

A guide to understanding adult education and mental health, and how they relate to each other

Briefing Sheet

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Part of a series of NIACE briefing sheets on mental health

A guide to understanding adult education and mental health, and how they relate to each other

This briefing sheet is aimed at managers and practitioners in adult education and mental health services who want to work in partnership to set up or develop opportunities that promote access to learning for adults experiencing mental health difficulties.

In order to promote inclusive learning opportunities for people experiencing mental health difficulties, managers and practitioners from the sectors of adult education and from health and social care services have to work in partnership. Only by working in partnership can we create the right infrastructures and support mechanisms that will enable adults experiencing mental health difficulties to participate in adult learning. Yet despite the fact that both sectors have the same aim – to support people experiencing mental health difficulties to access and be successful in adult learning – it seems that there are sometimes difficulties in establishing and developing effective partnership working. The difficulties may arise from not knowing how to make contact with the right person in adult education if you work in mental health services, or conversely the right person to talk to in mental health services if you work in adult education. Another difficulty may be that once you have made that contact it seems as though you each talk a different language, each with technical terminology and confusing acronyms. It is these kinds of barriers to partnership working that need time, energy and commitment to overcome.

This briefing sheet aims to:

- support practitioners and managers to overcome these barriers by providing an overview of government policies and initiatives that have shaped both sectors over the past ten years;
- provide a description of some of the more important organisations and strategies that impact on both sectors; and,
- provide definitions of some of the key and most commonly used terminology.

This may save some of the time and energy involved in partnership working, leaving you free to take forward your commitment to support access to learning for people experiencing mental health difficulties and therefore promote greater social inclusion.

Brief summary of mental health services

This section aims to provide an overview of the Government policies and strategies that have been influential in mental health service provision.

Who uses mental health services?

Research suggests that about one in four people experience mental health problems at any one time and most people will receive support for their mental health problems from their GP. About 630,000 adults are in contact with specialist mental health services in England and over 95 per cent of people in touch with services live in the community (statistics from the National Institute for Mental Health in England). People from all walks of life can have mental health problems, although factors such as prolonged ill-health, low socio-economic status, low-paid or insecure employment, unemployment, racism, abuse or negative experiences of education can increase the risk.

People seek help from mental health services for an extremely wide range of mental health problems. The most common problems are anxiety and depression, while schizophrenia is much rarer (one in 100 people in the population are diagnosed).

However, people often find it difficult to ask for help for mental health problems due to the social stigma of this sort of health problem. This means that some individuals with mental health problems may not be in contact with the mental health services or may not be getting all the help they need due to gaps in service. It is therefore not sufficient to only consider mental health service users when thinking about people with mental health problems.

The main agencies involved in mental health service provision

The main Government department in charge of mental health policy and service development is the Department of Health. Within the Department of Health there is a National Director for Mental Health in England and a mental health team. Various other Government departments also have work programmes which involve mental health issues and services; the main ones are the Home Office, the Office of the Deputy Prime Minister (specifically the Social Exclusion Unit), the Department for Education and Skills, the Department for Trade and Industry and the Department for Work and Pensions.

In 2002 the National Institute for Mental Health in England (NIMHE) was launched, which was originally part of the NHS Modernisation Agency with a remit to improve the quality of life for people with mental health problems by facilitating the improvement of services. In April 2005 NIMHE became part of the Care Services Improvement Partnership (CSIP). CSIP has been created to support improvement and development across a range of services in health (including prison health) and local government, for children, adults and older people, including those experiencing mental distress, physical disability or learning disability. Within CSIP, NIMHE has eight Regional Development Centres (RDCs) which drive forward the improvement of services for people experiencing mental health difficulties.

The key public agencies in mental health service provision are NHS Primary_Care Trusts, Local Authority Social Services Departments and specialist NHS Mental Health Trusts. These commission and provide a large range of services for their local populations.

There are also many different sorts of services available from a vast array of voluntary service organisations, employers, independent sector providers, educational establishments, community groups and criminal justice agencies.

Developments in mental health services prior to 1997

Throughout the 1960s and 1970s, mental health services were gradually moving from a hospital-based model of care to a community care-style service. Many of the large, Victorian asylums reduced in size or closed completely and community mental health teams (sometimes called primary care liaison teams) were set up as part of a move towards a community care approach. If you work within the adult education sector, Community Mental Health Teams can be a good point of contact as staff working in the teams will have responsibility for the everyday care and support of service users. Also, during this time, the impact and number of non-governmental and voluntary organisations working and campaigning in the mental health field began to increase. Again making contact with voluntary groups, such as local MIND groups and service user-led groups is also useful.

Mental Health Act (1983)

The Mental Health Act 1983 is the main Act of Parliament setting out the rights of people receiving mental health services. It allows the hospital to either compel a person to be admitted to hospital (known as sectioning) or prevent them from leaving hospital. Health workers use the law when they believe that it will be a risk to a person experiencing severe mental distress or to others if that person is not in hospital. The Government is currently in the process of revising this Act (see section on post-1997 developments). The Act was amended in 1996 to cover discharge from hospital after a section; patients who have been sectioned can be put under supervised discharge once they are back in the community.

NHS and Community Care Act (1990)

This was the result of the Griffiths Report (1988) and the Caring for People White Paper (1989). It was not the start of community care, as that had begun much earlier, but it did translate into legislation many of the ideas which had previously only been present in some areas of the country or in some organisations. The Act aimed to:

- encourage the setting up and use of domiciliary, day and respite care services;
- ensure the availability of carer services;
- make one agency (the local authority) responsible for assessment of need, care planning and commissioning of services; and,
- facilitate the creation of competition among service providers by encouraging local authorities to commission from a range of independent sector providers.

Care Programme Approach (CPA) (introduced 1991)

The CPA was introduced to allow local authorities to fulfill their assessment and care planning duties to people with mental health problems in the community and their duty to provide after-care to people who have been sectioned in an acute unit.

CPA requires that everyone accepted for treatment or care by mental health services should have:

- their needs for treatment and care assessed;
- a care plan to meet those needs drawn up;
- a key worker to keep in close touch with them; and
- regular review of their needs and their care plan.

There are four different levels of CPA to suit the different sorts of clients the mental health services are in contact with. These are minimal CPA (for those likely to remain stable), more complex CPA (for those who are less likely to remain stable and who may need input from more than one professional), full, multi-disciplinary CPA (for those who may be unstable and volatile) and the supervision register (this is for people who are a significant risk to themselves or others).

Disability Discrimination Act (1995)

The Act defines a disabled person as someone with “*a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities*”, which obviously covers some mental health service users. The Disability Discrimination Act (DDA) aims to end the discrimination which many disabled people face. This Act gives disabled people rights in the areas of:

- employment;
- access to goods, facilities and services;
- buying or renting land or property;
- education (see Adult Education Summary for more information); and.
- public transport.

