East Midlands Care Programme Approach (CPA)
Social Inclusion Project

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NIACE has a broad remit to promote lifelong learning opportunities for adults. NIACE works to develop increased participation in education and training, particularly for those who do not have easy access because of barriers of class, gender, age, race, language and culture, learning difficulties and disabilities, or insufficient financial resources.

NIACE’s website is www.niace.org.uk

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Service users who told us about their experiences of learning
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This report sets out findings from a project carried out in the East Midlands, and recommendations to improve services for people with mental health difficulties. It is aimed at mental health teams and policy makers across England, but will be of interest and use to service users and learning providers as well.

Executive summary

This project was a joint National Institute of Adult Continuing Education (NIACE), National Institute for Mental Health in England (NIMHE; part of Care Service Improvement Programme (CSIP)) and Learning and Skills Council (LSC) project, launched in 2006. It aimed to gather data relating to learning and skills for people with mental health difficulties.

In recent years mental health related policies have emphasised the role of social inclusion – including education – in the recovery process. Government targets have been set that relate to raising education levels for people with mental health difficulties. This policy background underpins the project and the drive to increase learning opportunities for people with mental health difficulties.

Learning can have positive impacts on a person's mental health, such as by increasing social networks, confidence, skills and employability. Taking up learning can be a proactive route to better mental health. Taking up learning can be particularly beneficial for older people with mental health difficulties, although arguably the needs of older people have been sidelined in policy and planning arrangements in comparison to younger people. Whatever age, taking up learning can be a daunting journey and it is important the learner accesses provision, and receives support, that is right for them.

This project involved working with 15 mental health teams across the East Midlands working with service users on enhanced Care Programme Approach (CPA).1 Throughout the project, data was gathered via: an audit of case files to assess activity relating to learning; contact with services users to ascertain highest qualifications held; questionnaire research with mental health practitioners; and interviews with service users involved in learning.

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1 CPA is an approach to providing care and treatment for people of working age in contact with specialist mental health services. Enhanced CPA indicates a higher level of need than standard CPA. More information is provided later in the report.
Findings show that the service users in the sample have significantly lower qualifications than the general population. Only 38 per cent of the sample holds qualifications at Level 2 or above, compared to 68 per cent of the general working-age population of the East Midlands. Thirty-one per cent of the sample holds no qualifications, compared to 12 per cent of the general working-age population of the East Midlands. The over 56-age group fared particularly badly.

An audit of case files revealed that for many people on enhanced CPA the process has not included specific discussions, assessments and the formation of actions relating to their learning and skills needs. The findings show that: in only 37 per cent of case files the service user’s education history had been recorded; in 31 per cent of case files it was identified that the service user had a learning and skills need; and in 35 per cent of case files an action on learning and skills had been recorded (on the action plan or reviews). This represents a missed opportunity for many service users. The likelihood of having discussions, needs identified and activity relating to learning and skills documented was lower for older age groups.

Questionnaire research with mental health practitioners revealed that while many practitioners do see learning and developing skills as important for service users, many lack the knowledge and understanding of adult learning systems, as well as the time and capacity, to support service users fully in this area. Contact with learning providers was often irregular and limited. While practitioners reported on many activities they carry out to support service users in learning, many reported that they did not initiate discussions and activity about learning, and instead were led by service users. There was an appetite for training and development work to enable practitioners to effectively support their service users in relation to learning and skills.

In conclusion, the findings suggest more can be done to raise the profile of learning and skills to both practitioners and service users, ultimately in order to help people with mental health difficulties to access and benefit from adult learning opportunities. The report sets out a series of recommendations that relate to: staff training; advice on how to support service users to think about and access learning; coordinating work as a team (such by having one or two people who lead on learning and skills); and increasing positive partnership work between mental health services and learning providers.
Introduction

This project was a joint National Institute of Adult Continuing Education (NIACE), National Institute for Mental Health in England (NIMHE; part of Care Service Improvement Programme (CSIP)) and Learning and Skills Council (LSC) project, launched in 2006. It involved working with 15 mental health teams across the East Midlands who provide services and support to service users on the enhanced Care Programme Approach (CPA). These teams, as well as researchers from NIACE/NIMHE/LSC, collected data on:

- The highest qualification levels of a sample of service users;
- The extent to which service users’ case files evidenced discussions, assessments and actions relating to learning and skills;
- Mental health practitioners’ knowledge, attitudes and practices in relation to supporting learning and skills needs of service users;
- Service users’ experiences of engaging in learning.

This report sets out the context and main findings from the project, as well as recommendations to improve services for people with mental health difficulties.

Within this report the term ‘service user’ refers to mental health service users on enhanced CPA.

Some of the data regarding service users has been analysed according to age. Analysis according to gender presented no significant findings. Analysis according to ethnicity was not carried out due to low numbers of Black and Minority Ethnic service users represented in the data.

