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A decorative graphic consisting of several overlapping, wavy lines in shades of maroon and light green, flowing from the left side of the page towards the right.

Supporting People with Personality Disorder in Further Education

Briefing Sheet

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Working for more and different adult learners

NIACE (The National Institute of Adult Continuing Education, England and Wales).

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1. Introduction

Personality disorder (PD) presents many faces across society. When human development is disrupted or disturbed, the psychological, social and economic consequences can touch every part of the individual's life, with repercussions for families, communities and society in general. Some people may struggle with alienated and chaotic lives, asking little of public services. Others may use a range of services (perhaps for substance misuse, or self-harm or criminality) to little benefit. Recognising and understanding the complex nature of PD, and responding effectively, is a growing concern for public services.

Professor Louis Appleby, National Director for Mental Health
(DH, 2009)

This briefing sheet is about how Further Education providers can support people with personality disorder to access and succeed in learning and skills opportunities. It forms part of the work of the LSC/NIACE/ISCRI¹ Partnership Programme in 2009/10 and was funded by the LSC. The contents include brief explanations of personality disorder and the links between personality disorder and social exclusion and government policy to tackle exclusion. The benefits of learning to mental health and wellbeing and the synergy between these outcomes and the recovery process is also explored. The current best practice guidelines from the National Institute of Clinical Excellence (NICE) for therapeutic support for people with personality disorder are used to explore how the principles underpinning them can be translated into guidance to promote good teaching and learning opportunities for people with personality disorder. The essential role that partnership working and collaboration can play in providing accessible, respectful and consistent services for people with personality disorder across sectors is also explored.

This briefing paper is intended for managers, teachers and support assistants working within the Further Education learning and skills sector (FE), which includes Further Education Colleges, Sixth Form Colleges, Specialist Colleges, Adult and Community Learning, Work-

¹ LSC was the Learning and Skills Council. The LSC ceased to exist on 31 March 2010, with responsibilities transferring to the Young People's Learning Agency, Skills Funding Agency and local authorities from 1 April 2010

NIACE is the National Institute of Adult Continuing Education

ISCRI is the International School of Communities Rights and Inclusion, University of Central Lancashire

Based Learning and Offender Learning). Health and social care and third sector providers of services for people with personality disorder who want to make adult education an option available to users of their services and to people who have personality disorder may also find the briefing of interest. This discussion presented is mainly concerned with adults with personality disorder but it is also of relevance for young people.

We do not really know to what extent people with personality disorder access further education and, if they do, how well they are supported to achieve in their learning. We do however, know that further education providers are sometimes faced with learners whose behaviour and attitudes cause staff concern and anxiety and can take up a great deal of time and resources. These are the learners who are more likely to drop out or even to be excluded from learning. When this happens, learners are likely to feel rejected (again), to feel a failure and that their feelings of mistrust in services are justified. Staff can be left with a feeling of failure, bewilderment at what went wrong or even perhaps relief that the learner has dropped out. These learners may, or may not, have personality disorder. What is certain is that increased awareness of the underlying reasons why some people act as they do and what we might constructively do to respond to them might improve the situation.

This briefing paper is not about labelling and defining learners as ‘difficult’. It is about recognising that in the breadth and diversity of human interaction within a learning environment, challenging situations will always occur. We also acknowledge that sometimes people respond in a manner that others find ‘difficult’ because of the circumstances and environment they find themselves in. These situations can be upsetting for learners and staff (teaching and non-teaching), but thoughtful management, support, appropriate training, reflection and respect can make a positive impact, and be beneficial for all concerned.

We are unaware of any existing published guidance or information about how to support learners with personality disorder in further education, therefore this briefing sheet is also intended to bring the subject to light. It has been written with the support and collaboration of a group of ‘experts’ from different agencies who have lent their different perspectives and knowledge. We think that there is still more knowledge, information and expertise available to draw on and share across the FE sector and we hope this briefing paper will inspire you to contact us and share your experiences. We invite you to provide feedback on this paper and contribute to our ‘pooled’ thinking and understanding about what constitutes effective and appropriate support in further education for learners with personality disorder. A [feedback form](#) is included at the end of this paper for your comments, questions, concerns, examples of good practice and stories of what has and hasn’t worked well.

2. What is personality disorder

We all have a personality; it is what makes us all unique. Personality is based on how we perceive things, think about things and relate to others and our environment. Most of us can be flexible in our responses to others and our environment and we can moderate the way we react. People with personality disorder tend to behave in a fixed and sometimes more extreme way, regardless of the situation and this can cause distress to themselves and others around them.

Personality disorder is a common condition, although there is considerable variation in the severity, distress and dysfunction that it can cause. Studies suggest that between 10% and 13% of people living in the community have problems that would meet the diagnostic criteria for personality disorder and that it is more common in younger age groups (25-44 years) (NIMHE 2003).

There are different types of personality disorder but the most common are borderline personality disorder and antisocial personality disorder. The information provided in Boxes 1-3 below is included not to help you label or diagnose a learner but to give you a sense of what characterises certain types of personality disorder (NICE, 2009a and 2009b). If you feel you need to know more you can find accessible information available on different types of personality disorder on the internet and a list of [useful websites](#) is included at the end of this paper. It is likely that when you read the information you will see parts of yourself or others in many of the categories because they describe personality traits we all have and behaviour we are all capable of. This makes it important not to make assumptions or guess at a learner's diagnosis. For example, Box 3 provides a description of narcissistic personality disorder from Mind. This type of personality disorder can present many difficulties for a person in a group situation such as a classroom or learning centre, and also for those who have to teach and manage the learning environment. On the other hand, there would be very few people reading this briefing sheet who could honestly say that they have never thought or acted in the ways described. Some clinicians are uneasy about diagnosing personality disorder, because many people who present with personality difficulties have traits that are common to several types of classification of personality disorder. It helps to think of us all being on a spectrum or a scale and to realise that 'we all have a personality and none of us is perfect'.

Borderline personality disorder is characterised by significant instability of interpersonal relationships, self-image and mood, and impulsive behaviour. There is a pattern of sometimes rapid fluctuation from periods of confidence to despair, with fear of abandonment and rejection, and a strong tendency towards suicidal thinking and self-harm.

Box 1: Borderline Personality Disorder

People with anti-social personality disorder exhibit traits of impulsivity, high negative emotionality, low conscientiousness and associated behaviours including irresponsible and exploitative behaviour, recklessness and deceitfulness. This is manifest in unstable interpersonal relationships, disregard for the consequences of one's behaviour, a failure to learn from experience, egocentricity and a disregard for the feelings of others. The condition is associated with a range of interpersonal and social disturbance.