Community Care (Direct Payments) Act (1996)

This piece of legislation allowed local authorities to make direct payments to disabled people to facilitate independent living. Many mental health service users who have been assessed as requiring support from social services will be eligible, but direct payments may not be offered to people who are restricted by mental health legislation, such as patients detained under mental health legislation who are on leave, and patients subject to guardianship or supervised discharge. The Health and Social Care Act (2002) made it compulsory for local authorities to offer direct payments to anyone who was eligible and considered “willing and able” to manage the funds.

Policy focus since the election of the Labour Government in 1997

Modernising Mental Health Service: safe, sound and supportive (White Paper, 1998)

This document was published fairly shortly after Labour came to power in 1997 and set the tone for the new Government’s approach to mental health services. It was a controversial document as, in introducing it, the then Secretary of State for Health, Frank Dobson said “*care in the community has failed because, while it improved the treatment of many people who were mentally ill, it left far too many walking the streets, often at risk to themselves and a nuisance to others.*” This statement was contested by many non-governmental organisations in the field. The document said the Government would do the following:

- provide 24-hour crisis teams;
- increase the number of acute beds available;
- increase the amount of supported accommodation and hostels;
- increase the number of home treatment teams;
- set up the National Institute for Clinical Excellence to advise on best practice;
- produce a National Service Framework for mental health; and
- update the law to make it harder for people with mental health problems to refuse treatment and to allow the detention of people with “*untreatable psychiatric disorders which make them dangerous*”, even if they had committed no crime.

National Service Framework for Mental Health (1999)

The National Service Framework for Mental Health clarified and expanded upon the principles set out in the 1998 White Paper. It spells out national standards for mental health services, explains what these standards aim to achieve, how they should be developed and delivered and how the government will judge performance of mental health services. It aimed to show that the Government was giving high priority to mental health services and to be a guide to investment for service providers. It covers people up to age 65, and only touches on children (these groups are or will be covered in separate NSFs). It advocated local action underpinned by national strategy and to this end Local Implementation Teams (LITs) were set up by Chief Executives of Health Authorities, local authorities and NHS trusts and directors of social services. The NSF also stressed the need for partnership working and to facilitate this Section 31 of the Health Act 1999 made pooled funds, lead commissioning and integrated provision between statutory agencies legal. How the NSF relates to adult education is discussed later in this briefing sheet.

NHS Plan (2000)

The NHS Plan sets out the Government's plans for investment and reform across the whole health service for ten years from 2000. The parts relating to mental health are very similar to the 1998 White Paper and the NSF, with a few additions, including funding for graduate primary care mental health workers, more community mental health staff in more locations, crisis resolution teams, early intervention teams, assertive outreach programmes, more appropriate mental health services for women and increased mental health services in prisons. Within NIMHE, the National Workforce Programme (NWP) has a role to play in improving workforce design and planning, to facilitate new ways of working and to create new roles such as Support, Time and Recovery Workers, Community Development Workers and Graduate Primary Care Workers. Strategically, NWP aims to increase the number of people working in mental health care and to ensure that those who do deliver high quality, individually responsive services. This involves bringing together people and organisations, not just in health and social care, but also in education and training, mental health charities and of course, service users and carers.

Draft Mental Health Bill (first published 2002, revised version published 2004)

Since the Labour Government first came to power in 1997 they have been planning to revise the Mental Health Act 1983. These draft Bills are the beginning of the process to change the legislation. After the publication of the first draft of the Bill there were many concerns expressed by service users, staff and non-governmental organisations about some of the contents of the Bill. These concerns mainly centred around the widening of the criteria for compulsory treatment (broader definitions of mental disorder, reasons for sectioning and treatment allowed) and the fact that advance statements of the wishes of the patient would not be legally binding. The Government revised the Bill and concludes its consultation on the second draft in November 2004. The new draft has:

- changed the definition of mental disorder to emphasise that it is the effect rather than the underlying cause which is important;
- defined the conditions for compulsion differently, to raise the threshold for the health and safety of patients and to make clear that appropriate treatment must be available for the individual patient;
- meant that a period of hospital assessment will normally be a prerequisite to treatment subject to sanction in the community;

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- extended the proposed functions of the Healthcare Commission;
 - allowed people to refuse Electro Convulsive Therapy if they retain mental capacity; and
 - increased the maximum sentence for people convicted of ill treatment or neglect of patients.

However, there are still concerns that, if the Bill goes through in this form, there will be great potential for compulsory treatment to be inappropriately applied.

Mental Health and Social Exclusion Report (Social Exclusion Unit, 2004)

This report examines the wider needs of people with mental health problems (beyond medical needs) and considers how the discrimination and exclusion associated with mental health problems can be broken down. The report contains an action plan and assigns actions to a very wide range of agencies. Ultimately responsibility for the implementation lies with NIMHE, but it is recognised that other organisations and agencies will be crucial and that success can only be achieved in partnership. The implications of mental health and social exclusion report with regard to adult education are considered later on in this briefing sheet and is the focus of the partnership work between NIACE and NIMHE.

As with the rest of the health service, much of the current focus in the statutory mental health services is around modernisation of organisational models, staffing, leadership and infrastructure. However, on top of this and in the wider mental health field, there is also an increasing focus on tackling the discrimination and stigma surrounding mental health problems, on finding new ways to help people 'recover', on re-examining what is meant by 'recovery' and on involving service users in designing and critiquing current services.

Recovery means more than the reduction of symptoms and problems, it is also about maintaining or regaining a quality of life – decent housing, freedom from poverty and money worries, fulfilling jobs and daily activity and the opportunity to fulfil ones potential. It is very closely aligned to social inclusion and widening participation.

Within the dual aims of the report to improve and modernise services and to combat social exclusion, which can be a cause and consequence of mental health problems, there is a need to focus on the different needs of particular groups. The NIMHE Black and Minority Ethnic Mental Health Programme is the largest of the current NIMHE programmes, reflecting the priorities of black and minority ethnic issues. There are disparities and inequalities between black and minority groups and the white majority population in the rates of mental ill-health, service experience and service outcomes. Developments include combating ethnic inequalities that exist in mental health services but also includes initiatives to build capacity within black and minority groups. The new role of Community Development Workers will have a key role in facilitating this 'inside outside' approach. There is also a focus on taking a more gendered approach to mental health care and social inclusion. Women, for example, are more likely to live in poverty, experience abuse and violence, or be lone parents, all of which increase vulnerability to mental ill-health. With respect to services, women tend to want more 'talking therapies' and holistic approaches, to receive care that fits in with the family and social realities of their lives and supports their social role. Women also want importance placed on their aspirations to access education, training and decent employment.

The current challenges in the field very much depend upon the perspective one takes. Many of the non-governmental organisations involved in the area (and indeed many individuals working within the statutory sector) feel that the current policy emphasis on public safety is detrimental. Many feel that as services are fundamentally about supporting people to recover from mental illness, not about social control, policy should reflect this.

Less controversially, many organisations are challenged by finding meaningful ways to involve all service users in their decisions, but a lot of useful work is being done in this area. Also, people working in this field, and service users, are often finding that although a lot of good work is being done, it is often difficult to connect up all the different areas of the field.