Policy background

Over recent decades there has been a wealth of policies and developments regarding care and support for people experiencing mental health difficulties. In recent years these have emphasised the importance of community based care and access to mainstream community facilities and services, including improved access.
to learning. They have also emphasised the importance of social inclusion as part of the recovery process. This drive towards social inclusion should shape contact between service users and mental health services.

In 2004 the Office of the Deputy Prime Minister published the Social Exclusion Unit Report *Mental Health and Social Exclusion*. This report set out action points to attack the cycle of deprivation linked to mental ill health; it considered the wider social and material needs (i.e. beyond medical needs) of people with mental health difficulties. It set out a series of performance indicators, including those relating to education: to decrease the number of people with mental health difficulties who have no qualifications, and to increase the number who have Level 2 qualifications. The data gathered in this project regarding the highest qualification levels of service users is particularly important in this context.

The government has taken further action to tackle social exclusion: in 2006 it published *Reaching Out: An Action Plan on Social Exclusion*. This was the first report from the Cabinet Office’s new Social Exclusion Taskforce. The action plan is guided by five principles, including the promotion of multi-agency working and taking a personalised approach. It emphasises the need for a prevention-based approach as opposed to one focused on treatment. There are significant implications here for links between mental health services and learning providers, such as in highlighting the need for partnership work across learning and health as well as how learning can help prevent worsening mental health and increased social exclusion. One of the specific areas set out is ‘adult years’, and includes a focus on supporting employment for people with mental health difficulties – which will inevitably link to learning provision.

In recent years there has been a shift in the role of day services for disabled people, including for people with mental health difficulties. This has been based on principles of promoting recovery and social inclusion, increasing opportunities and maximising choice. In 2006 the Department of Health’s Care Services Improvement Partnership produced *From Segregation to Inclusion* which consisted of guidance for ‘commissioners of mental health services in the refocusing of day services for working-age adults with mental health problems into community resources that promote social inclusion and promote the role of work and gaining skills in line with current policy and legislation…’ (Department of Health, 2006 p.2). In the past day services have been inward facing. Learning and other activity, such as arts and

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2 Equivalent to 5 GCSEs graded A–C
sports, have been located within day services and have thus been discrete activity not embedded into mainstream community services. However, government agendas have ensured that day services have become more outward facing: staff have been required to form partnerships with mainstream community services, such as learning providers, to ensure day service users are supported to access mainstream activities. This has played a big part in promoting social inclusion and has meant mainstream services have been required to develop their services to better include and meet the needs of disabled people.

Furthermore, in 2007 the government set PSA\textsuperscript{3} 16: to increase the proportion of socially excluded adults in settled accommodation and employment, education or training. One of the indicators set out is ‘adults in contact with secondary mental health services in employment’ (HM Treasury, 2007, p.192). This refers to people on enhanced CPA.

2006 saw Leitch report on the skills levels of adults in the UK, stating that 5 million adults lack functional literacy and 17 million have difficulty with numbers. In 2007 DIUS\textsuperscript{4} responded with \textit{World Class Skills: Implementing the Leitch Review of Skills in England}. This set out ambitious targets and the government’s plans regarding raising the skills levels of adults in England. It set out aims for 95 per cent of adults to have ‘functional’ literacy skills (at Level 1 or above) and numeracy skills (at Entry Level 3 or above) by 2020. The Leitch review and the government’s implementation plan have put skills high on the public agenda. Leitch’s review and the subsequent action plan focused on improving skills to benefit citizens’ employability and the country’s economy; acquiring skills for employability can open up opportunities to progress within work and to access sustainable employment.

In addition, \textit{Learning for Living and Work}, the national strategy for LSC\textsuperscript{5}-funded provision for learners with learning difficulties and/or disabilities across FE provision, has raised the profile of how education providers should meet the needs of disabled learners (LSC, 2006). Regional LSCs have been producing their own action plans and measures should be in place to ensure access to learning and support within learning are in place for disabled learners – including learners with mental health difficulties.

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\textsuperscript{3} Public Service Agreement
\textsuperscript{4} Department for Innovation, Universities and Skills
\textsuperscript{5} Learning and Skills Council
In summary, many recent developments in government – those that focus on tackling social exclusion via a variety of routes including education, and those that focus on activity to improve the skills of adults in England – underpin the project and the drive to increase learning opportunities for people with mental health difficulties.

Why is learning important?

