

Supporting good mental health amongst London's FE learners

Summary report from an assessment of mental
health needs and support approaches

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Key point summary

The mental health needs of students in the further education (FE) system, which covers 16–19 education, adult and community learning and skills and apprenticeships, are relatively overlooked by policy and research when compared to other phases of education and specifically, pre–16 and higher education. Nonetheless, the existing evidence sets out a trend for an increasing level of need for support amongst FE learners.

Pre-pandemic, the Mayor of London had stressed the importance of health and wellbeing for London's population and had set in place a strategy to embed consideration of good mental health – covering support as well as preventative approaches – across the policy portfolio. This led to this research, which aimed to throw a spotlight on the needs of London's FE learners as well as how providers in this system work to support those needs. With the onset of the pandemic – which occurred just as this research was commencing – needs have only increased.

Key facts

- London has a vibrant community of learners taking part in FE. The most recent data (2019/20) shows:
 - The majority of young people study with sixth forms and sixth form colleges, and a quarter attend FE colleges. Over a third of young learners are identified as disadvantaged (DfE destinations of Key Stage 4 leavers 2018/19).
 - London had the highest level in England of adult (19+) participation in government funded FE and skills. London's adult learners are a little older than those elsewhere and more ethnically diverse. Participation amongst Black, Asian and minority ethnic learners far exceeds representation of these groups in the London population (DfE; 'Further education and skills' 2018/19 and 2019/20).
 - London also had the highest total community learner participation nationally. The large majority of these learners were aged over 60 (DfE; 'Further education and skills' 2018/19 and 2019/20).
 - While London had the fourth lowest number of apprenticeship starts in England, it had a higher proportion of people starting higher level apprenticeships than elsewhere in England, and nearly half of apprentices of Black, Asian and minority ethnic heritage (DfE; Apprenticeship Starts 2019/2020).
- Evidence from the literature review indicates that increasing numbers of young people experience mental health challenges. The effects are experienced differently amongst different groups. For example:
 - People from Black, Asian and minority ethnic backgrounds face multiple risk factors for poor mental health relating to economic disadvantage and experiences of

racism, interwoven with lower educational attainment. Racism within the education system increases the risks of mental health issues.

- Young women are more likely to experience a mental health issue than men. Onset of mental health issues tends to be later in young women than young men, with boys aged 11–16 more likely to have a mental health disorder than girls, and girls most likely to have a mental health disorder at age 17–19.
- Being lesbian, gay, bisexual or trans (LGBT+) increases the likelihood of experiencing poor mental health. Homophobic and transphobic discrimination and harassment are factors contributing to mental health issues for the LGBT+ community.
- Economic disadvantage is linked to mental health issues, with mental health disorders more common in children from lower income households. Experiences of poverty, insecure housing, homelessness and living in unsafe conditions are key risk factors for developing a mental health issue.

Key perspectives

Drawing on a range of interviews and discussions with stakeholders across London, including those from provider bodies, the GLA and staff and students in FE education settings, gave a nuanced interpretation of the issues. Positively, this identified:

- A number of initiatives and strategies that are important to early intervention and prevention, including:
 - new Mental Health Support Teams (MHSTs)¹;
 - apps focused on mental health needs and support²;
 - the 'Self Esteem Team' approach³;
 - Mental Health Awareness Week⁴ and the Mental Wealth festival⁵ offered by CityLit in London which coincides with World Mental Health Day; and
 - the 'Heads Together'⁶ campaign as well as mental health champions⁷ and first aiders⁸.
- Factors critical in implementing a culture of support for mental health and wellbeing within FE as well as support services, including:
 - visible, strong leadership;

¹ <https://www.england.nhs.uk/mental-health/cyp/trailblazers/>

² <https://www.psychom.net/25-best-mental-health-apps>

³ <https://www.selfesteemteam.org/>

⁴ <https://www.mentalhealth.org.uk/campaigns/mental-health-awareness-week>

⁵ <https://www.citylit.ac.uk/mental-wealth-festival>

⁶ <https://www.headstogether.org.uk/>

⁷ https://www.mind.org.uk/media-a/6077/section-two_workplace.pdf

⁸ <https://www.mentalhealthatwork.org.uk/resource/being-a-mental-health-first-aider-your-guide-to-the-role/>

- governance policies/guidance setting out how to identify a learner with mental health needs;
 - training and support for all staff in identifying and supporting mental health issues among learners; and
 - a focus on support for staff mental health and wellbeing.
- Strong support for partnership with parents and carers, embedding mental health and wellbeing in the curriculum, and for peer approaches to develop connection and community. Monitoring, measurement, and evaluation of the impact of provision was seen as key to optimising institutional support.