Brief summary of adult learning

This section aims to provide an overview of the government policies and strategies that have been influential in adult learning provision. The key partners in delivering the government's strategies will also be highlighted. Terms that have been underlined can be found in the jargon buster provided at the end of the briefing sheet.

Who participates in adult learning?

Statistics show us that there are 4.1 million learners in Further Education, 531,000 people in work-based learning and 842,000 learners enrolled in adult and community learning programmes in 2003/04 (*Statistical First Release*, Learning and Skills Council 2004). A further 2.1 million people are studying in higher education in 2002/03 (Higher Education Statistics Agency). However, current indicators of who participates in adult learning shows a continuing trend with a clear divide between those who benefit from education and training and those who do not. Younger people, those with higher levels of initial education, those in work (especially in higher level occupations) are far more likely to be engaged in learning than older people, those who have left school early, or who had negative experiences of initial education and people in lower-skills manual jobs or who are unemployed. Those who enter lower level employment are less likely to receive training in order to progress, and therefore to remain in lower paid and often less secure employment. Many of these factors which influence participation in learning and therefore life chances, are also factors which increase vulnerability to poor mental health.

The main agencies involved in adult learning

The main policy agency in the field is the Department for Education and Skills (DfES). Its remit encompasses initial education (up to the age of 16), lifelong learning (education and training beyond 16) and helping people without a job into work (such as the New Deal). Other official and non-governmental agencies have roles in adult learning. The key public agencies include the Local Education Authorities (LEAs), Learning and Skills Council (LSC) and the Higher Education Funding Council for England (HEFCE). Other important players include employers, voluntary organisation and trade unions.

There has been a focus on departments working together to initiate the government learning strategies. The department is committed to working effectively with its delivery partners. A set of standards – The Delivery Partnership Framework – has been developed and a number of initiatives have been put in place to improve the management of partnerships through professional support and guidance.

Within adult learning, education and training is provided by many different organisations. It is a complex area, reflecting the diversity of adult learners, and there are overlaps. There are over 380 colleges of further education (including specialist colleges and sixth-form colleges) and they are major providers of education and training. Often viewed as being providers of education and training for young people, in fact the majority of learners in FE colleges will be adults on part-time courses. FE colleges offer a variety of starting points for learners and a variety of progression routes. FE colleges have played a huge role in widening participation

and driving up achievement levels. Local Education Authorities are also significant providers of opportunities for adults. Historically, it has tended to be non-accredited learning for pleasure and interest, but government targets and the skills agenda have led to a much wider, more varied programme. LEA adult education has often been an important first step into learning for many adults and has been an important provider of adult education in rural areas by offering adult education classes in community centres and village halls. This also represents a feature of the widening participation remit as people will often be willing to seek courses in a community venue, if they feel that a larger college atmosphere would be off-putting. The voluntary and community sector is also a provider of adult education and is often seen as being better able to understand the needs of local people and to have more credibility with them than larger, more inflexible organisations within the public sector. There are many examples of partnership working between the voluntary and community sector and other adult education providers. Higher education is delivered by universities, although in recent years they too have addressed the widening participation agenda by developing diverse starting points for adults wishing to progress onto higher education. Some higher education is also offered through FE colleges. Within these providers there is likely to be a person with responsibility for managing widening participation, inclusion or inclusive learning. They will be a good person to contact and involve in setting up and developing new learning opportunities for adults experiencing mental health difficulties.

Recent developments in adult learning prior to 1997

Since the 1980s, there has been growing recognition that a country cannot meet its skill needs solely on focusing on the preparation of young entrants to the labour force. This has resulted in a drive to encourage lifelong learning and to engage more people of all ages in education and training.

Further and Higher Education Act

A milestone was the Further and Higher Education Act in 1992. This removed further education colleges from Local Authority control. It established the Further Education Funding Council (FEFC), which had the responsibility of provision of further education to young people and adults (now disbanded though the work has been subsumed into that of the Learning and Skills Council). A more utilitarian curriculum was encouraged.

Higher Education Funding Council for England

In 1992, HEFCE was established. This Government body is responsible for funding higher education institutions and higher education in other institutions. HEFCE is also responsible for quality assurance, cost effective teaching and for ensuring that higher education institutions have strategies, for example in widening participation. It offers guidance, disseminates good practice and promotes innovation through its funding methods and special initiatives. It advises the government on its funding needs.

Overall, these changes in the early 1990s triggered a period of growth in adult participation. There was also greater interest by the government and organisations in which segments of the population were or were not participating in learning. The Tomlinson Committee (1996) and Kennedy (1997) reports reflected this concern.

The Tomlinson Report

The Tomlinson Committee's Report, *Inclusive Learning*, in 1996, involved a national inquiry in England into FE provision for students with disabilities and/or difficulties in learning. It proposed a new vision of inclusion, based on a better match between learning requirements and provision available to them. The central recommendation was the development of a more inclusive further education sector to ensure students' needs were being met and to encourage wider participation in learning of students with disabilities and/or difficulties in learning. Significantly, the report also highlighted that provision for adults experiencing mental health difficulties in further education was patchy in availability and quality.

The Kennedy Report

The Kennedy Report, *Learning Works*, in 1997 presented the case for concentrating on widening participation in further and higher education. The report highlighted that new students recruited into further and higher education were not coming from a sufficiently wide enough cross-section of society. The Kennedy report therefore argued for action towards widening participation among 'non-traditional' learners. The report points out that learning is central to individuals as well as communities economic prosperity and social cohesion. Education is a means to participate in society and avoid poverty.

Policy focus since the Labour government 1997

Since May 1997, with the election of the Labour Government, the adult learning agenda has continued to be driven by economic competitiveness and workforce training. The Government's focus has also concentrated on widening participation in adult learning, usually in the context of the economic as well as social benefits. The 1998 Government Learning Age consultation paper signalled a greater emphasis on widening participation in all forms of learning. Some of the main strategies since 1997 will now be outlined in relation to further and higher education as well as general adult learning strategies, for more details refer to the original documents.

Learning and Skills Council

Under the Learning and Skills Act 2000, the LSC and 47 local branches (called Local Learning and Skills Councils (LLSCs)) were created to replace the FEFC and the Training and Enterprise Councils (TEC). In 2004 nine LSC regions were also created to develop a greater coherence to the work of the 47 local LSC's. The LSC is the leading body responsible for all post-16 education and training of young people and adults (outside higher education), including the funding and promotion of adult education secured by LEAs. The LSC has a statutory duty to widen participation in learning.

Further education

The 'Success for All' strategy was introduced in November 2002 and proposed a reform and standards agenda for the whole of the post-16 learning and skills sector to meet current and future needs of learners, employers and communities. This key policy document recognises the crucial role of the post-16 education and training sector in raising standards, improving achievement and widening participation. While no specific mention is made about the needs of learners with mental health difficulties this remains an important

influence. It sets out an ambitious programme of change with large levels of investment by the Government to back this policy. Further education and training is seen as important in the achievement of the Government's twin goals of social inclusion and economic prosperity.