Taking up learning as an adult can have a positive impact on a person’s health and well-being (James, 2005). It can provide opportunities to meet new people and widen social networks – thus aiding social inclusion. It can provide opportunities to gain and develop new skills, including life skills to help a person feel more in control of their life, and can offer stimulation and exciting new challenges. Learning something new can be an exhilarating experience; it can provide new direction and focus. It can also be a route to gaining qualifications and can increase employability: its role in enabling people to secure employment is particularly significant as taking up employment can be really beneficial to a person’s mental health. Participation in learning adds structure and routine to a person’s day and can promote a sense of achievement, empowerment and purpose. In fact, in a study of the effects of learning on health, 89 per cent of participants reported benefits to their emotional and physical health after taking up learning (Aldridge and Lavender, 1999).

Mental health teams aim to aid the recovery and rehabilitation of, and promote social inclusion for, people with mental health difficulties. Supporting service users to take up learning can be a significant part of this process. In particular, it can help service users to take positive steps forward: it is can be a proactive route towards better mental health, rather than a reactive action to poor mental health.
Service user learners’ voices...

Benefits of learning

• It gives you confidence.
• It improves your motivation.
• It feels good to complete things.
• It’s an achievement.
• It’s a way to get a job.
• It got my brain back into gear.

I enjoy coming to college. By doing the session on communication I know I am an intelligent person.

This course has allowed me to get to grips with my new early rises at 8 am, my laundry, my shopping and meal arrangements, and begin to learn about the importance of saving my money for a flat... I can still go on and do a university course. Only now I have a little more experience of being in education again. I also have living skills.

I’ve got to meet lots of new people and it has made me feel more confident. Now I’m doing a lot more things.

However, taking up learning as an adult, particularly as an adult experiencing mental health difficulties, can be a daunting journey. People with low or no qualifications are likely to have had negative experiences of early education – including experiencing feelings of pressure, failure and anxiety, as well as bullying - and therefore may feel uncomfortable returning to a learning environment. People experiencing mental health difficulties may be anxious about accessing learning and about their abilities. Medication can affect learning – such as by affecting concentration or having an impact on the times of the day a person can learn. It is important that people find learning provision that is right for them and receive the right support along the way. Some learning provision is set up just for people experiencing mental health difficulties (discrete), which can be a good stepping stone into learning. Adult learning also occurs in different settings and sectors, such as further education colleges, local education authorities, higher education colleges and universities, libraries, and voluntary and community centres. The key is finding the right learning provision; good quality IAG⁶ is critical to make sure a person gets onto the right learning path for them.
The Disability Discrimination Act (Part 4) 2002 states that disabled people should have access to learning and makes discrimination against disabled learners unlawful. This covers people with mental health difficulties. It protects the rights of disabled learners and places a duty on (public sector) learning providers to make reasonable adjustments to meet the needs of disabled learners. Learning providers and those supporting learners (such as care coordinators) should support learners to identify their own, individual learning needs.

Service user learners’ voices...

Reasonable adjustments

I didn’t think they (learning provider) responded to my request for an extension.

I sometimes feel anxious and prefer to sit at the back of the class so I can see everyone.

Learning, mental health and age

CPA only applies to people of working age. However, people on enhanced CPA – such as those in their 50s and 60s – can be considered ‘older people’. The findings presented later in the report show variance according to age: older service users tended to have lower qualifications and were generally less likely to have discussions, assessments and actions relating to learning and skills as part of the CPA process. Therefore, an exploration of age is pertinent.

England has an increasingly aging population: in the UK 9.7 million people are aged 65 or over and this number is likely to increase to 12.5 million by 2020 (UK Inquiry into Mental Health and Well-Being in Later Life, 2007). A significant number of older people experience mental health difficulties, and almost 50 per cent of people claiming Incapacity Benefit and Severe Disability Allowance in the East Midlands are aged 50 or over.

Learning can be particularly beneficial for older people, especially older people experiencing mental health difficulties, as it increases social contact and ‘helps to overcome the familiar experiences in ageing of isolation or a sense of loss and rootlessness’ (Gladdish, 2006, p. 5). The National Association of Providers of Activities for older people (NAPA) asserts that activities and learning are essential for older people’s well-being. They report that when older people engage in
learning: smiling, laughing and talking increase; alertness and engagement in social interaction increase; concentration and memory improve; and agitation decreases and relaxation increases (cited in Giaddish, 2006). A study of over 300 people aged 50–71 found learning to have a positive impact on the well-being of older people: 80 per cent reported positive impacts of learning, such as increased enjoyment of and satisfaction with life or improved self confidence (Dench and Regan, 2000).

Until recently the mental health needs of older people have been largely ignored in policy, whereas for young people there has been a focus on early intervention to aid swifter recovery. However, in recent years various policies, reports and inquiries have highlighted this important area and many have focused on the more social (as opposed to medical) needs of older people with mental health difficulties – which may include social inclusion via learning. However, funding arrangements and priorities for adult learning have changed in recent years and this may have had a detrimental effect on provision for older people.