Box 2: Anti-social personality disorder

You may believe that there are special reasons that make you different, better or more deserving than others, but because your self esteem is rather fragile, you rely on others to recognise your worth and needs. However, other people frequently overlook your special needs and fail to give you what you feel you deserve, so that you feel badly done by, and grudging of others success. Because of this, you put your needs above other peoples and demand they cater to you. People are likely to see you as selfish, because you miss or ignore what your expectations cost them.

(MIND, 2010)

Box 3: Narcissistic personality disorder

Personality disorder in adults has its origin in childhood. It is thought that it is caused by a number of factors to do with the brain we are born with and what happens to us as we grow up and through life. It is likely to be a combination of these factors, but the NICE Clinical Guidelines highlight in particular the impact of early life experiences on the circumstances in which people find themselves in later life:

People with ASPD (Anti-Social Personality Disorders) have often grown up in fractured families in which parental conflict is typical and parenting is harsh and inconsistent. As a result of parental inadequacies and/or the child's difficult behaviour, the child's care is often interrupted and transferred to agencies outside the family. This in turn often leads to truancy, having delinquent associates and substance misuse, which frequently result in increased rates of unemployment, poor and unstable housing situations, and inconsistency in relationships in adulthood. Many people with ASPD have a criminal conviction and are imprisoned or die prematurely as a result of reckless behaviour.

NICE (2009 b)

Personality disorder and social exclusion

People with a personality disorder often experience anguish, rejection, disadvantage and social exclusion. Having a personality disorder can also be linked to experiences of loneliness, being marginalised and socially excluded. Individuals are more likely to experience adverse life events such as relationship difficulties, housing problems and long-term unemployment, and it is more prevalent in certain groups. It is estimated that between 50-78% of offenders have personality disorder. People with personality disorder are also at risk of developing other mental health conditions, in particular depression, self-harm, eating disorders and substance misuse. It is estimated that between half and three-quarters of people who commit suicide have personality disorder (DH 2009).

It is clear that personality disorder can be borne out of social exclusion and disadvantage and that it profoundly impacts on people's life chances and quality of life.

Until 2002, doctors and nurses were taught not to diagnose personality disorder unless there was no other option. This was because, at that time, personality disorder was thought to be incurable. This in turn meant that people were excluded from services and therefore unable to get the support they needed. People with personality disorder can, without realising it make heavy demands on any services and stir up emotions in professionals, which can lead to unsympathetic responses from services. This can make people worse and create a 'cycle of rejection' and can lead to chronic social exclusion. For some people the diagnosis of personality disorder is still very contentious and many feel that the label of personality disorder can itself be a cause of exclusion and discrimination and refer to it as a 'diagnosis of exclusion'.

Though it is important to recognise and acknowledge the difficulties people with personality disorder have and to understand how this impacts on their contact and relationships with others, it is also critical to hold on to the fact that people are never 'all bad'. However difficult and traumatic a person's life experience has been, they will still have positive attributes and abilities, will have acquired skills and, like everyone else, will have untapped and unfulfilled potential, and hopes and ambitions for their future.

Within the learning and skills sector, it is not usually helpful to know a learner's mental health diagnosis since it tells us little, if anything, about how that person will be, or what they will want to achieve, as a learner. In the case of personality disorder we are making an exception because we believe that by beginning to understand why people may have developed personality disorder and how this impacts on the relationships they have with others around them, we may be able to get beyond the feelings of frustration, blame and hostility that can be evoked and begin to work in a more constructive and positive way. In so doing, we may begin to break the cycle of rejection and create more optimistic and hopeful ways of being for people with personality disorder and to promote an increased sense of wellbeing for all of us.

Policy context

Such is the concern for the damaging effects that having personality disorder can have on individual's lives, families and communities that the government has in recent years produced a number of policy documents that make specific reference to personality disorder. Details are listed [at the end of this paper](#) and include:

- Personality Disorder: No longer a diagnosis of exclusion (2003);
- Reaching Out: An action plan on social exclusion (2006);
- Mental Health Act (2007);

- The Bradley Report: Lord Bradley’s review of people with mental health problems or learning disabilities in the criminal justice system (2009);
- Recognising Complexity: Commissioning Guidance for personality disorder services (2009);
- LSC Mental Health Strategy – The Way Forward: Implementing the vision of learning for living and work (2009);
- New Horizons. A shared vision for mental health (2009);
- Working our way to better mental health: a framework for action (2009); and
- Realising ambitions: Better employment support for people with a mental health condition (2009)

Within all these policies, there are overarching aims which set out the direction of travel across key government departments. They are:

- To improve an individual’s quality of life and health and wellbeing and to reduce suicide and destructive behaviours;
- To help people get back to work and education; and
- To reduce pressure on staff and public sector organisations.

While personality disorder has not been an overt area of development work for policy and practice in the further education sector, social inclusion and social mobility are key policy drivers as increasingly is the health and wellbeing of young people and adults while they are learning and studying. Addressing the needs of people with personality disorder should be an inherent part of the drive to promote social inclusion, social mobility and wellbeing through further education.

3. Benefits of learning (or why learning can be valuable for recovery)

Adult learning practitioners often see that successful learning has positive, beneficial and at times transformational effects for learners and that learning makes people feel better about themselves and their lives. More recently, research and accumulated evidence has shown that while the relationship between participation in adult learning and mental health and wellbeing is non-linear and that adults life courses are complex and highly context-dependent, there is nevertheless a clear and positive relationship (NIACE, 2009). Adult learning appears to impact on mental health and wellbeing through a series of mediators:

- Confidence and self-efficacy. Studies consistently show that adult learning produces gains in confidence across a range of contexts. Increasingly research shows how confidence and self-efficacy (and indeed self-esteem) relate to adult learning (Field 2009). Confidence and self-efficacy is a belief in our ability to do something in a

specific situation and to be able to put that belief into action and into our behaviours. Learning often gives learners a different sense of themselves, a belief in their ability to achieve and to cope and deal with life's challenges. This is true for all learners but as the case studies below illustrate learning can impact on and produce effects in learners that are sometimes unanticipated:

I have returned now returned to studying mainly maths and IT related courses....I am really proud of the achievements I have made over the last 3 years. I feel that what I am currently doing is just fine, nothing else could be better. I have used education as a way of understanding and developing a sense of myself.