Higher education

The White Paper *The Future of Higher Education* published in January 2003 sets out Government's strategy for investment and reform in higher education. Participation in higher education has continued to rise at a steady rate and remains a government priority. A participation target has been set. By 2010, 50% of those aged 18 to 30 are hoped to have participated in higher education. In 2002/03 the participation rate was 44%. The paper states that, the opportunity to enter higher education should be open to everyone who has the potential to benefit from it, regardless of individuals' backgrounds. All higher education institutions are required to identify all those who have the potential to succeed and to encourage them to apply, begin a course of study and to support them to their graduation.

Adult skills and education in general

The Skills Strategy White Paper *21st Century Skills: realising our potential* was published in July 2003. It sets out Government's programme to tackle the skills gap between the UK and its main economic competitors. It commits the Government and key partners to demand-led provision of skills. It includes a wide range of measures to remove barriers to learning and to support participation for individuals. It focuses public investment in areas of skill provision where it is most needed. This strategy's focus is the achievement of people reaching level 2 qualifications and entitles individuals to free study to reach a level 2 qualifications. A target has been set to reduce by at least 40% the number of adults in the workforce who lack NVQ 2 or equivalent qualifications by 2010. To work towards this, one million adults in the workforce are to achieve level 2 between 2003 and 2006.

In March 2005 the DfES-published *Skills: Getting on in business, getting on at work* builds on the Skills Strategy of 2003. The White Paper sets out proposals and reforms designed to:

- put employers' needs centre stage in the design and delivery of training;
- support individuals in gaining the skills and qualifications they need to achieve the quality of life they want – including a national entitlement to free tuition for a first full level 2 qualification and support for learning at level 3; and
- reform of colleges and training providers to deliver benefits for employers and individuals.

The skills strategy also looks beyond the economic benefits of the skill ladder and encompasses the social benefits from increased skills levels, particularly *Skills for Life* ('basic skills'), which is outlined below.

Basic skills/Skills for Life

The Moser Report in 1999 highlighted that a significant number of people are without adequate literacy and numeracy skills. The report made recommendations about how to address the problem and suggested targets to improve the basic skills of the population. Since the Moser report there has been a large emphasis on basic skills training for adults.

In April 2001, the *Skills for Life* strategy for improving adult literacy and numeracy skills was launched. This strategy set out targets towards improving the basic skills among the adult population, in particular those groups with the greatest literacy and numeracy needs. The strategy aims to improve the literacy and numeracy skills of 2.25 million adults between 2001 and 2010, with a milestone of 1.5 million in 2007 and ultimately working towards reducing the problem altogether. It aims to help create a society where adults have the basic skills they need to find and keep work and participate fully in society, thereby increasing the economic performance and social cohesion of the country.

The Skills for Life survey published in October 2003 showed that in England 5.2 million adults aged 16 to 65 have literacy levels below Level 1. In terms of numeracy, 6.8 million adults aged 16 to 65 have skills below entry level 3 and 15 million below level 1.

In 2000, the Adult Basic Skills Strategy Unit (ABSSU) based in the DfES was created. The Unit is responsible for driving forward implementation of the national *Skills for Life* strategy and ensuring efforts to improve literacy, language and numeracy skills at national and local level are consistent and co-ordinated.

A separate Basic Skills Agency is an independent organisation funded by the government to support the *Skills for Life* strategy. The agency aims to work towards sharing innovative practices and supports the work of further, adult and other education providers appropriate programmes to help meet the national *Skills for Life* agenda.

Other influential actions

Within the strategies outlined above, as well as the economic benefits, the social benefits from learning have continually been promoted and taken into consideration. There has been an acknowledgement of the importance of social inclusion, personal development and fulfilment as legitimate goals for education and worthy of public support. A 'learning society' is now seen as a desirable social as well as an economic goal, as shown through the 1998 *Learning Age* and the 1999 *Learning to Succeed*, which both set out a lifelong learning agenda.

Bringing the adult learning and mental health agendas together

Lifelong learning is a key factor in promoting social inclusion. Widening participation and raising achievement is a central force in enabling individuals to be all that they want to be. What we also see is that learning and skills are essential to how people access services, how services meet their needs and how they are enabled to succeed.

Department Collaborations

Collaboration between the Department of Health and DfES has seen the creation of a *Skilled for Health* strategy and the creation of the National Health Service University (NHSU). *Skilled for Health* aims to improve people's levels of health literacy. Launched in 2003, the NHSU focuses on practical education and training for employees at every level, working for or with the health service, to improve care.

The National Service Framework

The National Service Framework for Mental Health Standard One, launched in 1999, stresses the importance of partnership working and the role of education in mental health promotion and social inclusion. It highlights the role of schools and universities in mental health promotion and social inclusion. No specific mention is made of adult, further or community education, though this perhaps reflects the lower profile of the post-16 sector among healthcare services. However, the adult, further and community education sector often attracts individuals who might be deemed to be at greater risk of poor health, so they are important arenas for promoting positive health and well-being. Working in partnership to provide mental health awareness can be a good way to protect the mental well-being of those working and studying in further, adult and community education, and as well a way to promote better understanding of learners with mental health difficulties.

Disability Discrimination Act

The inclusion of education in the Disability Discrimination Act, under part 4 of the Act, in 2002, has also led to initiatives to support providers and promote equity and fairness in adult learning and for people with disabilities. Education providers are not allowed to treat disabled students less favourably for a reason related to their disability. Education providers also need to anticipate the likely needs of disabled learners and not merely respond to needs as they arise. A wide definition of disability is used and includes learners with mental health difficulties.

Mental Health and Social Exclusion

The Mental Health and Social Exclusion Unit Report was produced in 2004 (Office of the Deputy Prime Minister 2004). The report highlights ways to reduce social exclusion among people with mental health difficulties through more cross-department work in order to extend and improve the measures already in place. The report provides recommendations with the overall aim of challenging the stigma and discrimination associated with mental health problems. The report also hopes to increase the expectations and achievement possible for people with mental health difficulties – in employment, learning and the community. Access to education and training opportunities for people with mental health difficulties is highlighted as a key issue to be addressed. The action plan recommends the DfES working with the LSC to disseminate good practice on supporting access to adult learning and further education for learners with mental health problems.

As an example, some major actions for education in this report are:

- next grant letter to Learning and Skills Councils (LSCs) to steer them to address the need of people with mental health problems;
- a reference to people with mental health problems to be included in the LSC's Equality and Diversity strategy;
- any new guidance published on learner support funding to include reference to the needs of people with mental health problems;
- support for the work of the new Committee for the Promotion of Mental Well-being in Higher Education;

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- increase the accessibility of the Disabled Student Allowance to people with mental health problems; and,
 - raise staff awareness in higher and further education of the needs of students with mental health problems.