The Care Programme Approach (CPA)

The CPA came into effect in 1991, and was reviewed and developed further in 1999, as an approach to providing care and treatment for people of working age in contact with specialist mental health services. There are four main elements of the process:

- An assessment of health and social needs;
- The formation of a care plan which addresses needs;
- The appointment of a care coordinator;
- Regular and ongoing reviews, which may involve changes to the care plan.

There are two levels of CPA: standard and enhanced. Enhanced CPA indicates a higher level of need. The CPA process has recently been reviewed and new guidance has been issued for 2008.

For more information visit: www.cpaa.co.uk
About the project

The project commenced in Spring 2006. Fifteen mental health teams across the East Midlands volunteered to be involved in the project, and following this they were briefed on its aims. Teams were asked to carry out the following:

- An audit of a random selection of case files of service users on enhanced CPA;
- Data gathering on the highest qualifications held by a random selection of service users on enhanced CPA; this data was gathered via case files and discussions with service users;
- Distribution of questionnaires to practitioners working within the teams.

This data was analysed and is presented in this report.

Activities were arranged to help teams develop their capabilities to support service users regarding learning and skills. In some counties, events were held for both health services and learning providers to promote partnership working. Some teams were also sent packs which included prospectuses for local learning providers, details of funding sources for learners, and NIACE publications, briefing sheets and learning resources. The teams also became members of the East Midlands NIACE/NIMHE/LSC regional network so were able to access resources and forge links with learning providers.

Making Waves, a Service User Focused Monitoring Group, became involved with the project to gather data from service users who had participated in learning, to find out about their experiences of learning. Seven learner service users told Making Waves about their experiences of learning, via focus groups and/or logbooks. Quotes and themes identified by service user learners are presented throughout this report in text boxes. Some are direct quotes, others are summaries of themes that emerged, but all are reflections of what people told us.
Findings: Highest qualification levels of service users

In *Mental Health and Social Exclusion* performance indicators to measure progress were set out: to decrease the number of people with mental health difficulties who have no qualifications, and to increase the number who have Level 2 qualifications. In this project data was gathered – via conversations with service users and, where appropriate, from case files – on the highest qualifications held by over 300 people with mental health difficulties. The findings can be seen as baseline data against which to measure future progress or changes.

The findings show that:

- 38 per cent of people contacted hold qualifications at Level 2 or above, while 61 per cent of people hold below Level 2 qualifications, or no qualifications. This is in stark contrast to the general population: Labour Force Survey data shows that 68 per cent of the general working age population of the East Midlands hold qualifications at Level 2 or above, while 32 per cent hold below Level 2 qualifications, or no qualifications (DfES, 2006).

- A total of 31 per cent of people contacted hold no qualifications, compared to 12 per cent of the general working age population of the East Midlands (DfES, 2006).

Charts 1–4 illustrate these findings.

Variations according to age

An analysis of the data according to age was carried out. The 26–35 age group had the highest proportion of people with Level 2 or above qualifications. The over 56 age group had the lowest. Therefore it did appear that younger people with mental health difficulties were, generally, more likely to have higher qualifications. Within the general population in England, younger age groups have higher proportions of people with Level 2 or above qualifications than older age groups also. However, the difference between age groups is far more pronounced in the sample of service users on enhanced CPA than in the general population.

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6 Department for Education and Skills
East Midlands Care Programme Approach (CPA)
Social Inclusion Project

Chart 2: Education levels of working age population of East Midlands (2006)


Chart 1: Project findings: Highest qualifications held by service users on enhanced CPA (n=315)

Chart 3: Project findings: Highest qualifications held by service users on enhanced CPA (2) (n=315)
Baseline data

*Mental Health and Social Exclusion* specifies performance indicators against which to measure progress. The above data can be considered *baseline data* against which to measure such future progress. However, the figures should be approached with caution: the data only represents those people with mental health difficulties who are on enhanced CPA, and the sample was not entirely random.

Interpreting the data

It is not within the scope of this project to comment in detail on why the skills levels of people with mental health difficulties are lower than those of the general population. This is a complex area. However, we can speculate that it is not necessarily linked to a person’s ability. A lifetime cycle of disadvantage can be a trigger to developing mental health difficulties, and such disadvantage can also limit opportunities to develop skills. If the onset of mental health difficulties occurs during teenage years or early twenties, when many people are still in education, this can disrupt the learning journey – and many people will not return. Experiences of mental health difficulties, unemployment and poverty can all act to mutually reinforce one another.
Findings: The CPA process and case files

An audit of over 400 case files of people on enhanced CPA was carried out. The purpose of this was to gather data regarding the extent to which people’s case files evidenced discussions, assessments and actions relating to learning and skills. The findings showed that:

- In 37 per cent of case files the service user’s education history had been recorded;
- In 31 per cent of case files it was identified that the service user had a learning and skills need;
- In 35 per cent of case files an action on learning and skills had been recorded (on the action plan or reviews).