Male Learner, Peaks Unit

- **Employment and employability:** Success in learning improves an individual's chances of getting a job and of getting on at work. For those in work it can also lead to income gains particularly for those who are on a lower income to begin with and for those with improved performance in literacy and numeracy (Field 2009). Learning also enables people to acquire employability skills such as problem solving skills, the ability to use ones initiative and team working skills. Activities undertaken when learning help us to develop the skills to order our thoughts and to present a convincing argument and to learn how to organise ourselves and manage our time.
- **Optimism and hope for the future:** Studies show that participation in learning has a positive impact on adults' level of life satisfaction. Learners report feeling a sense of agency and control over their lives through their participation in learning (Field 2009). It provides a sense of purpose, staged goals to achieve and an ambition to fulfil.

I started studying again 2 years ago, at the age of 40. I have a good relationship with lecturers who have helped me to understand what helps me most... I have also been helped to develop organisational skills and now I don't find I get as overwhelmed or frustrated. I have developed confidence in my abilities and am now happy to ask questions and to seek help and advice.

Male Learner, Peaks Unit.

- **Social activity and support networks:** Research has shown that participation in learning tends to enhance social capital, by developing social competencies, extending social networks and promoting shared norms and tolerance of others. Learning can be most effective when it is a collective activity. When engaging in learning, learners can acquire and develop skills of speaking and listening, of working collaboratively and of seeing things from a different perspective. Participation in learning can be an opportunity to make friendships and widen social networks. Adults who participate in learning tended to be more socially active and to go out more and identify more people that they could turn to for help (Field 2009).

Some people reading this section on the benefits of learning will also see the synergy between the wider benefits that people accrue from positive learning experiences and the recovery process. Recovery, in relation to a mental health condition isn't about being symptom free but is about having a belief in one's self, a sense of meaning and purpose in life and being able to feel a sense of hope and optimism in the future. The four pillars of recovery are:

- Hope – being able to envisage a future trajectory in which the individual can see themselves
- Empowerment
- Self-Responsibility
- A Meaningful Role in Life

Recovery in mental health advocates a shift from a focus on the protection of the individual to one of empowerment, harm reduction and personal responsibility. It is often described as a journey as people progress towards a new sense of self and purpose. Support is important as people deal with the triumphs and challenges as they go through their journey. In a similar vein, in FE we often talk about the learning journey as learners embark on and progress through their learning programme, travelling through various stages. This can result in a new sense of one's self and of one's capabilities and a growing realisation and hope about how these may be put to good use.

Although learning can have a positive impact, it can also be negative and cause damage. Adults often come back into learning having had unfulfilling, upsetting and even harmful experiences of initial education. Subsequent experiences of trying to return to further education may also have been unsatisfactory, particularly if learning needs have been misunderstood and/or have not been met. This can further exacerbate negative feelings and be detrimental to wellbeing. For adults with a history of rejection, alienation and exclusion, returning to further education is a risk.

From the age of 10 I went to a boarding school for children with social, emotional and behavioural difficulties. I gained no formal qualifications despite staying at school until 16. I always felt bottom of the class, I just could not keep up with the work. I did not receive much 1:1 support and found I lost all confidence. This was made worse at home as my two brothers were much brighter than me and I was ridiculed by my own family members. After school I attended a local FE College where I studied for a vocational qualification but mid way through the course I left as things just got on top of me and I could not cope with the pressure.

Male Learner, Peaks Unit

As noted earlier, unsympathetic or hostile responses from services exacerbate feelings of rejection and make matters worse. The need to manage the learning journey effectively and appropriately is paramount.

B joined the local Adult Community College (ACC) to work on her English GCSE as she realised that this was the barrier to her learning. Unfortunately, the class was too big at ACC and disruptive so she had to leave because she became too anxious. There may have been a solution if the College had given B more support for literacy and followed up the disclosure of her mental health needs upon application, the college may have been better equipped to fully support B's learning needs. Open and frank discussions could have resolved many of the barriers/difficulties that she faced. There was no time to speak to the tutor at lesson time before or after, and they appeared too busy to engage, this also fed into B's lack of confidence in feeling unworthy and undeserving of being heard or helped.

Female Learner, The Haven Project

4. Current guidelines on providing therapeutic support to people with personality disorder

The Department of Health in writing about the development of therapeutic services for people with personality disorder states *'Currently, we do not have a body of research clearly indicating which interventions and service models effectively deliver positive outcomes for PD. However, NICE guidelines and a growing body of best practice experience and evaluations help us to distinguish what is most promising'* and *'Most importantly, there is growing consensus from clinicians and service users around the outcomes services should be aiming for, whatever the interventions used.'* (DH 2009)

Numerous psychological treatments such as Dynamic Psychotherapy, Cognitive Therapy, and Dialectic Behaviour Therapy are available. There are also interventions aimed specifically at offending behaviour, such as Thinking Skills and Anger/Violence Management. The overall the guiding principles of effective therapy for personality disorder are that therapy should:

- Be well structured;
- Devote effort to achieving adherence;
- Have a clear focus;
- Be theoretically coherent to both therapist and patient;
- Be relatively long term;
- Be well integrated with other services available to the patient; and
- Involve a clear treatment alliance between therapist and patient (NIMHE, 2003).

Other research and guidelines identify additional principles for effective support and therapy for people with personality disorder, highlighting:

- That consistency seems to an important factor. Many adults with personality disorder have experienced inconsistency in their upbringing and have not received the stability and validation of their thoughts and feelings that have enabled them to be able to form appropriate relationships and to deal with stress and problems constructively. Furthermore it could also be that people with personality disorder *'often receive limited and inconsistent care [from services] that mimic their own internal turmoil'* and it is argued that, regardless of any setting, professional background or role *'offering consistent support.....taking every opportunity to assist the service user in learning from experience, and developing strategies'* can lead to successful outcomes (Raven, 2009).
- A focus on recovery and on developing coping strategies, rather than only being involved when it is a matter of risk management or crisis. Recovery, in this context, does not mean being cured or about being symptom free. Recovery is what people

experience themselves as they become empowered to achieve a meaningful life and a positive sense of belonging in the community.

- The development of user-led comprehensive support plans that specify potential triggers for the person and the course of action to be taken when in distress.

In December 2007, the Department of Health and the Ministry of Justice commissioned the development of a national framework to support people to work more effectively with personality disorder. Subsequently, the Knowledge and Understanding Framework (KUF) has been developed with the key goal of improving service user experiences by developing the capabilities, skills and knowledge of the multi-agency workforce in Health, Social Care and Criminal Justice who are dealing with the challenges of personality disorder. This educational package is in three levels: a Personality Disorder Virtual Learning Awareness Programme, an Undergraduate Degree Programme and a Masters Degree Programme. (www.personalitydisorder.org.uk/training/kuf).