Alongside this, obstacles and barriers were highlighted that need to be addressed to ensure the enabling actions above can be implemented. These include:

- Lack of funding to embed mental health support is a major challenge and determinant of the varying nature of provision. Where funding has been mobilised, this has led to 'pockets of best practice' emerging, but stakeholders are concerned to see greater consistency in provision across London.
- Barriers stemming from the lack of core training focused on mental health and wellbeing, and continuing professional development for all FE staff; this was seen as crucial to make the most of targeted mental health initiatives in FE.

Implications and recommendations

The pandemic has increased needs amongst the London FE learner population, making this agenda more urgent. The London Recovery Board has identified five themes to help Londoners move beyond the economic, social and health challenges of the pandemic. These are to:

- reverse the pattern of rising unemployment and lost economic growth caused by the economic scarring of COVID-19;
- support our communities, including those most impacted by the virus;
- help young people to flourish with access to support and opportunities;
- narrow social, economic and health inequalities; and
- accelerate delivery of a cleaner, greener London.

It is clear that FE has a key contribution to make on these themes. Through upskilling and retraining, people will be able to access sustainable jobs in growth sectors and occupations, including green jobs. To support young people to flourish will require ensuring that they are supported to thrive in education to achieve the best possible outcomes that will lead towards good quality work. For adults in the community, further education and adult and community learning opportunities, including ESOL provision, can help people to reconnect to their communities as well as gain skills. Learning is a therapeutic benefit in this sense.

Investing in and supporting London's FE sector to support FE students' mental health has the potential to make a significant contribution to key pillars of the London Recovery programme, particularly in relation to mental health and wellbeing, young people, and good work for Londoners.

Five recommendations for supporting FE student mental health and wellbeing

1. FE providers to build their support for younger (16–19) FE learners to ensure prevention and early identification and provide support to prevent issues from escalating. With adults (19+), FE is part of the social prescription, supporting and lifting people who understand more about their mental health challenges. FE providers recognise the importance of this role.
2. Mayor, GLA and THRIVE LDN to support the formation of networks to promote peer-to-peer learning between London providers on supporting FE students' mental health and wellbeing, as well as fostering links between FE and health organisations and services.
3. Through networks and support, build FE leadership's knowledge and capabilities around whole-institution approaches to mental health and wellbeing to ensure good practice becomes more widespread over time. This should be supported by dedicated funding for implementation and to enable the continuing professional development of FE teachers, trainers, and tutors or to assign dedicated mental health leads.
4. Ensure initiatives focussed on students' mental health and wellbeing are inclusive, sensitive, and appropriate to culture, gender, and sexual orientation, to meet needs effectively. Involving people with lived experience in the planning, design and delivery of initiatives is critical.
5. There would be merit in investing in robust pilots and evaluations to better understand their effectiveness. Any future mental health programmes that GLA can fund or support should have robust, independent evaluation to build the evidence base, enable replication of effective practice, and ensure lessons are learned.

The remainder of this summary report provides insight into the evidence base supporting these recommendations with the companion evidence report containing the full analysis.

Supporting good mental health amongst London's FE learners

The mental health needs of students in the further education (FE) system are relatively overlooked by policy and research when compared to other phases of education. This sector covers 16–19 learners, apprentices, and adults (19+) taking part in community and vocational studies. The existing evidence sets out a trend for an increasing level of need for support amongst FE learners, markedly for the younger age group. The most recent research on this theme led by the Association of Colleges (AOC; 2021) indicates the pandemic has only served to further increase this level of need, particularly amongst young learners.

Before the pandemic, the Mayor of London had stressed the importance of health and wellbeing for London's population and had set in place a strategy to embed consideration of good mental health – support as well as preventative approaches – across the policy portfolio. The approach recognises the wider, social determinants of good health that span social, economic and environmental factors and influence health, wellbeing and inequalities. Education is one of these determinants – the Lancet Public Health (2020) identifies the strong association between 'life expectancy, morbidity, health behaviours, and educational attainment,' with educational attainment 'shaping opportunities, employment, and income'. Moreover, taking part in education itself can be beneficial for health and wellbeing through the experience of engaging in learning as well as the social benefits of connecting to a learning community. The experiences of London's FE learners are therefore a priority. This led to this research being commissioned to throw a spotlight on the needs of London's FE learners as well as how providers in this system work to support those needs. With the onset of the pandemic – which occurred just as this research was commencing – needs have only increased.