The report also sets a success indicator for the adult education sector – to increase the proportion of adults with mental health problems achieving level 2 type qualifications and to decrease the proportion of adults experiencing mental health difficulties without level 2 type qualifications. The report expects the number of adults on Care Programme Approach accessing mainstream learning opportunities to increase. These targets reflect the key agendas within adult education and where it is appropriate presents some important challenges to adult education and providers of mental health services. For those learners where the achievement of level 2 is not appropriate it is important that adult education and mental health services work together to ensure that learning for pleasure, interest, for the promotion of health and well-being, recovery and quality of life is protected.

NIACE and NIMHE are currently working together in partnership to ensure that these challenges are met. Regional networks of practitioners from both sectors have been set up. Further details can be found on the NIACE website www.niace.org.uk, on the website of each NIMHE regional Development Centre or on the NIMHE Knowledge Community website.

Glossary

Accreditation

Accreditation usually refers to the process through which a regulatory authority or awarding body confirms that a qualification, programme or course leading to an award that is of sufficient quality to meet the relevant accreditation criteria.

Acute services

Acute services are in-patient, bedded services for people in need of more support than can be offered in the community. The range of acute services varies across the country, but most places will have some short-stay beds, for assessment and diagnosis of patients who can then go back to the community for treatment, and some longer stay beds for those who need types of treatment and support which can only be offered in hospital. Some of these longer stay units will specialise in particular mental health problems. Many will also offer rehabilitation services to help patients return to the community.

Adult and community learning

In policy documents, the term now usually refers to the non-accredited learning provision funded by the LSC and delivered mainly by LEAs. However, this term has no universally accepted definition. The term is also used to refer to:

- a sector (as distinct from further education, higher education);
- the kinds of programmes typically delivered by some providers (LEAs and voluntary sector bodies), some of which are accredited; and,
- a particular (informal and flexible) approach to learning for adults.

Adult learners

The term usually refers to people who engage in education and training after a gap has occurred since completion of their initial education, as opposed to those who stay on after school to enter mainstream further or higher education that are usually described as 'students'.

Adult Learning Inspectorate (ALI)

The ALI is the government body responsible for raising the standards of education and training for adults in England by inspecting and reporting on the quality of learning provision. The Inspectorate was established by the Education and Skills Act 2000. Its remit includes work-based training, adult and community learning, e-learning via Learndirect and further education colleges.

Advance directives

An advance directive (also known as an 'advance statement', 'advance refusal' or 'living will') is a way of making a person's views known if he or she should become mentally incapable of giving consent to treatment, or making informed choices about treatment, at some future time. It may be over-ridden by certain sections of the Mental Health Act, but otherwise should be adhered to.

Advocacy

Advocacy is a process of supporting and enabling people to:

- express their views and concerns;
- access information and services;
- defend and promote their rights and responsibilities; and
- explore choices and options.

An advocate is independent, and will support the service user's views and wishes without judging them, or putting forward their own personal opinion.

Aim Higher

Aim Higher is the name for the government's initiative to achieve 50% of young people (18-30) participating in higher education. It also aims to increase participation from the social groups that are currently under-represented in higher education.

Assertive outreach

This service is usually provided to a small number of people by a team of highly trained clinicians. These teams work with people who have very severe mental health problems who find it very difficult to engage with the mental health services and who are significantly disabled by their illness. The team will provide intensive support to this relatively small number of people, usually seven days a week.

Barriers to learning

The barriers to learning are the structural, situational or dispositional factors that act as obstacles to a person's engagement in organised learning. These may include, a lack of suitable learning opportunities at times and in locations that suit individuals (structural barriers); caring or work responsibilities (situational barriers), feeling too old to learn or anxiety about one's ability to learn (dispositional barriers).

Basic skills (see also Skills for Life)

Basic skills are those skills needed to read, write and speak in English and use mathematics, at a level necessary to function at work and in society in general. In the 2003 skills strategy, ICT was designated as the fourth basic skill. Other terms, and often preferred terms are Literacy, Language and Numeracy (LLN) skills or Essential Skills.

Care manager

The care manager is responsible for assessing a person's social care needs and arranging delivery of community care services within available resources. Care managers work within social services departments and organise community care for many different client groups. When arranging services for people with mental health problems, they often work as part of the community mental health team. Their role is to carry out the local authority's duties under the NHS and Community Care Act 1990. The care manager differs from a care co-ordinator/key worker in that, to avoid a conflict of interest, a care manager should not be involved in direct service delivery, nor carry managerial responsibility for the services they arrange. Care managers need not come from any one profession and can come from statutory or voluntary organisations.

Care plan

A care plan is produced by either social services or a health care trust once a person has been assessed as needing services. The plan states what care the person needs and who will provide this care. Care plans should be regularly reviewed to ensure they remain relevant.

Care Programme Approach (CPA)

There are four main stages to the CPA. These are: a co-ordinated assessment of the person's health care and social care needs; the development of a Care Plan which will be agreed by key person from social care/medical team with the person with the mental health problem and any carers who are involved. The Care Plan should aim to address the needs that have been assessed; there should be an identified key worker who will be the main contact and will be one of the main people monitoring the Care Plan; and, there should be regular reviews of the Care Plan with changes as necessary.

As mentioned above, there are different levels of CPA, depending on the needs of the individual.

Community Development Workers

Community Development Workers are a new role and are trained to tackle mental health inequalities in Black and Minority Ethnic communities and to improve the health experience of particular communities.

Community education

Community education is a way of working with people through learning in the places where they live and in response to the interests, issues and aspirations that are important to them. This learning is likely to involve a mix of non-formal and informal learning.

Community mental health professionals (nurse or team)

Mental health professionals usually work in teams that include:

- psychiatrists – doctors who have specialised training in mental health problems. They are involved in diagnosis, treatment decisions and sectioning;
- mental health nurses (Community Psychiatric Nurses (CPNs) or Community Mental Health Nurses (CMHNs). They give treatment, act as keyworkers, give advice and information and refer patients to other useful agencies;
- social workers – specialise in helping to solve social problems. They can act as key workers and some are involved in sectioning. Social workers are employed by the local authority if there is no local specialist mental health trust;
- occupational therapists (OTs) – OTs are trained to help people develop the acts of daily living eg. personal care skills, education, work, training; and,
psychologists – these are not doctors and therefore cannot prescribe. They give some sorts of treatment (eg. counselling) and can act as key workers.

Some teams also include graduate primary care mental health workers, who are trained in brief therapy techniques of proven effectiveness. These teams are usually called ‘multidisciplinary community health teams’ or CMHT’s. Each of the different professionals involved has different qualifications and plays a different role within the team.

Connexions

The central government Connexions programme aims to provide a range of guidance and support for 13 to 19 year olds in order to help them with issues such as careers, health, housing, education and money. It aims to provide integrated advice, guidance and personal development opportunities. Support is provided up to the age of 25 for those young people with learning difficulties and disabilities.