Service users have also identified what they believe to be helpful features of personality disorder services (NIMHE, 2003). These include:

- Early interventions, before crisis point;
- Specialist services, not part of general mental health services;
- Choice from a range of treatment options;
- Individually tailored care;
- Therapeutic optimism and high expectations;
- Develops patients skills;
- Fosters the use of creativity;
- Respects strengths and weaknesses;
- Good clear communication;
- Accepting, reliable, consistent;
- Clear negotiated treatment contracts;
- Focus on education and personal development;
- Good assessment and treatment link;
- Conducive environment;
- Listens to feedback and has strong voice from service users;
- Supportive peer networks;
- Shared understanding of boundaries;
- Appropriate follow up and continuing care;
- Involves patients as experts;
- Attitudes of acceptance and sympathy; and
- Atmosphere of 'truth and trust'.

For many adult learning practitioners looking at the lists of what makes effective therapy and what service users want from services it is not be too much of a leap to see how, perhaps with a change of one or two words, it relates closely to what makes good teaching and learning and the value of adult learning to individual and societal wellbeing.

Furthermore, secure services for people with personality disorder do provide educational opportunities, within which there is expertise in teaching and learning. Within the education department at the Peaks Unit for men with dangerous and severe personality disorder, good practice in teaching and learning is identified:

One of the key issues regarding teaching individuals with personality disorder is the approach that teachers should take if they want to get the best out of their learners. Teachers should be flexible in their approach, desire learners to achieve and support them through the learning journey. Teachers should be caring and create a positive atmosphere and a trusting relationship in the classroom. Due to the nature of individuals with personality disorder they find it difficult to form relationships, both personal and professional. Trust is something that takes a long time to build and therefore continuity of the same members of staff is important, if possible. Self esteem and self confidence in many learners diagnosed with personality disorder is very low. Raising self esteem is vital, a 'small steps' approach with clear SMART [Specific, Measurable, Achievable, Realistic and Time-limited] targets works well as does evidencing progress and achievements.

The learning environment is important. Small groups are preferable as well as allowing learners with personality disorder flexibility e.g. to sit in the same place, work at the same computer, bring their own equipment to lessons e.g. headphones. During lessons it is important to give individuals thinking time: time to absorb information. Medication for personality disorder can affect individuals in different ways e.g. making them tired, stopping intrusive thoughts – however, this can also stop thinking in other areas which impacts on someone's ability to concentrate and remain focused. For others, they report having a lot of thoughts going on so adding extra work that requires processing can create a feeling of 'overload'. Memory can also be affected so recall of information previously learned can be difficult. Individuals feel under pressure to 'keep up' with others, making learning feel more complex and problematic. Giving up can feel easier and seem like the only way out.

Perdita Jackson, Education Department, Peaks Unit

5. The importance of collaboration and partnership working

In this time of evolving and developing services and interventions, it seems like a good opportunity to develop ways of shared learning across all the services that people with personality disorder come, or may come into contact with. Services and people who work in them often have a language to describe how and what they do and a set of assumptions about the work that they do, that is not immediately obvious or apparent to others outside of those services. Somehow, we need to go through a process of unpacking the language and meaning in all the research and evidence that is available on what those therapeutic services and interventions should look like, and then examine how they can be translated and used in other services, such as further education. We can learn from those working in educational departments in secure settings for people with personality disorder and adapt their practice to fit practice in further education. We can learn from people with personality disorder about what helps and what doesn't help in supporting them to access and succeed in learning and skills. Likewise, we need to explore and share what we know about what makes good teaching and learning opportunities for people who find it hardest to access further education, in particular people with a mental health condition, and in so doing hope to find common themes and common ground. To do so would mean that people using services would be more likely encounter consistent approaches. Services might find it easier to work together, and be more likely to collaborate than duplicate services and be more confident about referring or jointly supporting an individual.

As a starting point, this briefing sheet explores the NICE clinical guidelines 77 and 78 and research articles that highlight current thinking about what is good practice and commissioning guidance upon which services for people with personality disorder can be developed. The table below shows some of the relevant aspects of the key priorities for implementation taken from the NICE guidelines on the treatment and management of personality disorder and alongside them are what the key priorities would be if they were 'translated' to the further education sector:

Key priority	Implementation for health and social care providers	Implementation for further education providers
Access to Services	People with personality disorder should not be excluded from any health and social care service because of their diagnosis or because they have self-harmed	People with personality disorder should not be excluded from any further education because of their diagnosis or because they have self-harmed
Autonomy and Choice	<p>Work in partnership with people with personality disorder to develop autonomy and promote choice by:</p> <ul style="list-style-type: none"> Ensuring they remain actively involved in finding solutions to their problems, including during crises Encouraging them to consider the different treatment options and life choices available to them, and the consequences of the choice they make 	<p>Work in partnership with people with personality disorder to develop autonomy and promote choice by:</p> <ul style="list-style-type: none"> Encouraging them to consider different learning opportunities, and the implications, benefits and requirements of those choices Ensuring they remain actively involved in their learning through tutorial and learning support
Developing optimistic and trusting relationships	<p>When working with people with personality disorder:</p> <ul style="list-style-type: none"> Explore treatment options in an atmosphere of hope and optimism, explaining that recovery is possible and attainable Build a trusting relationship, engaging and non-judgmental manner, and be consistent and reliable Bear in mind when providing services that many people will have experienced rejection, abuse and trauma, and encountered stigma often associated with personality disorder 	<p>When working with people with personality disorder:</p> <ul style="list-style-type: none"> Explore different learning opportunities in an atmosphere of hope and optimism, explaining that success and achievement in learning is possible Build a trusting relationship, engaging and non-judgmental manner, and be consistent and reliable Bear in mind when providing learning opportunities that many people will have experienced rejection, abuse and trauma, and encountered stigma associated with personality disorder.
Multi-agency care	<p>Provision of services for people with personality disorder may involve inter-agency working. Services should ensure that there are clear pathways, so that:</p> <ul style="list-style-type: none"> Various interventions are available There is effective communications between clinicians and organisations. <p>Services should consider establishing multi-agency personality</p>	<p>Providing learning opportunities for people with personality disorder may involve inter-agency working. FE providers should ensure that:</p> <ul style="list-style-type: none"> Other non-educational interventions and support are available to support the learner to remain in learning There is effective and appropriate communication between FE staff and staff in other organisations <p>FE providers should consider establishing effective collaboration and networks with other agencies involved in supporting people with personality disorder , and involve people with personality disorder, so</p>