Aims and approach

The aims of the study were to bring together insights into London's FE learner population (those aged 16–19 or 19+ (adults) taking part in full or part-time FE study as well as those undertaking apprenticeships), with existing evidence on the dimensions of mental health and wellbeing and new primary research with stakeholders, and London's providers and learners. Given the context in which it took place, the effects of the COVID-19 pandemic are also covered.

The method involved desk research, combined with primary data collection. The pandemic meant that it was not possible to take forward the planned approach to delivery which would have included case study visits to conduct interviews with FE students, staff, and stakeholders. It was possible to undertake some primary data collection with these

groups using telephone and video-conferencing facilities although at a more limited scale than initially hoped.

This summary report aims to provide a synthesis of the issues raised by the research which led to the recommendations above. Where readers wish to deepen their understanding of any of the issues or data, they can refer to the accompanying evidence report, which is published here:

<https://www.employment-studies.co.uk/resource/supporting-good-mental-health-amongst-london-fe-learners>.

A full description of the aims, objectives and the approach taken, including how plans needed to change considering the pandemic, is contained in chapter one of the evidence report.

London's FE population

There is no single source of publicly available data to describe the London FE population, so the analysis draws on multiple datasets to show the characteristics and demographics of London's FE learners. The findings demonstrate the vibrant nature of FE learning in London as well as the high degree of engagement across London's population. Specifically, the analysis showed that:

- In common with three other English regions, London had the highest proportion of school and college leavers (16–19 year olds; described here as young FE learners) in sustained education destinations i.e. in education, employment or training at 95 per cent (n=70,818) in the 2018/2019 academic year (DfE Key Stage 4 destinations data, 2018/19).
- Of these, 74 per cent were registered at a sixth form college or school sixth form, one per cent studied at 'other' educational institutions and 25 per cent were registered with a further education institution. Slightly more learners in outer London study at further education institutes than do in inner London (DfE Key Stage 4 destinations data, 2018/19).
- Young FE learners in London are more likely to be in full-time education, rather than employment or training (apprenticeships) than the same learner group elsewhere in the country (DfE Key Stage 4 destinations data, 2018/19).
- Over a third (35 per cent) of the London young FE learners (16–19 year olds) were identified as disadvantaged using the destinations of Key Stage 4 leaver data, with 50 per cent in inner London being disadvantaged compared to 28 per cent in outer London. Over a tenth (13 per cent) have special education needs, with inner London showing a higher proportion (16 per cent) compared to outer London (11 per cent).
- In 2019/2020, London had the highest level in England of adult (19+) participation in government-funded further education and skills provision with 301,800 learners although adult participation had decreased by 15 per cent compared to the previous academic year (DfE; 'Further education and skills' 2018/19 and 2019/20). Relative to the rate of adult participation in England (33 per cent), as recorded by the Learning &

Work Institute's survey of adult learning in 2019, the rate of participation in London is lower, at 28 per cent.

- Exploring adult participation further showed that London had the highest rate in England of adult participation in provision below Level 2 and in English and Maths, although high rates too in respect of provision from Level 2 upwards (DfE; 'Further education and skills' 2018/19 and 2019/20).
- Adult learners in London tend to be older than elsewhere in England with higher proportions aged over 25 than elsewhere (DfE; 'Further education and skills' 2018/19 and 2019/20).
- London has the most ethnically diverse population in the UK with 40.2 per cent of residents identified as belonging to either the Asian, Black, Mixed or Other ethnic group⁹. Compared to the rest of England, London adult learners were more diverse with 73 per cent of London's adult FE learners being from Black, Asian and minority ethnic backgrounds (DfE; 'Further education and skills' 2018/19 and 2019/20).
- In addition to the learner population undertaking nationally funded education and skills provision, London had the highest total community learner participation nationally. DfE defines community learning as covering community based and outreach learning opportunities, primarily managed and delivered by local authorities and general further education colleges, designed to bring together adults (often of different ages and backgrounds). In London there were 79,710 community learners, the large majority of whom were aged over 60 (DfE; 'Further education and skills' 2018/19 and 2019/20).
- Following a long-standing trend, in 2019/20 London had the fourth lowest number of apprenticeship starts in England in 2019/20, with 33,890 starts with a notably low rate of starts for the youngest age group (16–18 year olds). However, it has a higher proportion of people starting higher level apprenticeships than seen in the rest of England – which is likely to correlate with age as well as other factors (DfE; Apprenticeship Starts 2019/2020).
- There was more ethnic diversity in apprenticeship starts in London than in the rest of England with 47 per cent of apprentices being from Black, Asian and minority ethnic backgrounds (DfE; Apprenticeship Starts 2019/2020).