Counsellor

Although the word ‘counselling’ literally means ‘giving advice’, mental health counselling has developed in such a way that it usually now involves listening sympathetically, and not giving direct advice at all. Mental health counsellors listen to a person with emotional problems, and then reflect what they feel are the main priorities back. The person with emotional problems is then able to start tackling the problems themselves. Since counsellors are not usually trained doctors or nurses, they do not usually advise on medication. And while they should be in regular contact with their client’s (the patient’s) GP, they will not usually meet other members of the CMHT.

Crisis services

Crisis resolution teams are designed to provide a crisis service to the service user at home, 24 hours per day, seven days per week, until the crisis has been resolved. This service helps to help people who’s illness suddenly becomes worse to stay out of hospital and provides a single point of access to turn to at any time.

Day services

This term ‘day service’ can cover many different sorts of activities; this can include opportunities for social contact, leisure activities, education, training, work experience, help with transition to work and advice and information. There may be many different agencies (including statutory and voluntary sector organisations) offering services of this type.

Department for Education and Skills (DfES)

DfES is the Government body responsible for education and work-based learning in England. It replaced the Department for Education and Employment in June 2001.

Direct payments

Direct payments are cash payments paid to an individual by local authority social service departments as an alternative to, or in addition to, the direct provision of services by that department. The money can be used to organise support from people or services of your own choice, at a time and in a way that you find necessary, but it can't be used for NHS services or for local authority housing services. Direct payments are intended to support independent living so they cannot be used to pay for permanent residential accommodation. Nor are they intended to replace existing support networks within families or communities, and therefore can't usually be used to pay close relatives or anyone living in the same household as you.

Disability Discrimination Act (DDA)

The Act has been in force since 1995. It now covers Disabled Employees (Part 2), Access to Goods and Services (Part 3) and Education (Part 4). Under DDA Part 4, universities, further education colleges and local education authorities providing adult and community education have a legal duty not to treat disabled learners less favourably for reasons related to their disability and also to provide reasonable adjustments for them.

Early Intervention Teams

These teams aim to reduce the time taken to identify people in their first episode of psychosis, and therefore usually work mostly with young people. They will often work closely with child and adolescent services, as well as other mental health services. Research evidence suggests that reducing the duration of unidentified psychosis significantly improves prognosis, and reduces both frequency and duration of admission to hospital. However, the symptoms and signs of early psychosis are nebulous and difficult to identify and so having a specialist team makes it more likely that the problem will be picked up and identified early.

Embedded basic skills

Embedded basic skills is the teaching of numeracy and literacy skills within the context of another subject area that initially attracts the learner to learning provision, such as aromatherapy, ICT skills or local history. Integrating basic skills into other subjects has been found more relevant and interesting to some groups of learners than non-embedded basic skills learning programmes.

ESOL

ESOL stands for English courses or programmes for Speakers of Other Languages

Family learning

Family learning encompasses a wide range of formal and informal learning activities that set out to develop skills in, and understanding of, family roles, relationships and responsibilities. Learning opportunities may promote language, literacy and numeracy skills, parenting skills and the promotion of children's achievements. For the purpose of LSC funding, there is a distinction between family literacy, language and numeracy where the primary learning goal is to improve literacy, language and numeracy and wider family learning. Where literacy, language and numeracy is not the primary learning goal. 'Families' are understood to include those who are biologically related and other relatives and individuals who may be involved in parenting and caring roles, for example, childminders. Some family learning involves adults and children learning together, although it may also involve learning in separate groups.

Financial literacy

Financial literacy is a skill involving the responsible use of money and making informed financial decisions regarding the use and management of money. The increase in the number of individuals and households in debt highlights the importance of developing financial literacy programmes to equip people with the skills to help them avoid financial problems.

Formal learning

Formal learning generally refers to an organised learning programme for which there is an established curriculum and externally determined standards. The learning is structured and usually leads to some form of certification.

Further education (FE)

In general the term ‘further education’ embraces the whole post-secondary education sector excluding higher education. This includes academic, vocational and general education for young people and adults. More specifically the term refers to further education colleges and the learning programmes they provide.

GP with Specialist Interest (GPSI)

Some GPs undertake special training in mental health and may take special responsibility for mental health patients in their area. These GPs are known as GPs with Special Interest, but are only employed in some areas.

Graduate Mental Health Workers

Graduate Mental Health Workers are intended to build the capacity of Primary Care Teams in order to meet the needs of people experiencing mental health difficulties. They work with people with common mental health difficulties, to enhance community development work and to engage in auditing and developing registers for people with serious mental health difficulties in general practice.

Health literacy

Health literacy is where an individual has the knowledge and social skills to gain access to, understand and use information in ways that promote and manage good health. An individual’s health literacy can influence their degree of autonomy, such as whether they are able to understand simple health messages or able to manage health problems in partnership with health professionals.

HEFCE – The Higher Education Funding Council for England

This is a Government body responsible for funding higher education institutions and Higher Education in other institutions. HEFCE is also responsible for quality assurance, and for ensuring that higher education institutions have strategies, for example in widening participation. There is an equivalent body in Wales, the Higher Education Funding Council for Wales (HEFCW).

Higher education (HE)

Higher education can be defined as study at university level. HE courses are at undergraduate level (leading typically to BA or BSC degrees) or at postgraduate level (MA, MSc or PhD). There is also a range of sub-degree courses. HE courses can be full or part time, and studied on a university or college campus or by distance learning, as with the Open University.

Higher education institution (HEI)

A higher education institution is typically a university or similar institution where degree-level, sub-degree level and postgraduate study can be undertaken.

Informal learning

There is no consensus on the meaning of this term. Most often it is used to refer to the (intentional) learning that people undertake independently (for example, through reading, attending a talk). It is also often defined as the (unintentional) incidental learning that results from daily activities related to family, work or leisure.

Information, Advice and Guidance (IAG)

In an adult learning context, this refers to a process of informing, advising and guiding individuals or groups on entry to, during or on exit from a learning activity. Since 2001 provision of IAG on learning has been the responsibility of the LSC. The LSC strategy for IAG is laid out in Coherent Information, and free Advice and Guidance (IAG) Services for Adults, which offers information to all adults aged 20 and over, advice on how to interpret the information to priority target groups. Priority target groups include those adults with a level 2 qualification.

Key worker/Care Co-ordinator

The key worker is the person who co-ordinates the care plan and ensures that any problems with the care are dealt with. A number of different health and social care workers can be key workers, and a key worker should aim to have a good relationship with the service user. The amount of contact the key worker has with the service user will depend on the nature of their illness and the amount of support they require.

Learndirect

Learndirect is a network of online learning and information services about learning opportunities. It links up with the Ufi (www.ufi.com) which works with over 600 public and private partners to deliver mainly online courses and information through learning centres.

Learning and Skills Council (LSC) and Local Learning and Skills Councils, (LLSC)

The Learning and Skills Council (LSC), established in 2001, is responsible for all post-16 education in England other than the university sector including the planning and funding of further education colleges, school sixth forms, work-based training for young people, workforce development, adult and community learning, information and guidance for adults, and education links. It operates through a national office, nine regions and 47 Local Learning and Skills Councils (LLSC).

Learning levels

In a learning context, levels are used to define specific levels of achievement that are used for educational benchmarking and national targets. They are generally linked to specific qualifications (although not everyone agrees with these equivalences). For example:

- Level 1 is defined as below GCSE level or the equivalent of a D-G grade GCSE;
- Level 2 is defined as 5 GCSEs at grade A* - C; an NVQ 2 or a GNVQ;
- Level 3 is defined as 2 good A levels or their vocational equivalent;
- Level 4 is a degree or equivalent.

Learning outcome

A learning outcome is an effect that results from a learning episode. Broadly speaking it means what a learner has acquired at the end of a given learning period. Outcomes for learners can include qualifications and wider benefits, including soft outcomes, such as an increase in self-esteem and confidence. There can also be wider outcomes such as the impact or effect on other people, the local community and the environment.

Learning Partnerships (LPs)

LPs are local partnerships between learning providers and other relevant agencies. They were set up before the Learning and Skills Act 2000 to bring greater co-ordination and coherence into local educational planning. They are to help the LLSC in the process of identifying what provision is offered in their area, what gaps exist and what learners and potential learners want and need. The LSC has recently published *Learning Partnership Operational Guidance for local Learning and Skills Councils 2004-05* which sets out the policy, planning and budgeting arrangements for LPs.

Lifelong learning

There is no universally accepted definition but the term implies a learning process throughout life according to the needs of people at different stages of their life-cycle/lifespan. Most western societies now subscribe to the principle of lifelong learning, however few have the necessary structures and resources in place to make this possible.

Life-wide learning

The term is often used in conjunction with lifelong learning to take account of the spread of learning across a person's daily life. The idea being that learning occurs wherever you are.

Life skills

The term refers to those psychosocial and interpersonal skills that help individuals to make informed decisions, communicate effectively, and develop coping and self-management skills that are necessary to lead a healthy and productive life.

Local Education Authorities (LEAs)

LEAs have the responsibility for providing and maintaining primary and secondary education in their local areas. LEAs also secure or provide a range of both accredited and non-accredited adult education. LEAs work with LLSC and other partnerships to ensure that there is a range of local post-16 education programmes to meet the skills and training needs of the area. There are 150 LEAs in England and 25 in Wales.

Local Implementation Teams (LITs)

LITs are required to develop local implementation plans for mental health based on local needs assessments for meeting NSF and NHS Plan (see later) objectives. LITs now undertake annual self-assessments against a set of new indicators, and annual service and financial mapping exercises. These plans should be reflected in health improvement programmes, joint investment plans, service and financial frameworks, long term service arrangements, and clinical governance arrangements.

Local Strategic Partnership (LSP)

A local strategic partnership (LSP) is a single body that:

- brings together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors so that different initiatives and services support each other and work together;
- is a non-statutory, non-executive organisation;
- operates at a level which enables strategic decisions to be taken and is close enough to individual neighborhoods to allow actions to be determined at community level; and
- should be aligned with local authority boundaries.

The partnerships are concerned with strategies to deliver better local services in the interest of neighbourhood renewal. Local people are to be involved in shaping the future of their neighbourhood and how services are provided.

Mental health problem

The term 'mental health problem' covers a very wide spectrum, from the worries and grief we all experience as part of everyday life, to the most bleak, suicidal depression or complete loss of touch with everyday reality. A mental health problem only becomes a serious problem when it interferes with your ability to cope or function on a day to day basis or when your behaviour becomes a concern for others. The more extreme forms of mental distress can be very disturbing both for the person experiencing the mental health problem and for those around them. However, while mental distress can lead to considerable disruption and difficulty in people's lives, many people find ways of managing their problems and are able to lead fulfilling and active lives.

More information can be found about many mental health problems on a series of fact sheets produced by the charity MIND (available from www.mind.org.uk)

Mental Health Trust

The introduction of the Health Act 1999 made it possible to provide specialist health and social services for people with mental health problems through one organisation. This has not been done all over the country, but many areas do have one of these specialist Trusts. In these areas, the service user will still have access to services offered by their GP and to general social services, but will also be able to use the specialist services provided by the mental health trust.

National Health Service University (NHSU)

The NHSU is a new kind of corporate 'university' that focuses solely on training and education for NHS staff working in or for the NHS and social care. Launched in 2003, it aims to support the modernisation of the NHS. NHSU provides practical learning and training for employees at every level, working for or with the health service, including volunteers.

National Qualifications Framework

The national qualifications framework is a way of organizing and assuring quality in qualifications in England, Wales and Northern Ireland. It embraces general and vocational qualifications that are underpinned by key skills. The framework shows how qualifications relate to each other. It provides a coherent range of qualifications that meet the need of students, employers and education institutions. It aims to promote lifelong learning by helping people to understand clear routes of progression. There are three main kinds of qualification included in the framework:

- general qualifications, such as GCSEs and A levels;
- vocationally-related qualifications, such as vocational A levels (Advanced GNVQs);
- occupational qualifications, such as NVQs (National Vocational Qualifications).

Non-accredited learning/provision

This is learning/provision which does not lead to an external certificate, award or qualification.

Online learning

Online learning is a type of learning organised through the Internet. The learning can be delivered using pre-prepared course materials available through the Internet, email tutorial feedback and video conferencing. It is an important way of delivering open and distance learning.

Open College Network (OCN)

OCNs are local, non-profit partnerships committed to providing a flexible and responsive local accreditation service for adults involved in a wide range of learning activities. Currently 28 OCNs exist and are licensed by and members of the National Open College Network (NOCN).

Participation

In the post-16 educational context, participation usually refers to engagement in organised educational or training programmes.

Patient Advice and Liaison Service

The Patient Advice and Liaison Service focuses on improving services to NHS patients and their carers and aims to:

- advise and support patients, their families and care
- provide information on NHS services
- listen to concerns, suggestions and queries
- help sort out problems quickly

All NHS Trusts should have a PALS team, who should be able to answer queries by telephone, email and letter.

Post-compulsory education/post-16 education

Any education which takes place after leaving school (normally at the age of 16).

Primary Care Trust (PCT)

These are free-standing bodies with responsible for delivering health care and health improvements to their local area. They commission all health services required by the local population and directly provide a range of community health services. They are also involved in setting priorities for their locality.

Progression

In an educational context, progression usually refers to the positive moves or advances learners make as a result of learning, for example moves to further learning, into employment or into active roles in the local community.

Qualifications

A qualification is an official record of an achievement awarded on the successful completion of an education or training course or the passing of an examination. Many qualifications are nationally recognised by the Qualifications and Curriculum Agency (QCA), for example GCSEs and A-levels.

Recovery

There are many different ideas about what is meant by recovery, but in recent years, the following has become widely used:

Recovery is about seeing people and people seeing themselves as capable of recovery rather than as passive recipients of professional treatments. It is about working out strategies and taking control of our own lives. Within the Recovery Approach individuals are encouraged to learn more about their experience and to find ways to deal with their mental health experiences. People are actively supported to acquire skills, knowledge and strength to reduce the prevalence of harmful experiences in safe, simple and effective ways. It is about working out ways of helping themselves, taking responsibility and having hope.

Each person's recovery is individual; there are differing views but also common themes.

Key elements of recovery:

- an individual belief and commitment that they can and will recover;
- a shared belief and commitment from people helping them;
- a strategy for recovery: a recovery plan;
- adequate and appropriate resources which facilitate recovery; and
- a willingness to share the journey of recovery with others.

Section

In certain circumstances under the Mental Health Act 1983 the person can be admitted to hospital without their consent, this is called a section. This is done if it is viewed it is in the interests of their own safety or for the protection of other people or in the interests of their own health. In different areas of the Act additional specific criteria need to be met. Under specific sections of The Mental Health Act a person who is detained in hospital can be given medical treatment without consent.

Self-help/support groups

Self help and support groups are generally made up of people with similar kind of problems. They can be run by the participants themselves, or facilitated by a counsellor or psychologist. Some people find these sort of groups very supportive.

Skills for Life

This is the Government's strategy for improving adult literacy and numeracy skills. The priority is to improve the skills of those groups with the greatest literacy and numeracy needs. Set up in 2001, the strategy aims to improve the literacy and numeracy skills of 750,000 adults by 2004 and to help 1.5 million people by 2007, ultimately working towards reducing the problem altogether.

Skilled for Health

This is a recently established joint project between The Department of Education and Skills and the Department of Health. The project aims to improve people's levels of literacy and numeracy, as well as linking learning to health. NHS patients will be able to participate in learning opportunities.

Skills Strategy (see also 'basic skills')

The Skills Strategy was set out in 2003 in the White Paper *21st Century Skills; realising our potential*. The aim is "to ensure that employers have the right skills to support the success of their businesses, and that individuals have the skills they need to be both employable and personally fulfilled".

Social Services department

These departments are based within local authorities and provide a range of non-medical services to local people. For people with mental health problems, the social services department will be responsible for ensuring they are assessed and their needs provided for. This responsibility may be delegated to an integrated mental health trust, or involve staff from other organisations.

Strategic Area Reviews (StARS)

StARS were started in April 2003 to ensure that learners in each part of the country have high quality, safe and accessible learning opportunities capable of meeting their needs and those of employers and local communities. LLSCs, Local Authorities, Jobcentre Plus, learners, employers, communities, schools, colleges and other providers are involved in the reviews.

Student-centred learning/student-centred approach

This approach to learning and teaching emphasises student participation in all processes of adult learning including planning and delivery of learning and evaluation. The approach is particularly characteristic of community based adult education.

Success for All

The DfES White Paper *Success for All: reforming further education and training* (2002) sets out the government's overarching strategy for reforming further education and training. The overall aim is to raise standards and increase coherence in post-16 provision. The Paper also heralded the introduction of Strategic Area Reviews.

Sure Start

Sure Start is one of a range of government policy initiatives developed from cross-departmental reviews of services for children and young people. It involves health, education, social services and parents to provide more integrated, joined-up services for children aged 0-4 and their families. Sure Start focuses on achieving better access to childcare, health services, support for parents and children's education. Family learning programmes are frequently attached to Sure Start initiatives.

Support, Time and Recovery Workers (STRs)

STRs are so called because they provide Support, give Time to the service user and thus promote their Recovery.

Taster sessions

These are short one-off opportunities designed to enable potential learners to try something new. They are a device frequently used by colleges and other providers to encourage new students to enrol for courses.

The New Deal

The New Deal programme aims to improve people's employability through offering individualised support and a set menu of options, all including work experience *and* training. There are now six main programmes that vary according to target group: Young People; Long-term Unemployed; Lone Parents; Unemployed People; Disabled People; and People Aged 50 and Above.

UK Online Centres

The centres were established in 2000 and were designed to provide convenient access to the internet and e-mail. They are located in venues such as internet cafés, public libraries, community centres or other suitable locations. UK Online Centres are intended to help develop internet skills to access information and send emails. They can also be used to access further learning opportunities.

University for Industry Limited (Ufi Limited)

Ufi Limited is a company with charitable status concerned to boost the competitiveness of business and the employability of individuals. It offers mainly work-based courses through distance learning, especially e-learning. The use of modern technologies enables people to participate in learning at their own pace at a suitable time and place. This includes the home, the workplace and through a national network of Learndirect centres. Ufi also runs a Government-funded national learning advice service which offers impartial information, advice and guidance, either over the phone or via its website.

Widening participation

Although concern with opening up learning opportunities to wider sections of the community is not a new phenomenon, the term 'widening participation' started to be used increasingly in the 1990s, reflecting concern that the socio-economic profile of those who were engaging in organised education and training had remained largely unchanged for some decades. Most widening participation strategies tend to involve recruitment strategies (outreach development work, provision of information and advice, curriculum development, delivery of provision in local venues and (in higher education) more flexible entry criteria.

Wider benefits of learning

The wider benefits of learning refers to those aspects of learning which cannot be measured by a credit or a qualification and can be difficult to measure, such as increases in self-esteem and confidence or improved social or personal skills. Although educational progression is a desirable outcome, it is not the only or most important benefit of learning. The impact of learning on individuals, families and communities may be far more wide-ranging.

Wider Benefits of Learning Research Centre

Funded by the Department for Education and Skills and based at the Institute of Education in London, the Centre is specifically concerned with identifying and demonstrating the significance of the wider benefits of learning.

Work-based learning

'Work-based learning' is the term used to describe learning that takes place while a person is in employment. It includes: any learning at work; training and development of employees in the work place; on-the-job learning; and learning for the work-place which is delivered on or off site.

Further information

Many of the terms relating to adult learning used in the glossary have been taken from a Lifelines publication *Jargon Buster* by Yanina Dutton, part of the Lifelines series, published by NIACE 2005.

Other information relating to the work undertaken by NIACE on health and disability can be obtained from the NIACE website www.niace.org.uk

Further information on the NHS and mental health services can be downloaded from the NHS website www.nhs.uk

Information on the work of NIMHE can be downloaded from www.nimhe.org.uk or from the NIMHE Knowledge Community on kc.nimhe.org.uk

Information on some of the strategies and documents relating to adult, community and further education can be downloaded from the Learning and Skills Council website www.lsc.gov.uk.

Acknowledgements

David Blazey – New College Durham

Paul Lawrence – Tyne Metropolitan College

Janet Thomson – Newcastle, North Tyneside and Northumberland Mental Health (NHS) Trust

Sandra Skuse – Wakefield Metropolitan District Council

Sue Rees – NIACE

Colin Williams – NIMHE (North East, Yorkshire and Humber)



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Typeset and designed by Creative, Langbank.

Printed in Great Britain by Colortech, Leicester

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(England and Wales)

Company registration no. 2603322
Charity registration no. 1002775

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