	<p>disorder networks, that involve people with personality disorder, and which should:</p> <ul style="list-style-type: none"> • Take a significant role in training staff, including those in health and social care and in the criminal justice system • Have resources to provide specialist support and supervision for staff • Take a clinical role in developing standards for and development of clinical pathways • Monitor the effectiveness of clinical pathways 	<p>that:</p> <ul style="list-style-type: none"> • Staff can access any appropriate resource, support, supervision or training to develop their skills to support learners with personality disorder • Staff can work with other organisations to develop pathways that support greater social inclusion for people with personality disorder through participation in learning and skills
Involving families and carers	<p>Ask directly whether the person with personality disorder wants their family or carers to be involved in their care, subject to the person's consent and rights to confidentiality.</p>	<p>Ask directly whether the person with personality disorder wants their family or carers to be involved in their learning, subject to the person's consent and rights to confidentiality. People with personality disorder can also be parents and/or carers, and this can impact on their chances of accessing learning and needs to be considered.</p>
Managing endings and transitions	<p>Anticipate that withdrawal and endings of treatments or services, and transitions from one service to another, may evoke strong emotions and reactions in people with personality disorder. Ensure that:</p> <ul style="list-style-type: none"> • Such changes are discussed carefully beforehand with the person (and the family or carers if appropriate) and are structured and phased • The care plan supports effective collaboration with other care providers during endings and transitions, and includes the opportunity to access services in times of crisis • When referring a person for assessment in other services, they are supported during the referral period and arrangements for support are agreed beforehand with them. 	<p>Anticipate that going into and progressing on from a learning opportunity can evoke strong emotions and reactions in people with personality disorder. Ensure that:</p> <ul style="list-style-type: none"> • Starting a learning opportunity, progressing to another opportunity or moving on from learning is discussed carefully with the person (and the family and carer if appropriate) and is structured and phased • That any plans (notes from guidance interviews or Individual Learning Plans) support effective collaboration internally and externally to the FE provider during any times of transition.

Again, it is easy to see the synergy and common ground between health and social care providers and further education providers in how we can support people with personality disorder and create a consistency of approach across different services.

6. The learner journey

How do we develop good teaching and learning for people with personality disorder

The stages the learner goes through as they move into, progress through and on from learning is often referred to as the learner journey. In order to support learners to access, succeed in and on from learning, providers will need to create an environment with the necessary policies, procedures and support structures in place to enable that to happen. This process needs to start before a learner embarks in learning and learning providers need to anticipate and prepare for learners to begin their learning journey. This includes ensuring that the organisation is a welcoming and accessible environment so that people who do not traditionally access adult learning are encouraged and supported to participate in learning. For learners with disabilities, including mental health conditions and personality disorder this is a legal requirement, so that any additional support is in place as soon as a learner starts to learn. This section looks at the stages of the learner journey – preparation, partnership working, access, learning and achievement and progression. In this next section we look at what providers might do at each stage so that learners with personality disorder can access and succeed in learning. Each stage it is mapped back to the guidelines for providing therapeutic support for people with personality disorder, so that we can begin to see how we can develop consistent supportive services. This is not an exhaustive list because at every stage it is important to consult and involve service users and learners with personality disorder in order to develop truly responsive services.

Learner Journey stage	Implementation	Link to guidelines for therapeutic support
Preparation	<ul style="list-style-type: none"> • Begin and sustain a programme of whole organisational awareness training • Identify training needs of all staff – teaching and non-teaching • Review existing procedures, such as Safeguarding, Risk Management, Bullying and Harassment, Disciplinary procedures and the Single Equality Scheme to ensure they are mindful of the needs of people with personality disorder • Sign up to be a Healthy FE provider or a Mindful Employer in order to formalise all of the above 	Access to Services
	<ul style="list-style-type: none"> • Consult and involve learners/service users in the development of your service 	Autonomy and choice
	<ul style="list-style-type: none"> • Ensure that marketing and written information about opportunities for people with personality disorder is welcoming and aspirational. 	Developing optimistic and trusting relationship
	<ul style="list-style-type: none"> • FE providers should understand that in order to persist in their learning, people with personality disorder may need to have other social and emotional supports needs met, such as housing support, counseling or therapy, support from probation services. A mapping exercise of local services and key personnel can be helpful preparation 	Multi-agency care
	<ul style="list-style-type: none"> • Recognise that families, particularly children, can be the motivation for some adults to return to learning, it is important to recognise this positive sense of motivation. • Acknowledge that family members and carers can provide important support and encouragement when the learner’s confidence or motivation is low 	Involving families and carers
	<ul style="list-style-type: none"> • The academic year has many transition points that can cause stress, such as enrolment and term starts, term endings, course deadlines and exam dates. Ensure that necessary support is available at those pressure points 	Managing endings and transitions

Partnership working	<ul style="list-style-type: none"> • Make contact with local personality disorder (PD) services or other agencies that have contact with people with personality disorder • Put in place referral processes • Learning opportunities should fit in with and support any mental health or therapeutic support. 	Access to services
	<ul style="list-style-type: none"> • Keep PD services and other agencies up to date with the range of opportunities and support available so that they can discuss and encourage service users to consider different options • Involve and work with service users and service user led organisations. Listen and learn from what works for them. 	Autonomy and choice
	<ul style="list-style-type: none"> • Learners are aware of the partnership working arrangements and clear on how they work and who can provide what support • Learners are included in all discussions about their learning and progress 	Developing optimistic and trusting relationships
	<ul style="list-style-type: none"> • FE providers to link with PD networks and services to negotiate or commission appropriate training for all FE staff in working with and supporting learners with personality disorder • FE providers to collaborate with PD services to support and develop service user/learner involvement by providing opportunities and/or training for involvement. • Staff are given the necessary time to develop effective working relationships with PD services and agencies involved in supporting people with personality disorder 	Multi –agency care
	<ul style="list-style-type: none"> • If the learner consents, encourage family or carers to be involved • Identify opportunities where family members may learn together. E.g. through family learning 	Involving families and carers
	<ul style="list-style-type: none"> • Ensure that the necessary support is in place to ensure that transition between services and provision is smooth • If referral is made to another service ensure that the learner is involved in the process, that the purpose is clear and support is available to deal with any anxieties 	Managing endings and transitions