These facets of the London FE learner population have implications in respect of mental health needs, which are examined through the existing evidence base (literature review) and primary data collection with stakeholders and London providers.

The full analysis of the publicly available quantitative data can be found in chapter five of the accompanying evidence report.

Evidence and literature on mental health and further education

The existing evidence base, which focuses quite strongly on younger FE learners, shows that there is an increasing level of mental health need. While it is acknowledged that

⁹ <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest>

some of this stems from improvements to culture – it has become more acceptable to talk about mental health, and from earlier identification of needs – the stark fact is that services to address these needs are scarce and hard to access.

Particularly for young learners, education plays an important role in mental health, and young people often prefer to seek support through familiar educational institutions rather than approach medical services. Despite its potential to provide positive support, the FE context can also introduce pressures that negatively impact students' mental wellbeing, specifically associated with transition to new, often larger, more populous learning environments and with expectations for students to be more autonomous and able to manage their own learning experience to a degree. Social connections are affected in these transitions, which again can increase anxiety causing a negative effect on mental health. There are also indications that workload is higher in the 16–19 phase, leading to stress and concerns amongst students about managing this and passing assessments. Where students have not achieved GSCE maths and English in Key Stage 4, the need to re-sit until they pass these exams is an additional stressor.

All groups of FE learners are affected by these factors, however the evidence gathered for this report suggests there is variation according to characteristics and demographics:

- The onset of mental health issues tends to first occur at a young age, and as students move into their late teens their understanding of mental health increases, and there is greater awareness of the importance of looking after their own mental health. The FE sector's diverse intake of students means that it includes both substantial numbers of younger students who may experience symptoms for the first time, as well as older students who are more likely to have an established mental health condition, and who may be undertaking learning for the positive impact it can have on mental health and wellbeing.
- People from Black, Asian and minority ethnic backgrounds face multiple risk factors for poor mental health relating to economic disadvantage and experiences of racism. There is also evidence of racism within the British education system, which increases the risk of this group experiencing mental health issues. There is evidence of a significant attainment gap in FE between young Black, Asian and minority ethnic and white students. As low educational attainment and exclusion from education are risk factors for developing poor mental health, the fact that Black, Asian and minority ethnic students are at a disproportionate risk of these factors has been linked to mental health issues in these groups.
- The evidence indicates that women are more likely to experience a mental health issue than men. Young women are also at higher risk of developing a mental health issue than young men. In particular, young women are at high risk for anxiety compared to young men. Onset of mental health issues also tends to be later in young women than young men, with boys aged 11–16 more likely to have a mental health disorder than girls, and girls most likely to have a mental health disorder at age 17–19.
- Being lesbian, gay, bisexual or trans (LGBT+) increases the likelihood of experiencing poor mental health. Nearly 35 per cent of young people who identified as lesbian, gay, bisexual or another sexuality had a mental health disorder, compared to 13 per cent of

young people who identified as heterosexual, according to one source¹⁰. Experiences of homophobic and transphobic discrimination and harassment are a factor contributing to mental health issues for the LGBT+ community.

- Economic disadvantage is another factor linked to mental health issues, with poor mental health being more common in children from lower income households. Experiences of poverty, insecure housing, homelessness and living in unsafe conditions are key risk factors for developing a mental health issue.

Access to, take-up, and views of adequacy of support services for mental health support varies by these characteristics – within the context that support services are under-resourced and inadequate in the first place, particularly those for young people. For example, 11–25 year olds responding to a survey believed that services targeting younger children were more accessible than those for their own age group. The transition between child and adult services because of age eligibility criteria, can also be problematic¹¹. A lack of diversity within the workforce of support services can be off-putting for people from Black, Asian and minority ethnic backgrounds.

