packages of support?**

### Consultation question 20

**How can we best address the training and development needs of staff working in the FE system so that they are better able to support learners with mental health difficulties?**

### Consultation question 21

**Is there a need to address the mental health and well-being needs of staff in the FE system through training?**

# 7: Learner Progression

**100** As in *Learning for Living and Work* (LSC, 2006), this strategy does not see the FE system as an endpoint for learners with mental health difficulties, but as part of a route to social and economic participation. This strategy also affirms that this group of learners should, like other individuals, access learning when they need to improve skills or access learning for leisure. The LSC also recognises that for this group of learners, progression is not always a simple linear transition from learning into work, but may be more circuitous and unpredictable, with different starting points and different motivations depending on the individual, and which can change over time depending on where they are on the recovery journey. It is these unique learner journeys that we are committed to accommodating within the FE system.

**101** This approach is underpinned by a person-centred planning approach and by the personalised learning agenda. For some learners with mental health difficulties, this will require the provision of good-quality IAG, while for others, a more ongoing casework approach may be needed. For young people whose provision will fall into the remit of the Young People's Learning Agency, this approach will be implicit in adoption of the Learning for Living and Work Framework. However, a similar integrated and holistic package is not routinely available for adults with mental health difficulties. We need to look at how, through multi-area agreements and regional and local commissioning, joined-up approaches and solutions can contribute to better progression outcomes for people with mental health difficulties.

**102** We also need to recognise that there is a legacy of low expectations placed on people with mental health difficulties. There is still a great deal of stigma and discrimination directed against people with mental health difficulties. Not surprisingly, people with mental health difficulties can internalise these beliefs and prejudices, which results in loss of confidence and self-belief, fear and a belief that their participation will not be wanted or valued. It is our duty to foster within the FE system an environment in which all learners feel wanted and valued. We must be aspirational for our learners, creating a virtuous circle of belief, confidence and success that will see this group of learners fully accessing and achieving in education and training.

**103** Many people with mental health difficulties will believe that learning is not for them, so learner progression means making this learner group aware of the positive aspects of learning so that they feel able to progress into

learning. This is where our partnership work with mental health trusts, primary care trusts and the voluntary and community sector is so important. We want to strengthen partnership working across the FE system so that when people come into contact with health and social care services and community services, the offer of support to access learning and skills is the norm. Campaigns such as Adult Learners' Week and Sign Up Now, resources such as *The Really Useful Book of Learning and Earning*, and dates such as World Mental Health Day are all key social marketing tools that can be used to boost awareness of, and thus demand for, learning and training.

**104** The LSC also wants to see better progression to other learning opportunities. Many people with mental health difficulties begin their learning on discrete provision. This can be a necessary first step into learning, but can also reinforce segregation unless such provision is part of a coherent, supported pathway to other learning opportunities that are accessible by all. The LSC will be supporting the FE system to move away from programmes that do not have clear progression outcomes and intentions. We recognise that providers have to be careful to ensure progress is considered and measured and that we avoid increasing distress or inducing a sense of failure among learners with mental health difficulties. We need to establish better, more integrated approaches that support the person towards their goals. We will discuss with our colleagues in the Adult Advancement and Careers Service how this can be achieved in partnership with health and social care services and employment support services.

**105** For many people with mental health difficulties, participation in learning and skills is a stepping stone to employment. For others, accessing learning is a chance to get back into more structured activity and to interact with people in a more sheltered and welcoming environment than they perceive the workplace to be, or without risking their benefits. For some, participation in learning is the chance to acquire skills for employment, or to update existing skills. The LSC is keen to ensure that where employment is the ultimate goal for the learner, provision that will help them reach this goal is available. Activity to support the learner's transition to employment should begin at the outset of the programme and be ongoing. This will include, where appropriate, work preparation, work experience, collaborative working with supported employment schemes, individual placement and support schemes, and support from Jobcentre Plus staff and other local employment support services as appropriate. We will explore with our colleagues in the DWP how this support

can be managed through the newly introduced skills accounts and multi-area agreements.

**106** For most adults, participation in learning is through their work. Learning at work can contribute to a sense of confidence and competence at work and can also contribute to job satisfaction. It may help us maintain mental well-being at work, as well as helping us to progress in our careers. It should be an option available to all. We do not see enabling people with mental health difficulties into work as an end in itself, but rather wish to ensure that people with mental health difficulties get equal access to learning at work. We will work with our delivery agencies such as Train to Gain and trade union learning representatives to increase the take-up of workplace learning among people with mental health difficulties.

**107** The LSC also recognises that some people with mental health difficulties may wish to become self-employed or have entrepreneurial skills that they wish to develop. We need to explore how best we can support this group of people by working with social enterprise agencies, regional development agencies and Jobcentre Plus.

**108** Some people with mental health difficulties may not wish to return to work but may want to use learning to support their progression or involvement in voluntary work or other types of civic and social activity. These activities make our communities richer and more cohesive places to be and learning that supports these activities is to be valued. Employers are now able to offer volunteers training through Train to Gain. We want to explore these flexibilities within Train to Gain more fully and see greater opportunities, not just for individuals, but for communities and organisations.

**109** The newly introduced Qualifications and Credit Framework (QCF) offers a more flexible, credit-based system for learners gaining qualifications. For learners accessing learning at Level 1 and below, we will work with colleagues developing the Foundation Learning Tier to make sure that the Progression Pathways (frameworks for learning) are flexible enough to support learners with mental health difficulties. We will need to consider learners who need to access learning at a lower level than they had previously attained. This may be regarded as a 'reasonable adjustment' that supports access to learning following the onset of mental ill-health. We will make all our providers aware of this flexibility and use it to support access to and success in learning and skills.

**110** It will also be important to support people who progress from FE to higher education (HE). We want to work more closely with the Higher Education Funding Council for England (HEFCE) to identify and disseminate good practice in supporting people with mental health difficulties into HE.

## Consultation question 22

**What are the key issues we need to address to do to improve progression routes and learning outcomes for people with mental health difficulties, including improving employment opportunities for people with mental health difficulties?**

## Consultation question 23

**What are the key issues we need to address to improve participation in work-based learning for people with mental health difficulties?**

## Consultation question 24

**Do you know of any good practice in supporting people into work or volunteering, or in supporting people to learn at work that we should know about?**

# 8: Funding

**111** To deliver our vision, funding for post-16 education and training must be fit for purpose, equitable across all areas of the FE system and provide appropriate levels of learning support. Funding must also encourage collaborative and inter-agency working and have enough flexibility to allow for innovative practice to be mainstreamed. These are the broad aims of the funding methodology that we laid out in *Learning for Living and Work* (LSC, 2006) and are the aims which we will work towards in our strategy for learners with mental health difficulties.

**112** A funding approach for learners aged 16-25, using the Learning for Living and Work Framework, is currently being explored. We will publish details of this approach as part of the strategy for mental health, in February 2009.

**113** Currently, additional learning support (ALS) is drawn down by mainstream providers to enable appropriate learning support for learners with mental health difficulties. Again, details of these are contained within current and future publications associated with the LSC's funding methodologies. Within the funding methodology, the LSC wishes to ensure that provision of ALS meets learner's needs, is equitable and consistent and does not limit choice. One of our aims will be to ensure that this is also achieved for learners with mental health difficulties. However, we also want to explore three additional areas where there may be a need for greater clarification and development work.

**114** Government is moving towards individualised budgets, whereby disabled people, or families of disabled children, are able to choose whether they take their individualised budgets in cash, in a combination of cash and services, or as services. The budget would be used to obtain the support a person needs such as equipment, personal assistance or help with transport to work or learning. The LSC believes that this is an exciting opportunity to empower people and to personalise services further. Through our partnership with NIACE and CSIP, in some LSC regions we have been exploring how we support the take-up of direct payments. This is a Department of Health-funded project which used a Skills for Life approach to support mental health service users in making informed and confident decisions about the use of direct payments. We want to explore these models further, and also look at how individualised budgets can be used alongside skills accounts, which give individuals an entitlement up to £7,000 to spend on vocational training. We will look at how we support individuals and providers in understanding

these cross-agency approaches so that we move towards holistic and collaborative personalised services.

**115** In the section on Working with Partners (paras 51-72), we said we wanted to explore how to align specialist support with existing provision and infrastructure. We know that some organisations have been able to use funding in new and creative ways to support individual learners and also to meet employers' needs. We want to be able to identify effective practice in the use of a variety of funding sources, and to disseminate such effective practice and support others to do likewise.

**116** We also know that misconceptions and misinformation about the benefits system can act as a barrier for some people with mental health difficulties in accessing learning. We must ensure that the introduction of welfare reforms and the Employment Support Allowance, do not result in either providers or learners missing out on opportunities.

## Consultation question 25

**Do you agree that additional learning support adequately funds the learning needs of learners with mental health difficulties?**

## Consultation question 26

**Do you agree that the use of individualised budgets, such as direct payments, could be used alongside skills accounts to create personalised packages for individuals to help them lead active and fulfilling lives in their communities and in employment?**

## Consultation question 27

**Do you think we should do more to clarify and help people and providers understand the benefits system in relation to accessing education and training?**

# Annex A

## Consultation

(Ref: LSC-P-NAT-080190)

Thank you for taking the time to respond to this consultation. Please complete your details below, and return this form either by email to [responsementalhealthstrategyconsultation@lsc.gov.uk](mailto:responsementalhealthstrategyconsultation@lsc.gov.uk) or by post to:

Julie Harrison  
Policy manager for learners with learning difficulties and/or disabilities  
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Quinton Road  
Coventry  
CV1 2WT.

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Organisation: \_\_\_\_\_

\_\_\_\_\_

Contact details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 1. Do you agree with our vision to take forward our work on improving learning and skills provision for people with mental health difficulties?

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

### 2. Do you think that any of the six strands of the vision (para. 2) should take priority?

Comment
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**3. Are there any other government strategies or reforms (besides those in paras 13 and 15) that we should be linking to?**

Comment

**4. Do you agree that leading by example and being an exemplar employer is an effective way to communicate our commitment to learners with mental health difficulties?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree

Comment

**5. We think that by working with providers, we can help raise awareness of mental health and stress in the workplace as a health and safety issue. Do you agree that this could contribute to mental health and well-being in the working-age population?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree

Comment

**6. In what other ways can we communicate our vision and commitment?**

Comment

**7. We believe that learners with mental health difficulties should be included in all the different forums for involvement. Do you agree that we should also develop separate forums to involve people with mental health difficulties?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**8. Do you agree that we should develop appropriate methods to recognise and reward learner involvement, including financial recompense?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**9. Do you agree that developing and offering training and accreditation for involvement is important?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**10. What is your experience of learner involvement, as a learner or as a provider?**

Comment
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**11. We are keen to improve the employment prospects of people with mental health difficulties. What are the best ways for us to align mental health and employment support with learning and skills support?**

Comment
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**12. In order to meet the learning needs of people with mental health difficulties, we feel the LSC needs to develop better partnership arrangements, for example, with work-based learning providers and mental health support services. Do you agree?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**13. Do you agree that we need to review the education and training provision, and associated support, on offer within forensic services?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**14. How do we work more effectively across different parts of the FE system to ensure that learners in other LSC priority groups, such as offenders and those with literacy and numeracy needs, also have their mental health needs met?**

Comment

**15. Do you know of any learning and skills provision for people with mental health difficulties that is an example of effective practice in partnership working that we could learn from?**

Comment

**16. Do you agree that we need to do more to stimulate demand for education and training among people with mental health difficulties?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**17. Do you agree that we need to do more to encourage people to declare their mental health difficulties and seek appropriate support?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**18. Are we doing enough to support young people with mental health and well-being needs? What else could we do?**

Yes	Don't know	No
Comments		

**19. Do you agree that for some adults with mental health difficulties there is a need to explore more integrated and holistic packages of support?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**20. How can we best address the training and development needs of staff working in the FE system so that they are better able to support learners with mental health difficulties?**

Comment
---------

**21. Is there a need to address the mental health and well-being needs of staff in the FE system through training?**

Yes	Don't know	No
Comments		

**22. What are the key issues we need to address to improve progression routes and learning outcomes for people with mental health difficulties, including improving employment opportunities for people with mental health difficulties?**

Comment

**23. What are the key issues we need to address to improve participation in work-based learning for people with mental health difficulties?**

Comment

**24. Do you know of any good practice in supporting people into work or volunteering, or in supporting people to learn at work that we should know about?**

Comment

**25. Do you agree that additional learning support adequately funds the learning needs of learners with mental health difficulties?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree

Comment

**26. Do you agree that the use of individualised budgets, such as direct payments, could be used alongside skills accounts to create personalised packages for individuals to help them lead active and fulfilling lives in their communities and in employment?**

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
Comment				

**27. Do you think we should do more to clarify and help people and providers understand the benefits system in relation to accessing education and training?**

Yes	Don't know	No
Comments		

**Are there any other comments arising from any of the points made in this consultation document that you would like to make?**

Comment
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**Is there any other information you would like to provide?**

Comment
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## Annex B

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