Access	<ul style="list-style-type: none"> • Review your marketing strategies and materials to ensure they are inclusive and welcoming • Work with PD services and other agencies to develop supportive pathways to encourage people with personality disorder to think about and try out learning. • Support people to declare a personality disorder if appropriate • Recognise that people with personality disorder may have other mental health conditions that impact on their ability to access and succeed in learning and skills • Recognise that people with personality disorder may have a learning difficulty or disability that impact on their ability to access and succeed in learning and skills • Ensure that any learning opportunities and support available is culturally appropriate and gender sensitive 	Access to services
	<ul style="list-style-type: none"> • Ensure access to Information, Advice and Guidance so that the learner is aware of the range of options available • Be respectful of the rights of people with personality disorder in passing on personal information and of their right to confidentiality. • Ensure that the learner is actively involved in the decision making process, and is fully aware of the implications of all their choices • Involve service users and learners in the development of accessible environments and processes that support and encourage participation 	Autonomy and choice
	<ul style="list-style-type: none"> • Learners have learning goals that reflect their aims and aspirations and have learning plans that plot their progress towards them 	Developing optimistic and trusting relationships
	<ul style="list-style-type: none"> • FE providers may need to provide reciprocal training to personality disorder services to ensure that staff are 'education' aware and therefore better able to support service users to access and succeed in learning opportunities 	Multi-agency care
	<ul style="list-style-type: none"> • Ensure that families and carers are given the necessary information in order to help support the learner with personality disorder. • Ensure the learner has information about childcare 	Involving families and carers

	<ul style="list-style-type: none"> • Acknowledge that accessing learning can present many barriers and anxieties for people with personality disorder so make available staged and structured opportunities to take up learning • Acknowledge that when starting learning the learner may need more support, which can then be reduced as the learner becomes more confident and comfortable 	Managing endings and transitions
Learning and Achievement	<ul style="list-style-type: none"> • Ensure that learners have access to information about learner support e.g. childcare, access funds • Ensure that learners have access to information about learning support and are aware of reasonable adjustments that can be made • Be aware that for some learners the social aspects of learning can be the biggest challenge and thought may have to be given to the learning environment the learner is in. 	Access to services
	<ul style="list-style-type: none"> • An Individual Learning Plan (ILP) is developed with the learner. • Through the ILP ensure that the learning opportunities build on the learners aspirations and strengths • Any learning support is discussed with the learner. Learning support should be appropriate, and complement and build on the individuals coping strategies • Be open and honest about the expectations placed upon learners and the responsibilities of being in a learning environment • Learners can work at their own pace and at the right level • Support learners to identify their learning styles and how they learn best • Help learners to develop good study skills and organisational skills to plan their work • Give learners time to reflect upon what they have learnt and to recognise their achievements. • Help learners develop strategies for dealing with 'off days'. • Discuss with learners, where appropriate, what would help most in the event of a crisis, and if necessary develop 'advance statements' and crisis plans with the learner • Discuss, where appropriate, the management of risk and safeguarding in respect to the learner, other learners and staff, and if necessary develop risk management or safeguarding plans with the learner • Involve learners in the development of good teaching and learning opportunities and in training and awareness raising for teachers on what good teaching and learning looks like 	Autonomy and choice

	<ul style="list-style-type: none"> • Identify one named person as a point of contact for the learner, so that through tutorials or through mentoring someone has a 'holding' role throughout the individual's learning journey • Staff need to be honest and consistent about what support they can give and when and how to refer for more appropriate support when necessary. Staff need to know that being unclear about boundaries can be very unhelpful • Staff need to be non-judgmental and look at behaviour and try to understand what causes it • Through regular reviews of progress staff can help learners identify and acknowledge their learning successes • Teaching staff should ensure feedback given on work is positive and encouraging but also sets realistic goals and challenges • Staff should help to foster friendly and accepting learning environments where all learners feel welcomed and valued. • FE providers should try to ensure consistency of staff and room allocations for learners • All staff should have access to appropriate training so that they feel confident and competent in working with learners with a personality disorder 	Developing optimistic and trusting relationships
	<ul style="list-style-type: none"> • Learners are made aware of the range of support available from other organisations that can help them to remain in and persist with their learning, such as benefits advice, using personal budgets, counseling and therapeutic support. 	Multi-agency care
	<ul style="list-style-type: none"> • Acknowledge that as learners achieve and succeed in learning it can contribute to their personal growth and development. Family members and carers can support this change in learners and ,may need to make their own internal adjustments to the change • Recognise that the personal growth and development achieved by learners can be threatening and worrisome to some family members. Learners may need support to handle this • Recognise that childcare and caring responsibilities can present the learner with additional challenges to remaining in and succeeding in learning 	Involving families and carers
	<ul style="list-style-type: none"> • Help the learner to recognise their achievements and successes and how these can be built on in any further opportunities they take up. 	Managing endings and transitions

Progression	<ul style="list-style-type: none"> Learning is not an end in itself and progression planning should be embedded in to the learning programme 	Access to services
	<ul style="list-style-type: none"> Provide on-going reviews of progress with the learner and explore opportunities for progression when appropriate 	Autonomy and choice
	<ul style="list-style-type: none"> Learners are made aware of learning pathways and progression routes and know that these are a possibility for them. 	Developing optimistic and trusting relationships
	<ul style="list-style-type: none"> FE providers to work with PD services and other agencies to develop progression pathways into and on from FE provision as people move through different tiers of PD services or from other settings such as prisons and hostels 	Multi-agency care
	<ul style="list-style-type: none"> Progressing in and moving on from learning can be stressful, families and carers can provide support and motivation 	Involving families and carers
	<ul style="list-style-type: none"> Begin any progression plans early so that options can be discussed and early support made for transition. Ensure that progression plans are staged and structured Make clear the end dates of courses and term dates and have plans in place for beyond those dates Encourage the learner to make us of wider networks such a family, carers or friends made during learning during times of transition 	Managing endings and transitions

Much of what makes good teaching and learning for people with personality disorder is the same as it is for any learner, but the level of support or the emphasis placed on managing certain aspects of the learning journey may need to vary for some learners. This will be different for every learner, but for learners with a personality disorder it is worth noting and highlighting where you might need to anticipate a more responsive and attuned way of working.