FE policy response

The above factors show the importance of education environments actively addressing mental health and seeking to work in a preventative way to support students. The FE sector is actively addressing this, with many colleges employing full-time counsellors and reporting regularly to governors about mental health. However, education providers' ability to offer mental health support and early intervention have been negatively affected by FE funding reductions, and this is seen as a major barrier to setting up mental health provision. The Department for Education (2017) identifies three main challenges that FE colleges face when supporting the mental health needs of their students: coping with the increasing numbers of students with complex needs; deficiency of time and staff capacity required to create a suitable organisational culture, identify needs, support students alongside teaching commitments and provide adequate amounts of counselling and therapy; and engaging young people, particularly those who do not recognise that they have mental health issues, or are unwilling to seek or receive help.

The Department for Education (2017) also highlights the importance of good relationships between FE colleges and healthcare providers, although other evidence suggests this is an area for development. The AOC for example, finds that engagement between education and medical services (public health and local clinical commissioning groups) can be limited or 'non-existent', although colleges report positive collaboration with mental health providers, local Improving Access to Psychological Therapies (IAPT) services and voluntary organisations.

¹⁰ NHS Digital (2018) Mental Health of Children and Young People in England, 2017

¹¹ The Social Care Institute for Excellence (SCIE) notes that 'Discharge from CAMHS and a potential move to AMHS takes place at varying ages, but most commonly when young people are aged between 16 and 18. However, transitions from children to adult services differ between sectors: children services are generally provided up to the age of 19'

Policy support is growing on this agenda, with the 2017 'Transforming Children and Young People's Mental Health Provision' green paper outlining policies to be introduced in 2022. The focus is on building a more collaborative approach between education and health and has three central pillars: reducing wait times for Child and Adolescent Mental Health Services (CAMHS) to four weeks; incentivising schools and colleges to introduce Designated Senior Leads for mental health provision to liaise with local health services; and introducing funding for new Mental Health Support Teams managed by schools and colleges and overseen by the NHS to provide early intervention and ongoing support for students experiencing mental health issues.

The Mayor of London has placed mental health at the centre of his Health Inequalities Strategy (2018) giving it parity with physical health and recognising the positive interplay between mental health and physical activity. Activities include using the Young Londoners Fund¹² to support projects promoting mental wellbeing among young people, and the development of Young London Inspired¹³ to support young people at risk of developing issues with their mental health. The Mayor has also introduced funding for youth mental health first aiders, with the aim that 'every London state primary and secondary school, sixth form college and FE college has access to a Youth Mental Health First Aid trainer by 2021'.

The full evidence review is presented in chapter two of the evidence report.

Stakeholder and providers views on London's FE learner needs

Primary research with a range of stakeholders and London FE providers provided the opportunity to dig into the issues as well as consider implementation; this surfaced a richer picture of strategies that providers in the FE phase are embedding.

Lack of funding for this issue is seen as a major challenge and determinant of the varying nature of provision across FE providers. The area-based reviews resulting from the 2015 central government policy 'Reviewing post-16 Education and Training Institutions'¹⁴ led to a programme of college mergers. Stakeholders viewed these mergers as unhelpful, reporting that the large organisations created undermined the ringfencing of funds to implement mental health and wellbeing policies and practices. Where funding has been mobilised, this has led to 'pockets of best practice' emerging but stakeholders are concerned to see greater consistency across London. Current provisions were said to range from a basic level of pastoral/wellbeing support provided by tutors to more

¹² The Young Londoners fund is a £45 million fund used to support community projects providing activities and programs for young people in London. <https://www.london.gov.uk/what-we-do/education-and-youth/young-londoners/mayors-young-londoners-fund>

¹³ Young London Inspired is part of the Young Londoners fund, which offers grants of £10,000 to £30,000 for multi-year projects that aim to improve young peoples' wellbeing and resilience through encouraging young people to take part in volunteering or social action. <https://www.london.gov.uk/what-we-do/volunteering/support-third-sector-organisations/young-london-inspired-multi-year-grants>

¹⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/446516/BIS-15-433-reviewing-post-16-education-policy.pdf

specialist/professional support and intervention for students with higher levels of need and included counsellors, peer support groups and trained Mental Health First Aiders. Notable examples were also identified of strong partnership working with local authorities, CAHMS/AMHS, CCGs, local charities, and other support organisations that facilitate referrals and other services for learners with mental health needs. Stakeholders also discussed mental health support provision for apprentices through the Access to Work offer (Remploy), although noted that awareness of this was limited.