These findings suggest that for many people on enhanced CPA, the CPA process has not included specific discussions, assessments and the formation of actions relating to their learning and skills needs. This is a missed opportunity.

Findings presented above suggest that people on enhanced CPA are more likely to have learning and skills needs (due to having lower qualifications) than the general population. Taking up learning and skills can promote social inclusion and be an important part of the recovery process. The CPA, with its emphasis on a holistic approach, is the ideal opportunity to explore the learning and skills needs of the service user.

Variations according to age

A breakdown of the data according to the age of service users suggests that:

- The likelihood of having a record of education history made was significantly reduced the older the person was. While this may be expected as participation in compulsory learning will have been more recent for younger people, it does raise concerns.
Generally, the likelihood of having a learning and skills need identified was reduced the older the person was (but this was far less marked than the findings regarding having a record of education history made).

The 16–25 age band were far more likely than others to have an action relating to learning and skills in their care plan: over half of case files included this for this age band, compared to less that one third for people aged 26 or over.

These findings are alarming. They suggest that for many older people, the area of learning and skills may not be explored in the CPA process. It is possible that older people may not consider taking up learning as something that is suited to them. It may be that care coordinators, probably unwittingly, are less likely to pursue discussions regarding learning and skills with older people as they see taking up learning as more appropriate for younger people. It may be that learning is perceived as primarily related to employment and employability. Other reasons for learning – including for pleasure and interest, to develop life skills, to meet new people and to increase confidence – are perhaps not being considered, by either the service user or the care coordinator.

East Midlands Care Programme Approach (CPA)
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Findings: Practitioners’ views, knowledge and practices

132 practitioners working in mental health teams across the East Midlands responded to a questionnaire about their views, knowledge and practices regarding learning and skills and their work with service users.

Overall findings suggest that while many practitioners do see learning and developing skills as important for service users, many lack the knowledge and understanding of adult learning systems, as well as the time and capacity, to support service users fully in this area. Among practitioners there is an appetite for training and development work to enable them to better support service users, although some responses suggest it works well when one person within the team is able to take the lead on learning and skills.

Knowledge, understanding and importance of adult learning

Practitioners generally reported low levels of understanding of various areas of adult learning. Most practitioners reported low levels of understanding of different funding sources and types of support available to support learners. In comparison, practitioners appeared to feel they had a better understanding of the range of qualifications in adult learning and the different types of learning provider, although many still felt they had little or no understanding of these areas.

In their comments many were open and honest about their lack of awareness, knowledge and understanding regarding adult learning and how it may have an impact on their work with service users:

\[ \text{I must admit that I direct people to services without knowing sufficiently about them, relying on them to provide salient information.} \]
\[ \text{(Social Worker, Nottinghamshire)} \]

Practitioners also commented on the complexity of the world of adult learning, and how this restricts understanding:

\[ \text{Funding provision for courses seems to change year on year depending on the Learning and Skills Council, so it can be difficult to keep on top of.} \]
\[ \text{(Occupational Therapist, Nottinghamshire)} \]
I find it difficult to keep on top of all the frequent changes in education.

(Occupational Therapist, Derbyshire)

However, many recognised the important role learning and skills can take:

*Our Community Mental Health Team doesn’t think ‘group’ or ‘education’ if a client is struggling, yet it’s social functioning that’s more associated with recovery...*(Clinical Psychologist, Derbyshire)

*Adult learning skills are important to a person’s recovery.*

(Social Worker, Derbyshire)

**Service user learners’ voices...**

**Reasons for taking up learning**

- To get a qualification towards a job.
- To get a skill.
- It gives me some routine.
- It gives me the chance to meet new people.
- To show I’m capable of doing something else.
- To get a career/apprenticeship.
- To use my experience to help others.

**Contact with learning providers**

77 per cent of practitioners knew where all or some of their local learning providers were situated. Furthermore, 50 per cent had visited a local learning provider. However, most did not have regular contact with a learning provider. Moreover, any contact with learning providers tended to be limited to one or two providers: it did not span a wide range. Therefore, there is some – but limited – evidence of partnership working between health and education, but this does not appear to be systematic, regular and embedded into practitioners’ work.

**Support practitioners provide**

Practitioners identified a vast range of activities they carried out to support their service users’ learning and skills needs. Almost all identified some actions they carried out to do this. Common actions practitioners reported carrying out included:
Assessing service users’ skills, needs and goals in relation to learning;

Offering information and advice about local learning opportunities, or supporting service users to gather this information themselves;

Liaising with learning providers and other agencies that can assist learners with support for and access to learning;

Referring service users to internal specialist support, e.g. Occupational Therapists;

Referring or signposting service users to learning providers;

Providing courses in partnership with learning providers;

Offering encouragement and emotional support, such as accompanying service users to interviews or first sessions;

Offering practical support, such as exploring funding support available or helping service users complete application forms.