Staff confidence and competence

- All staff need to be aware of personality disorder and how that impacts on an individual's ability to relate to other people. This includes being aware that certain situations and social encounters can evoke feelings that cause people to react and behave in certain ways, which they may not be aware of. It can appear as if the learner with a personality disorder is trying to sabotage themselves or others, to manipulate others, or is trying to create a crisis or being overly demanding. Staff should be aware that their actions can either help or hinder the situation, and need to have the ability to look beyond the presenting behaviour to try and understand what may be causing it. This includes teaching and learning support staff but also staff in learning centres and libraries, advice and guidance staff, counselling staff, and security staff, so that as learners access all aspects of the learning environments they feel respected and valued as learners.
- Providers should consider whether to put in place a 'named person' who the learner can turn to and rely on throughout their learning journey. This person could be a tutor, mentor or learning support assistant. They would have 'holding role' for the learner and act as a mediator, broker or advocate as the learner goes through each stage of the learning journey. The named person may need a more in-depth awareness of personality disorder and additional support and training to develop their skills. They may be the person in the organisation who has the primary link with local personality disorder services and they can also act as a 'sounding board' for other staff who have contact with the learner and thereby support a consistent approach. They will need to be mindful of confidentiality.
- All staff, but particularly those in a 'named person' role or who have more contact with a learner with personality disorder need to be particularly aware of the boundaries and parameters of their role. The challenge is to develop strong and positive relationships without stepping outside of the limitations of the job role and expertise. This can be difficult when staff want learners to do well and feel positive about their learning but can get drawn in to trying to solve all their problems. Positive learning experiences can also have beneficial effects on learners' wellbeing, but it is good teaching and learning that produces this effect and staff need to remain grounded in this rather than seeing themselves as having a 'therapeutic' role. To overstep professional boundaries can be

damaging for the staff member and the learner. Managers have a responsibility to support staff to maintain their boundaries.

- Learning providers should consider how they will do this. Mentoring or 'supervision' can be a useful way to do it as it allows the staff member to reflect upon their role and the dynamics of their interaction with learners. A productive aspect of partnership working with personality disorder services can be the setting up of mentoring or supervision opportunities so that staff have opportunities to reflect or off load without compromising learner confidentiality. Working with learners can be fascinating and rewarding but it can have its stresses. In order to work in a positive and constructive manner with learners, it is important that staff are able to maintain their own mental health and wellbeing.
- Staff who feel confident in their skills and in their role are better able to support learners. People with confidence are generally calm, patient and secure in their role and able to maintain their boundaries. Confident people are also able to see abilities in other people and can be supportive of them in dealing with their anxieties and fears. Staff who are calm and clear about what they can and cannot offer can be supportive of people when they are anxious or distressed and can stand their ground in the face of hostility, which can often prevent situations escalating. Providing training, support and opportunities for reflection through continuous professional development helps people to be confident and effective when working with learners.

Whole organisation processes and procedures

- Further education providers need to have in place procedures for dealing with issues such as risk, crisis, harassment and bullying. These procedures are designed to protect and enable all learners and staff to learn and work safely in a learning environment. Policies and procedures should not be set up to exclude any group of learners.
- Some people with personality disorder self-harm. Developing a policy and process for coping with self-harm, which is underpinned by staff training in how to provide both physical and emotional first aid and appropriate support to someone who has self-harmed and also support to staff and other learners who may be affected by a learner's self-harm is useful.
- Many people with personality disorder may also have other mental health conditions such as depression and anxiety. Some people with personality disorder may also have a learning difficulty. These may mean that a learner will need more support in order to access and succeed in their learning.
- Some people with personality disorder may misuse drugs and/or alcohol. Learners will need to be made aware of the provider's policies on this and of the implications of overstepping the rules. Staff need to be aware of where they can refer people for support and help with if required.

- It is important to acknowledge that learners can have ‘bad times’ or crises, so working with learners to develop crisis plans or advance notice plans is helpful. This helps give learners with a personality disorder a sense of control, awareness over what will happen and who will be told at such times, and helps to allay anxiety for all. It also helps to discuss and plan preventative strategies so that crises can be averted where possible and ‘return’ plans agreed so that learners know they can come back, and that support will be given to help them catch up and settle back into learning.
- Involving learners with personality disorder can help learning providers to develop policies and procedures that are fair, respectful, supportive and inclusive. Involving learners in developing policies and procedures also helps them to understand the decision making process and the parameters in which organisations function and in which individuals have to operate.

The learning environment and the social aspects of learning

- Learning environments are social spaces and while this is a positive dimension of learning, it can bring about stress and anxiety for some learners. Helping learners with a mental health condition to manage the social aspects of learning can be particularly important. This can involve creating physical spaces where people can go to be quiet or de-stress. For some learners smaller groups sizes and aids such as headphones to block out background noise can be useful.
- Skilled teachers can also help this process through careful classroom management and use of teaching activities. This might involve watching that individuals aren’t excluded in group work or discussions, setting ground rules so that learners show each other respect and listen to each other, enabling learners to work together to share and appreciate each other’s skills and strengths.
- Peer group support from other people who have personality disorder can also help some learners. This requires a high degree of trust and openness but it can help some learners if they are able to test out their perceptions of situations with someone who understands the difficulties they may be facing.
- Listening to learners and involving them can be helpful to providers as learners help them understand what works and what doesn’t work in creating inclusive and welcoming environments. It can also be helpful to learners to be part of the processes and forums that providers set up in order to listen to and involve learners. These can be social processes and helpful in giving learners opportunities to speak and listen and engage with others around a common purpose. If done well they are also opportunities in which learners feel that their views are acknowledged and validated, which in turn builds confidence and trust.

Supporting success in and progression on from learning

- Dealing with change and making transitions can be difficult for some learners with a personality disorder. The role of the named person can be crucial. The named person can be the person who has the main link with personality disorder services and supports the initial transition into learning for the learners with personality disorder. As the named person gets to know the learner well they will also play a crucial role in supporting the learner to move on in learning and on from learning. This role can involve helping the learner to sort out practical arrangements, but it can also involve emotional support to help the learner acknowledge their achievements and identify the next steps on their learning journey.
- For many people, including those with personality disorder who have faced numerous rejections and exclusion it can be hard to be ambitious and to set goals for oneself because it can bring with it an inevitable sense of being knocked back again. It can feel too risky. A valuable role played by further education staff, but particularly those closest to the learner, is to believe in the ability of the learner and to believe in their success. Believing in learners enables them to take the risks of getting back into and succeeding in learning. This is not about giving learners false hope or unrealistic expectations but about having aspirations for learners while also being honest but positive about what it might take for them to get there.
- For many learners, including those with personality disorder, setting a goal and embarking on a learning journey to achieve it will need to be taken in small and secure steps. Good teaching and learning involves working at the pace of the learner, setting small and frequent achievable targets towards longer term goals. Steady and frequent achievement builds learners' confidence in their ability to learn and supports them in developing resilience for when learning gets harder or when the learner is facing a difficult time.

Having achievable targets is really useful. I need the step by step approach to see my progress

Male Learner, Peaks Unit

- Allowing time for reflection is also important. It helps learners to look at what they have achieved and the progress they have made. Learners may need help to align their thoughts on who they thought they were to who they seem to be becoming. Beginning

to see yourself as 'clever', 'capable', 'successful' can also feel risky and can need a period of adjustment.