A number of initiatives and strategies were identified as important to early intervention and prevention including: New Mental Health Support Teams (MHSTs), jointly delivered by NHS England and NHS Improvement, with the Department for Education; apps focused on mental health needs and support such as Kooth and MeeTwo; the 'Self Esteem Team' approach; Mental Health Awareness Week and the Mental Wealth festival offered by CityLit in London, which coincides with World Mental Health Day; and the 'Heads Together' campaign.

Stakeholders and providers identified a range of factors critical to successfully implementing a culture of support for mental health and wellbeing within FE as well as support services, shown in the box below.

Critical Success Factors to a supportive culture for mental health in FE

Visible, strong leadership that supports and values mental health provision.

Implementation of governance policies/guidance that communicate clearly to staff what to do if they identify a learner with mental health needs.

Training and support for *all* staff in identifying and supporting mental health issues among learners.

A focus on support for staff mental health and wellbeing, which increases staff capacity to support students.

Overall, stakeholders' view was that priority had to be given to the issue of mental health. It should be a common topic of discussion and a consideration from the earliest engagements with learners. There was strong support for partnership working, including with parents and carers, and for embedding mental health and wellbeing in the curriculum, enabling learners to 'hear from people like them and embracing and showcasing diversity'. Peer approaches were also seen as important and helped to develop connection and community, alongside the more formal support offer within institutions. A final important feature is the monitoring, measurement and evaluation of the impact of provisions, for example, using a range of 'soft outcome' measures (eg students' self-rating their confidence/self-esteem); or coverage of mental health in learner surveys.

Stakeholders strongly supported the 'whole-institution approach' as best practice, although it is not implemented consistently across London's FE sector. Stakeholders emphasised that such an integrated approach is optimal in terms of early intervention and prevention, as well as support and ensures a join-up between practices across the institution, thereby reducing the risk of fragmentation. It is crucial therefore, that there is a

strategic approach and leadership to implement a holistic approach, and to ensure beyond implementation that policies and practices continue to align within the approach.

From the stakeholders perspective there are a number of barriers to the provision of effective mental health support across FE, but core amongst these are the lack of core training and continuing professional development for all FE staff in identifying and supporting mental health problems and, also, in softer skills that support positive mental health for example, effective communication and interpersonal skills; and limited and/or reduced budgets; different funding streams; and a lack of funding for targeted mental health initiatives. This latter point chimes strongly with the evidence base and points to a need to set aside specific resources if there is to be a genuine attempt to tackle this.

A full analysis of points made by stakeholders is presented in chapter three of the evidence report.

Impact of the pandemic

This research was conducted when the FE sector was facing an unprecedented situation amid the COVID-19 crisis. Research exploring the impacts of the pandemic indicates that the current level of mental health support need will only increase and accelerate existing trends for increased demand for mental health support. For example, the Mental Health Foundation (MHF; 2020) reports that young people aged 18–24 were more likely to report stress as a result of the pandemic than the UK population as a whole. Similar to the latest findings from AOC (2021), the MHF report also found that 18–24-year-olds were more likely than any other age group to report hopelessness, loneliness, issues with coping, and suicidal thoughts/feelings. Young Minds (2020) notes that young people with a history of mental health issues had concerns over losing connection with friends, non-immediate family, and other trusted adults. The dominant narrative of 'lost learning' and need for rapid catch-up raises risks of increasing anxiety amongst young people.

The pandemic has also led to a gap emerging between the forms of support that are seen as good practice, and those that meet social distancing guidelines. Group activities including sport and physical activity – which are supportive of mental health – have been constrained for more than a year. Moreover, students have been subject to significant disruption in terms of their education and assessment, with education settings being closed and teacher assessment models introduced. COVID-19 has increased the effect of existing inequalities in respect of disadvantage, including digital inclusion (access to devices and data for learning), housing (and relatedly the space to live in and learn in), household structure (with higher risks for multigenerational households), and employment (with low income households also more likely to have to go to work, risking exposure to the virus, rather than work from home) – with disproportionately high rates of death amongst people from Black, Asian and minority ethnic backgrounds. During the first wave of the pandemic there was a strong intersection between high levels of infection and deprivation, with the most deprived London boroughs some of the worst affected. While the UK was moving through a phased lifting of lockdown measures at the time of reporting, it was unknown how young people and other learners would readjust to education and training taking place in person, and whether a return to a college setting

and face-to-face learning would be sustainable, given the risks of an increase in infection stemming from the new variants, which are known to be more infectious.

During the pandemic, stakeholders recognised that disrupted learning following college closures and moves to digital learning could have a destabilising impact on the mental health of many current and potential students, with disadvantaged learners being significantly at risk. They echoed concerns about digital inclusion and issues facing households, including how the virus further entrenched disadvantages within the FE learner community. Stakeholders also emphasised the challenges of lockdown for those at risk of domestic violence; or LGBT+ learners locked down within families who are not understanding of their sexuality or gender identity; and for carers unable to seek respite during lockdown. The Black Lives Matter movement was also cited, and stakeholders and providers regretted that Black, Asian and minority ethnic learners of all ages were separated from the support that would have been offered within the FE system. The move to working from home was also noted as presenting risks to the mental health of apprentices, due to social isolation and separation from the workplace. Potential issues with adjustments back into regular routines upon return to the educational/workplace setting were also anticipated for all learners.

However, some providers highlighted benefits that had also emerged, which could be mainstreamed further. For example, for learners with social anxiety, moves to virtual delivery had been beneficial to their mental health/wellbeing. Embedding this more flexible learning format was viewed as important as the return to education started.

Stakeholders and providers stressed that the pandemic had led to high levels of need among learners, due to financial worries/hardship, job loss, unstable housing situations/eviction, fragmentation of families, grief and bereavement. Concerns about future prospects, anxiety, lack of motivation and despondency in a context of uncertainty and exam cancellation were significant issues for learners in the pandemic.

Chapter six of the evidence report presents a fuller picture of the impacts and effects of the pandemic for further education learning.

Young people's opinions

A workshop with young Londoners was held just at the time that Lockdown 3 had started to be eased in March 2021 and it was possible for young people to return to classroom learning.

Young people identified how the societal emphasis on achieving good qualifications – because of the importance of these to getting on in life – was a stressor in itself. They felt from the age of entering GCSEs onwards that they were having to make choices with this 'mental load' of the consequence of poor choices, or of the inability to thrive in educational contexts.

There were understandable fears and anxieties about the return – ranging from the need to test for COVID-19, (and the consequences of not doing the test correctly or getting a false negative) to feeling overlooked in the national debate (young people with underlying

health conditions felt the narrative about the pandemic not affecting young people left them isolated and ignored).

Young people foresaw a range of needs for support as they re-engaged with face-to-face provision, and in light of this, wanted to see improved provision, with better access and support for groups including Black, Asian and minority ethnic young people (where support from someone with the same cultural background would be useful) and those with health conditions, disabled young people and those learning disabilities/difficulties. They stressed a balance needed to be struck with catch up activities and wider support to help young people re-engage socially.

They called for increased staff training and awareness of the issues to support earlier identification of needs, and for campaigns on the importance of mental health and wellbeing to spread across multi-media, ensuring a reach to people in a diverse range of situations.

A fuller narrative of young people's views can be found in chapter four of the accompanying evidence report.

Conclusions

The pandemic has only heightened the demands on the FE sector in respect of learners' mental health and wellbeing. While this research was intended to provide a baseline assessment of needs and provision, the pandemic had an impact, both on the level of need, and the viability of leading research with education providers and learners at this time.

The sector plays a vital role in creating community and connection for a large and diverse learner population in London. There are some exemplary practices and numerous institutions with demonstrable commitment to ensure their organisational culture supports conversations about mental health, as well as a healthy environment in which to learn. Alongside this, the need for support services is well recognised, and again, there are strong exemplars of partnership working and collaboration to deliver the range of support learners need.

Stakeholders believe that there should be greater sharing of good practice to achieve more consistency across London's FE system. This focused on good practice models and frameworks for how resources can be best configured to take forward a whole institution approach. Ringfenced funding is important, as is scrutiny from Boards of Governors, to ensure strategic oversight alongside operational implementation, which should help mitigate the risk of fragmentation.

The Mayor's recognition of the important role played by education in health and social outcomes is crucially important. This focus must be stressed as all phases of education emerge from lockdown and learners return to campuses. The learners of the COVID-19 years will require additional and ongoing support to secure their wellbeing, and the FE system has a crucial role to play. The matter needs ongoing scrutiny, monitoring and importantly, funding support, so that good practices spread throughout the sector and that

mental health is commonly considered for all forms of FE learning, including full and part-time, training and apprenticeships, and adult and community learning. Building and supporting peer and collaborative relationships between providers to enable the spread of good practice and greater consistency of support will be critical.

Covid Recovery

The agenda can be further developed now within strategies and plans to help London residents move beyond the economic, health and social challenges that have been caused by the pandemic. To address these wide-ranging challenges the Mayor has established a London Recovery Board, which brings together 'elected leaders and senior stakeholders to provide strategic direction to, and democratic oversight of, London's recovery work'.¹⁵

The Recovery Board has identified five key objectives, which are to:

- reverse the pattern of rising unemployment and lost economic growth;
- support our communities, including those most impacted by the virus;
- help young people to flourish with access to support and opportunities;
- narrow social, economic and health inequalities; and
- accelerate delivery of a cleaner, greener London.

FE and its multiple populations can be seen in these aims. For example, FE can play a key role in the aim to reverse the pattern of rising unemployment – inherent in which is upskilling and retraining so that people can access sustainable jobs in growth sectors and occupations, including green jobs. New nationally funded opportunities are emerging for shorter term training programmes, with direct links to employers. FE colleges and independent training providers have a key role to play in the delivery of these.

Similarly, the objective to support young people to flourish can be achieved through ensuring they are supported to thrive in education to achieve the best possible outcomes that lead towards good quality work. Educational attainment is a key determinant of health inequalities through its inter-relationships with economic and social inequalities, so again the further education sector can play a key role here.

More generally, and particularly for adults in the community, FE through upskilling and through adult and community learning opportunities including ESOL provision, can help people to reconnect to their communities following the devastating impacts of the pandemic that have caused so much isolation. Learning is a therapeutic benefit in this sense.

¹⁵ London Recovery Board – Terms of Reference (4 June 2020), downloaded 21 May 2021: https://www.london.gov.uk/sites/default/files/london_recovery_board_-_terms_of_reference_agreed_4_june_2020.pdf

Implications and recommendations

The implication then, is that investing in and supporting London's FE sector to support FE students' mental health has the potential to make a significant contribution to key pillars of the London Recovery Programme, particularly in relation to mental health and wellbeing, young people, and good work for Londoners.

While people of all ages can experience mental health issues, the onset of mental health issues tends to first occur at a young age (between 11 and 19 depending on demographics). This indicates a particular role for FE providers working with 16–19 year olds and young adult learners (19–25) to focus on prevention and early identification, as well as to help prevent issues from escalating. With adults, FE is part of the 'social prescription' to address needs and can support and lift people who understand more about their mental health challenges.

There are pockets of good practice, and it would be worth investing in networks to promote peer-to-peer learning on supporting FE students' mental health and wellbeing. Similarly, investing in FE leadership's knowledge and capabilities around whole-institution approaches to mental health and wellbeing is likely to ensure good practice becomes more widespread over time. This should be supported by dedicated funding to implement a whole-institution, strategic approach. This could be used, for example, for the continuing professional development of FE teacher, trainers, and tutors or to assign dedicated mental health leads

The majority of London's FE learners (nearly three-quarters) are from Black, Asian or minority ethnic backgrounds. Existing evidence indicates that women from Black, Asian or minority ethnic backgrounds, and Black women in particular, have the highest prevalence of common mental health issues. However, people from these communities are also less likely to engage with mental health services than other groups. Consequently, any future initiatives focussed on students' mental health and wellbeing must be culturally sensitive and appropriate to meet needs effectively. Involving people from Black, Asian and minority ethnic backgrounds in the leadership, planning, design, and delivery of initiatives focussed on student mental health and wellbeing will be critical.

Any GLA funded or support-programmes on mental health and wellbeing in FE should have robust, independent evaluation to build the evidence base, enable replication of effective practice and ensure lessons are learned. Strength of evidence on effectiveness of interventions to support FE students' mental health and wellbeing is weak (this is not London specific), and mostly draws on small-scale qualitative studies. Physical activity, wellbeing education, personal development, and summer initiatives appear to be promising early intervention activities. There would be merit in investing in robust pilots and evaluations to better understand their effectiveness.

The companion evidence report to this summary contains the detailed analysis that led to these recommendations.