Some reported that they routinely encourage service users, from the point of contact and throughout, to consider taking up learning. However, other responses suggest any journey into learning is service user led: if service users want advice and support about learning then practitioners will strive to provide it, but they may not initiate it themselves:

We are led by the service-user - the client group we work with do not always accept services and engagement is our priority. Once a relationship is built then occupational / educational needs could be discussed if appropriate.

(Community Psychiatric Nurse, Nottinghamshire)

If it is identified as important to the client then I encourage him/her to find out more.

(Community Psychiatric Nurse, Lincolnshire)

Some respondents also commented that some service users may not be ready to take up learning:

[i support service users] if they want and need support to access the above although it should be noted that at the point of assessment they are too unwell to consider this.

(Community Psychiatric Nurse, Leicestershire)
These responses suggest the service users can be the catalysts for their learning journeys. While this approach does ensure the service user is in control, it is likely many service users will not have considered taking up learning, may not feel it is right for them or may lack the confidence to raise the issue. We believe care coordinators can play a significant role in initiating these discussions. This is explored in more detail below in the section on recommendations.

Responsibility within team

Some teams had a key person who took the lead on learning and skills; for other teams it was the responsibility of all staff. However, some did comment on how they were limited in their capacity to fully support service users regarding learning and skills:

> Whilst I would like to be more involved, I also realise that it is not always the most appropriate way forward. I cannot spread myself too thinly, without losing efficacy, and our learning champions and support workers are very skilled and often better placed to offer the relevant information and support.

(Team Leader, Lincolnshire)

Similarly, some staff considered their role to be more medical, and thus for learning and skills to be outside their remit:

> I don’t believe that this is what I am trained to do as a Registered Mental Nurse, and so the question isn’t relevant. I would train to be an Occupational Therapist if I wished to do this. My job is to assess, plan, implement and evaluate nursing intervention for people with mental health problems not teach them new skills; though in the process of my job I may well facilitate this through referring to appropriate professionals such as Occupational Therapist.

(Staff Nurse, Derbyshire)

However, other medical staff expressed a desire to become more involved in learning and skills:

> [I would like] to give nurses a more active role in this and to be able to provide support and information to the clients.

(Staff Nurse, Derbyshire)
Practitioners’ development needs

When asked what would help them be more involved in learning and skills, practitioners identified the following:

- More information about local learning providers and provision available;
- Better links or increased contact with learning providers, such as having a ‘link’ person, having contact with student support services, etc.;
- Improved financial support for service users to access learning, and clarity of funding arrangements into adult education (especially in relation to benefits);
- More information on the benefits of learning on mental health;
- Improved education provision (including that it be more flexible) and support resources;
- More time and capacity for professionals to carry out research, development and support work in this area;
- Training regarding adult learning.

These responses suggest that practitioners do have an appetite for training and development work to enable them to effectively support their service users in relation to learning and skills. The above list can be useful to mental health teams in planning how to ensure practitioners are able to do this. Team leaders, or practitioners leading on learning and skills, can use the above list to devise an action plan. For example, a team leader can make contact with local learning providers, request prospectuses as well as information about support for learners with mental health difficulties, and start a resource pack for use within the team. While some of the above – such as improved financial support and improved education provision – are outside the control of mental health teams, other ideas can be used in a proactive way to better equip the team.

Service user learners’ voices...

Reasons for taking up learning

- Better advertising of courses.
- I would have liked support to think through what my options are (better Information, Advice and Guidance about learning).
- More flexible learning – more time for assignments.
- More information about what was available.
Conclusion

This project aimed to explore the learning and skills needs of, and the CPA process for, people on enhanced CPA. Findings show that the sample of service users had significantly lower qualifications than the general population: 61 per cent did not hold Level 2 or above qualifications, and 31 per cent held no qualifications whatsoever. Older people fared especially badly. This highlighted the learning and skills needs of people with mental health difficulties. However, findings also showed that for many people the CPA process does not include discussions, assessments or actions relating to learning and skills, and therefore it misses the opportunity to support service users to take up learning. Again, this is especially pertinent for older people.

Findings also show that mental health practitioners do see learning and skills as an important route towards social inclusion and part of the recovery process for service users and do carry out a wealth of activities to support service users’ learning and skills journeys. However, many lack the knowledge and understanding of adult learning systems, as well as the time and capacity, to support service users fully in this area. Furthermore, links and partnership work with learning providers appears to be limited. Among practitioners there is an appetite for training and development work to enable them to better support service users, although some responses suggest it works well when one person within the team is able to take the lead on learning and skills.

Findings from practitioners also suggest that many see it as the responsibility of the service user to initiate discussions regarding learning and skills; they state that if a service user expresses an interest in learning they will support them, but that they may not suggest learning themselves. Service user learners also told us this was their experience. While of course it is essential that service users are actively involved in deciding their own care plan, and nobody should be forced to take up learning against their will or before they are ready, we believe practitioners should be proactive about encouraging service users to consider taking up learning. Many service users may not have even considered the potential benefits of taking up learning, or may lack the confidence to initiate it themselves. The ones who are least likely to initiate it may be the ones who would benefit most from learning. Practitioners have an important role to play in initiating these discussions.
In conclusion, many people on enhanced CPA have learning and skills needs, and taking up learning can be beneficial for mental health. It can enable people with mental health difficulties to become more involved in wider communities and groups and thus give rise to social inclusion. It can also be a significant part of the recovery process. The CPA process is supposed to be a holistic approach that works towards social inclusion and aids recovery. While taking up learning may not be the top priority or most pressing need for service users, we believe it can and should be part of the CPA process for many. The CPA process can be a vehicle to support people to take up learning, but it is not being used as effectively as possible to support this journey. More can be done to raise the profile of learning and skills to both practitioners and service users, ultimately in order to help people with mental health difficulties to access and benefit from adult learning opportunities. The next section sets out recommendations to begin this process.
Recommendations

Below is a series of recommendations aimed at mental health teams and care coordinators. It is not exhaustive, but provides some starting points. The overall aim of these recommendations is to better equip mental health teams to support people to take up learning and develop skills – essentially to improve access to and support in learning for people with mental health difficulties.

The CPA process and staff training

CPA assessment forms include a section on employment and training needs and for some teams education may be specified within this. However, our audit suggested that at present discussions regarding this may focus more on employment, at the expense of learning. Practitioners need to understand the importance of learning and developing skills: it can be a great way of helping people develop their employability skills to support them in finding work; but it can also promote social inclusion and enhance quality of life. Furthermore, it is not the case that discussions must refer to either learning or work; it is not an either/or issue. Learning can increase employability for unemployed adults, but for those who are employed, learning at work or for work can aid development too. Practitioners need to feel both motivated and confident to initiate discussions about learning with service users.

- Take time to find out about the potential benefits of learning for mental health. NIACE’s Learning and Skills for People Experiencing Mental Health Difficulties is a useful briefing sheet – visit www.niace.org.uk/research/HDE/Documents/Learningandskills.pdf.
- Staff training should not be limited to medical and practical issues (such as housing). New and existing staff should be trained to instigate and carry out in depth discussions with service users about all aspects of their social life – including relationships, employment and volunteering, and learning and skills – and to record this on the CPA paperwork. This can be embedded into induction training.
- Don’t limit discussions about learning and skills to assessments – discuss this in reviews too. Service users may not want to talk about taking up learning at assessment, but may change their minds later on.
Supporting service users

Practitioners who took part in this project were already doing lots to support service users to take up learning. However, the following suggestions may help build practitioners’ capacities to better support service users.

- Help service users to think about their dreams and ambitions; learning can be a way to achieve these. Focus on the fun and pleasure aspects of learning, as well as what it is that motivates and interests service users.

- If service users are aiming towards employment, help them consider what sort of job they want and what sort of skills or training they need to get there.

- Help service users to think about what will be right for them: what places of learning would suit them best? Learning takes place at community centres, libraries and museums as well as FE and adult colleges and universities. What about distance learning? What are the best times for them: mornings, evenings or weekends? Service users taking up learning might need to think about what they want to get out of learning – accreditation might be important to one person, but not to another.

- Take care when helping people think about what level of learning is right for them. It is important not to make assumptions about what people are capable of: the Mental Health and Social Exclusion report identified that professionals often have low expectations of people with mental health difficulties (James, 2005). While people with mental health difficulties may need support and encouragement to take up learning, their capabilities should not be underestimated – basic courses are not right for everyone. On the other hand, some people who have high-level qualifications may still be functioning at lower levels, and may to take up learning at lower levels to regain skills.

- If service users decide to take up learning they will need to decide whether they are going to disclose their mental health difficulty to their learning provider. Talk this through with them: will they benefit from disclosing? Will disclosing allow them get support to help them in their learning?
Service user learners’ voices…

I haven’t told anyone at college – it’s not safe and I don’t want special treatment.

If people decide to take up learning they may have worries and anxieties about this. Talk these worries through with them and, if appropriate, help them voice these with the learning provider. Help people to think through their coping strategies and how they can use these when learning. Help them to find out what sort of help and support is available for them at the place of learning.

Service user learners’ voices...

Worries and concerns

- I didn’t feel comfortable sharing my history of schizophrenia (with the learning provider).
- I’m worried I’ll get another certificate but still won’t be able to get a job.
- I might be tempted to take drugs if I met the wrong people.
- It feels quite scary meeting new people.
- Can I manage the workload?
- It could be stressful.
- I can’t concentrate very easily.

If someone hasn’t been involved in learning for a long time, they may need some support to become ‘learner ready’. Support them in this process by talking to them about how they plan to travel there, the importance of being on time, what equipment they need to bring and what they can expect when they arrive. Help them think about what might help them in learning (such as sitting in a certain place in the room) and support them to talk to the learning provider about this. The little things like sitting in the right place can make a big difference to whether learning is enjoyable or not.

Find out about local taster sessions. Adult Learners’ Week runs every May and during the week there are lots of local learning taster sessions which can be ideal for people who want to try learning before committing. Visit www.niace.org.uk/ALW to find out what is happening in your area.
Take care to not ignore the learning and skills needs of older people. The University of the Third Age gives information about learning opportunities specifically aimed at older people – visit http://www.u3a.org.uk/.

Fees can be a barrier to learning and systems of financial support for learning can be complicated. Support service users to find out about reduced fees or other sources of financial support: talk to the IAG or student services at your local learning provider. Alternatively www.direct-gov.org is a useful information site. When helping a service user to find out if they are entitled to fee reductions, look carefully at their entitlement letter. For example, someone on incapacity benefit may appear to be ineligible for fee reductions. However, if they have any top-ups or disability premiums they may be eligible.

Team approach

Many mental health teams have one or two key professionals who take the lead on learning and skills and this can be an effective approach. However, it is important that, even if certain professionals take the lead, all staff working with service users are knowledgeable and comfortable enough to have initial discussions with service users about the possibility of taking up learning – otherwise this avenue may never be explored and the service user may never establish contact with the learning and skills lead.

Identify within the team one or two people who can take the lead on learning and skills.

The learning and skills lead should have contact with all staff and keep them updated on learning and skills regularly – such as by having learning and skills a standing agenda item for team meetings. This will help to ensure the whole team develops sufficient knowledge and skills to fully support people in their learning journeys.

Make sure your venue is a learning-friendly place. Make posters, leaflets, prospectuses and any other learning materials – such as NIACE’s 1 in 4 campaign pack or Adult Learners’ Week publicity materials – available to service users around the offices.
Partnership work

Good partnership work between health services and learning providers is essential. As a mental health professional, knowing what learning providers and provision are available in the local area, as well as what sort of learning support is available, is essential to enable you to support your learners into learning. But the relationship is two-way: expertise and advice from mental health professionals enables learning providers to better understand the needs of learners with mental health difficulties, and thus be able to meet those needs. It sometimes seems that health services and learning providers speak different languages and have different goals; but both have the common purpose of a person centred approach.

- Make contact with your local learning providers. Ask for prospectuses to be sent to the team. Find out what provision is available for people with mental health difficulties, and whether the learning provider has a mental health coordinator or learner support service.

- Consider innovative ways of establishing partnership work and sharing skills with learning providers that benefit you both. Learning providers may be able to offer learning or training sessions to service users, and in return you could perhaps offer the learning provider mental health awareness training.

- Offer local learning providers a named contact at the team in case they have any queries regarding mental health. Some learning providers may not have experience of mental health difficulties and may need support or advice.

Service user learners’ voices...

Impact of medication on learning

Service user learners told us that medication can be a major problem when learning as it can make them tired, can make getting up in the mornings really hard and it can affect concentration.

- Read A Guide to Understanding Adult Education and Mental Health, and How They Relate to Each Other, NIACE, to find out more about the importance of partnership working – at www.niace.org.uk/research/HDE/Documents/guide-to-understanding.pdf.
Health services and learning providers must make sure they act appropriately in terms of disclosure, confidentiality and passing on information about service users. Service users’ rights regarding confidentiality need to be respected. However, if service users do agree to information sharing, mental health practitioners can be a valuable resource to support both the service user and learning provider in the learning journey. You may find the LSC's Disclosure, Confidentiality and Passing on Information useful – visit http://readingroom.lsc.gov.uk/pre2005/quality/goodpractice/disclosure-confidentiality-and-passing-on.pdf

Contact your local NIACE/NIMHE/LSC Regional Project Officer – find their details at www.niace.org.uk/mentalhealth/project-officers.htm. Regional Project Officers hold regional network meetings four times a year, which allow mental health and learning professionals to meet, network and discuss issues. Arrange for someone from your team to join the network and attend these meetings.
Bibliography


James, Kathryn (2005): *Learning and Skills for People Experiencing Mental Health Difficulties*, Leicester: NIACE.