- Some learners may be very ambitious and have high expectations of themselves, which can sometimes be at odds with the academic assessment of their abilities. Again it is important to be honest, clear and concise about what opportunities are available while not seeming to reject the person. It is important to remain calm and assertive in situations like this. Sometimes it can help to involve a third person - someone the learner trusts - in these discussions. It can require creative thinking to be able to offer solutions or to negotiate alternative packages of learning or support, so that the learner does not feel rejected or that they have lost face by backing down.
- Change and transition can be difficult for learners with personality disorder but putting the learner at the centre of the decision making process at all stages of the learning journey can help the learner feel in control of what is happening. Being clear and open at all stages about what is happening and why can also allay anxieties. We often think of transition points as being end points before we move on to something else, but learning can present many 'transitions' or stress points. For example, the end of term and then having to come back again after a break, handing in a piece of work or completing an assignment, work experience or one module ending and a new teacher teaching the next module. When we are familiar with the rhythms of the academic year and of the requirements of courses, it can be easy to overlook how unsettling they can be when people face them for the first time. For learners to succeed it is important to smooth out these transition points as far as possible by providing timely information, being open to questions, by being clear about expectations and requirements placed on learners and by providing calm reassurance. Additional support may be necessary to help learners develop self-organisation skills, study skills or time management skills. Practical support to help learners get to grips with library systems, or time given to orienting learners to large college building or to setting up study buddy schemes or befriending can also work for some learners.
- Some transitions are more significant, such as moving into learning for the first time or moving on from one learning provider to another, for example, when moving onto Higher Education or moving into employment. For these transitions, local partnerships can be very important. Staff from other agencies may need to step in and begin to develop a working relationship with the learner in advance in order to smooth out the transition into the next opportunity. This needs to begin in good time and with the learner at the centre of the process.
- It is always the hope that things will go well for learners and staff and that learners will achieve their learning goals, but sometimes things go wrong. Some pre-planning can help to put in place a 'What if...?' plan (a Crisis Support Plan or Advance Notice). Having

strong local partnerships can be crucial to making this work by providing another agency or organisation who will agree to step in and provide the necessary support at such times. But if all fails it is still important to think about ways of learning from the experience. Staff and learners may want to talk it through with an independent advocacy agency or individual such as a mental health Community Development Worker or Mental Health Advocate so that people are not left feeling blamed or a failure from the experience. Learners should not be left feeling that they have failed or been rejected again, they need to feel that they can have another go. Similarly, staff should not be left feeling that they have failed or are to blame, but need to reflect upon the experience and identify lessons learned for themselves and for the organisation.

I just couldn't keep up with the work. I need longer than other people to do the same work, not because I can't do it but because I have to really concentrate and sometimes during the same lesson I need the same instructions repeated several times. I appreciate there are time constraints with studies such as handing work in on time and sitting exams on certain days. In the past I felt under pressure by these constraints and gave up studying. I now realise giving in was not the answer.

Male Learner, Peaks Unit

7. Summary

This briefing paper is intended for primarily for managers, teachers and support assistants working within the Further Education learning and skills sector. We hope that it will also be of interest to people with personality disorder and to staff from health, social care and criminal justice services who want to commission or work in partnership to develop better learning opportunities for people with personality disorder. The provision of better learning opportunities can be an important way to tackle the chronic exclusion experienced by many people with personality disorder and can contribute to their recovery and wellbeing.

The briefing paper has suggested ways in which we can develop positive and constructive whole organisational approaches to achieving this and it is intended as a helpful starting point from which we can build our understanding. Clearly, we need to know more and certainly we cannot do this work in isolation. To develop better services we need to work more collaboratively together based on trust and an awareness of what each service can offer. We need to develop the shared understanding that results in a consistency of approach across all the services that people with personality disorder may come into

contact with. In essence, the capabilities, skills and knowledge being developed through the KUF, the NICE clinical guidelines and other work being done by organisations to support people with personality disorder should run like an invisible thread and find appropriate expression in all tiers of provision and certainly not forgetting tier 1 provision aimed at responsive community provision. Entry to education and employment is seen as a positive commissioning outcome for personality disorder services and this can only be achieved through shared understanding and better collaboration.

Finally, it is important to reiterate that this briefing paper has not been about defining and labelling learners with personality disorder as 'difficult'. It is instead about acknowledging the diversity of learners who come into adult education and while this provides a richness for the learning environment it can also at times bring challenges which if not handled thoughtfully and respectfully can be damaging and draining for all. We need competent and confident staff to be able to respond positively to these challenges. We need to involve and engage learners with personality disorder to help us understand and develop the provision they need in order to succeed. It is also about acknowledging that the learning and skills sector plays an important role in promoting social inclusion, social mobility and citizenship and in tackling the intractable social problems facing many of the communities in which further education providers are based. Learning providers cannot do this alone but must work in partnership. Services for people with personality disorder and service users must be a key local partner for further education providers and vice versa.

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10. Useful websites

<http://www.personalitydisorder.org.uk/what/>

<http://www.personalitydisorder.org.uk/training/>

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

<http://www.personalityplus.co.uk/>

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

<http://www.mentalhealth.org.uk/information/mental-health-a-z/personality-disorders/>

<http://www.niace.org.uk/current-work/area/mental-health>

http://www.rethink.org/about_mental_illness/mental_illnesses_and_disorders/personality_disorders/index.html

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/personalitydisorders/pd.aspx>

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Perdita Jackson – Peaks Unit

Suzy Challenger – NIACE

Kathryn James, August 2010

12. Feedback form

Your feedback is important to us. You can use this form or just send us an email. Please return it by post to: NIACE, Freepost LE3 066, Leicester LE1 7ZR (you do not need to use a stamp) or email: mentalhealth@niace.org.uk.

Do you have a story to tell about your experience as a person with personality disorder accessing adult/further education? It might have been a good or poor experience but telling us helps us to understand what really happens to people.

Do you have a story to tell of supporting learners with personality disorder to access and succeed in learning? Please tell us about positive and negative experiences.

In thinking about how people with personality disorder access and succeed in Further Education:

- a) What are the important things that help most?**
- b) What are the main things that stop this happening?**

When reading this briefing paper

- a) What was most useful or helpful?
- b) What wasn't helpful, or didn't you like?
- c) What did we leave out that you think should have been included?

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If you had three wishes to improve access to and success in further education for people with personality disorder what would they be?

1.
2.
3.

Are you happy for us to contact you if we would like to find out more about any of the above?

Yes No

If you said yes, please tell us your:

Name:

Role:

Organisation:

Telephone no.:

Email address: