ies Report

Institute for Employment Studies

Supporting good mental health amongst London's FE learners

An assessment of mental health needs and support approaches

Becci Newton, Rakhee Patel, Georgie Akehurst, Kate Alexander, Morwenna Byford, Catherine Rickard, De-Jon Ebanks-Silvera, Jonathan Buzzeo, Joseph Cook, and George White-Smith

Thrive LDN
towards happier, healthier lives

SUPPORTED BY

MAYOR OF LONDON

Institute for Employment Studies

IES is an independent, apolitical, international centre of research and consultancy in public employment policy and HR management. It works closely with employers in all sectors, government departments, agencies, professional bodies and associations. IES is a focus of knowledge and practical experience in employment and training policy, the operation of labour markets, and HR planning and development. IES is a not-for-profit organisation.

The IES HR Network

This report is the product of a study supported by the IES HR Network, through which members finance, and often participate in, applied research on employment issues. Full information on Network membership is available from IES on request, or at www.employment-studies.co.uk/network.

Acknowledgements

Contents

Summary of evidence and findings

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, London's Mayor 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 education 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 (ie 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.

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, ie 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. However adult participation had decreased by 15 per cent compared to the previous academic year (DfE; 'Further education and skills' 2018/19 and 2019/20).

■ 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 being 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 group[1]. Compared to the rest of England, London adult learners were more diverse,

---

[1] https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest

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, with the large majority of these 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. There were 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.

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

However, particularly for young learners, education plays an important role 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 the expectation for students to be more autonomous and able to manage their own learning experience. 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 shows particular dimensions according to characteristics and demographics and these points were also identified by stakeholders and providers taking part in the research:

■ The onset of mental health issues tends to first occur at a young age and as students age 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 at 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 for 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 likelihood to experience 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 source. 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

problematic[2]. 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, identifying needs, supporting students alongside teaching commitments and providing 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.

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.

---

[2] 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'

The London Mayor has placed mental health as a central factor in his Health Inequalities Strategy (2018), giving it parity with physical health and recognising the positive interplay between mental health and physical activity. Measures include using the Young Londoners Fund[3] to support projects promoting mental wellbeing among young people, and the development of Young London Inspired[4] 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'.

Stakeholder and providers views on London's FE learner needs

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

Lack of funding for this issue is seen as a major challenge and determinant of the varying nature of provision within the range of FE providers. The area-based reviews resulting from the 2015 policy 'Reviewing post-16 Education and Training Institutions'[5] led to a programme of college mergers. Stakeholders viewed this as unhelpful, further challenging any 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 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:

---

[3] 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

[4] Young London Inspired is part of the Young Londoners fund which offers grants of £10,000 to £30,000 for multi-year projects which aim to improve young peoples' well-being 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

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

■ 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.

■ The 'Heads Together' campaign.

Stakeholders and providers identified a range of factors that are critical to successfully implement a culture of support for mental health and wellbeing within FE as well as support services. This included:

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

■ Implementation of governance policies/guidance, which 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, as this in turn would increase capacity to support students.

Overall, priority had to be given to the issue of mental health in the institution, with mental health being a common topic of discussion, and consideration of need being led from the earliest engagements with learners. There was strong support for partnership, 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.

Their views articulated strongly with the 'whole-institution approach,' which was regarded as best practice, although not implemented consistently within the 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 risks of fragmentation. It is crucial therefore that there is a genuine concern to implement a holistic approach, and to ensure beyond implementation, that policies and practices continue to align within the approach.

From stakeholders' perspectives 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 eg effective communication and interpersonal skills; 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.

Impact of the pandemic

This research was conducted when the FE sector was facing an unprecedented situation amid the COVID-19 crisis. Evidence exploring the impacts of the pandemic indicate that the current level of mental health support need will only increase, accelerating 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. 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), from employment (with low income households also more likely to have to go to work, risking exposure to the virus, rather than work from home). There is also evidence of a higher incidence of death from COVID-19 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 some of 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 as yet unknown how young people and other learners would readjust to education and training taking place in person, and whether a return to a college would be sustainable, given the risks of an increase in infection stemming from the new variants of COVID-19.

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 students and potential students, with disadvantaged learners being significantly at risk. They echoed concerns surrounding digital inclusion and issues facing households, including how the virus further entrenched disadvantage 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 be 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 that benefits had also emerged that could be mainstreamed further. For example, for learners with social anxiety, moves to virtual delivery had been beneficial to their mental health and 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 and a lack of motivation and despondency in a context of uncertainty and exam cancellation were significant issues for learners in the pandemic.

Young people's opinions

A workshop with young Londoners was held just at the time that the third lockdown began to be eased in March 2021 and it was possible for young people to return to classroom learning. Understandably, a lot of the discussion coalesced on issues about this return.

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 the 'mental load' of the consequence of poor choices, or of inability to thrive in particular education 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 for young people 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 culturally congruent support would be useful), those with health conditions and 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 in order to reach people in a diverse range of situations.

Conclusions

The pandemic has only heightened the demands on the FE sector in respect of mental health and wellbeing of its learners. 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 by creating community and connection for a large and diverse learner population in London. There are some exemplary practices and numerous institutions with a strong concern that their work 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 for partnership working and collaboration to secure the range of support learners need.

The commentary from stakeholders indicates that the examples of good practice need to spread further to achieve greater consistency across London's FE system. This may require models 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 risks 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 education comes out of 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 so that mental health is commonly considered for all forms of FE learning, including full-and-part-time, training, apprenticeships, 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'.[6]

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

---

[6] 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

- 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 in the delivery of these.

On a similar alignment, the objective to support young people to flourish can be achieved by ensuring they are supported to thrive in education in order 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.

Implications and recommendations

The implication 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 the key pillars of the Mayor's 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 support 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 teachers, trainers and tutors or to assign dedicated mental health leads

The majority of learners in London's FE (nearly three-quarters) are of Black, Asian or Minority Ethnic heritage. Existing evidence indicates that women of Black, Asian or Minority Ethnic heritage, 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 in order to meet needs effectively. Involving people from Black, Asian and Minority Ethnic heritage in the leadership, planning, design and delivery of any initiatives focussed on student mental health and wellbeing will be critical.

Any GLA-funded programmes 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.

1   Introduction

In early 2020, the Greater London Authority (GLA) working in partnership with Thrive LDN, issued an invitation to tender to lead an assessment of mental health needs amongst London's further education (FE) learners. This was in recognition of the important role that FE colleges play in the fabric of London life, providing high quality technical and professional education and training for young people, adults and employers, and the particular role of the sector in supporting disadvantaged students (DfE, 2018). Nonetheless, it is recognised that a social gradient exists (nationally, but this affects London too), illustrated by disadvantaged students in FE having a propensity to achieve lower levels of qualifications and lower rates of progression into employment than those who are not disadvantaged (ibid). This matters, as education is one of the wider determinants of health, and because education outcomes play an instrumental role in respect of some of the other determinants, particularly employment, socioeconomic status, and neighbourhood.

The brief for this research recognised that while the role of education in health outcomes is identified, and being acted upon in pre-16 and HE phases, there was less evidence of initiatives bringing together health and education within FE. It was important to address this in the context of the Mayor of London's Health Inequalities Strategy (October 2018), which set out aims to reduce health inequalities by working across and embedding health and wellbeing in all policy agendas.

1.1   Starting point and coverage

The brief set a requirement to explore needs and provision in the FE colleges (FECs), recognising that the transition between relatively small and local schools to larger, and sometimes more distant FECs can be a challenge for young people's mental health and wellbeing, bringing a need to adapt to travel, a new environment with immediate risks of distress, and anxiety related to the social experience, financial pressures, as well as future careers (Centre for Mental health). The decision to progress into FECs, rather than school sixth forms (where available), is often determined by Key Stage 4 qualification achievement, with those not achieving grades 1–5 in Maths and English – which acts as a proxy for disadvantage – having a higher propensity to move into FECs (Lupton et al, 2021). While many young people may have achieved a range of qualifications, not achieving the expected level in Maths and/or English can have a strongly detrimental effect on individuals' perceptions of themselves, and their capabilities.

The project inception phase coincided with an event on 6th March 2020; entitled 'Young Londoners, Further Education and mental health', which was the fourth of five workshops linked to the Mayor's London Health Inequalities Strategy. This served to cement the brief for the work, as well as to start raising some of the issues that would need to be explored.

A strong message from providers attending the event was that young people in school sixth forms and sixth form colleges should be considered alongside those in FECs. The importance of this is borne out in our data analysis, which demonstrates that proportionally, more 16–19-year-olds in London study within sixth forms than in the rest of England. It was important too, considering further and vocational education, to ensure coverage of Apprentices and the providers they work with. Moreover, while young people were seen as an important community within the FE sector, within the project the needs of adult FE learners would also require attention.

1.2   Project principles and aim

Overall, the GLA and Thrive LDN wanted to increase understanding of the particular issues for London's FE learners' mental health and wellbeing. They recognised that supporting mental health and wellbeing is paramount and that it is crucial to fill the gaps in knowledge that exist about needs and activities in FE; that mental health sits on a continuum, is something that affects everyone, and is not contingent upon diagnosis. As such, a key interest was on prevention and early intervention, whilst recognising the vital role played by partner organisations to support those with diagnosis and/or urgent, professional support needs.

The review was intended to focus on the approaches within the FE sector (encompassing FECs, sixth form colleges and school sixth forms, and independent and other commercial and charitable providers), rather than those of partners to whom individuals might be referred. A particular interest concerned whether a 'whole-institution' approach was common, what this looked like in practice and how it can be implemented in order to support those within the FE community, from young people, through to apprentices and trainees, and adults involved in vocational and/or community learning, as well as staff.

This evidence report provides a detailed account of the research and findings, and can be read as a companion piece to the summary report and recommendations, where readers wish to deepen their understanding of the issues and data that have been drawn on.

1.2.1   Objectives

GLA and Thrive LDN set out a number of interlinked objectives for the research to address (see Table 1). The table also shows the approach planned to address these.

Table 1: Objectives for the research

Objective	Planned approaches / revised method
To understand who the FE student population in London is.	Analysis of secondary data sources including statistical first releases from DfE, outputs from GLA/London Data Store, and FE Data Library.
Improve understanding of the prevalence of mental health risk factors and wider social determinants of mental health amongst London's FE student population.	Literature review, and expert/stakeholder interviews.

Improve our understanding of the level of mental health and wellbeing need among London's FE student population and the current support available, especially early intervention and prevention.	Literature review, data analysis, expert/stakeholder interviews, provider survey and case studies (Our ability to lead the survey and case studies was constrained by the impacts of the pandemic. However we were able to lead a number of provider interviews. We also held a workshop with the he Mayor's Peer Outreach Workers to understand the views of young people).
To review the evidence for interventions to support FE students' mental health and wellbeing.	Literature review and provider interviews.
To highlight projects and interventions that seek to better support FE students in the capital.	Literature review, provider survey and case studies (noted, survey and case study research was constrained and was taken forward at a more limited scale than originally planned).
To recommend projects and interventions that help prevent mental ill health and improve the wellbeing of FE students in the capital.	Expert/stakeholder interviews, provider survey and case studies. (as above, re: case studies)
To ascertain a baseline from which we can assess progress on improving the mental health and wellbeing of London's FE student population over time.	Provider survey, data and literature review.
To showcase the views and voices of different groups of learners attending FE settings.	Case studies.

Source: GLA, Thrive LDN and IES

1.2.2 The impact of COVID-19

It will be apparent that the research commenced at broadly the same time that COVID-19 infections started to accelerate to a high-risk level within the UK population. The realisation of the implications of the pandemic were already affecting delegates at the Young Londoners' event (6th March), and people were starting to embed social distancing behaviours such as not shaking hands. By 23rd March 2020, the country entered the first COVID-19 lockdown. Necessarily, the implications of the pandemic for the mental health of London's FE population are explored in the report.

However, it is mentioned here because of the effect the pandemic had on the research approach.

1.2.3 Method – planned and adapted due to the pandemic

Table 1 indicates multiple strands of research that were planned to address the objectives for this research.

Stakeholder interviews

To ensure we fully understood the issues faced in FE in London, we led a series of stakeholder consultations to complement the messages that came through from the

Young Londoners Event. We were able to engage 19 people in-depth discussions of the issues. Stakeholders included the four main provider representative bodies, as well as contacts from the GLA, and relevant third sector organisations.

Data analysis

The data analysis proposed to draw on national administrative datasets to report on the nature and extent of the London FE student population, including location and type of learning. An initial stage of work investigated whether access could be gained to anonymised data from the Individualised Learner Record (ILR) that covers students at colleges, those taking Apprenticeships and Traineeships, and adult learners. This did not prove possible.

Instead, the research drew on publicly available data covering adult learners, apprentices and trainees. Accessing data on the full cohort of 16–19-year-olds is problematic. For these reason, datasets that report on the destinations of Key Stage 4 and 5 learners were used to provide an estimate of the likely cohort.

Full details of the data sets used are supplied in the appendices with the analysis reported in chapter 5.

Online survey of London's FE providers

An online survey invited all providers in London to provide information on student mental health needs and support approaches. This aimed to capture insights on the scale and nature of mental health issues encountered in the student population, approaches to, and issues in providing support. This aimed to complement national level data collection by AOC. While it was possible to launch the survey, there was no sample source for providers. The invitation was therefore launched on social media platforms, with support from Thrive LDN and provider bodies. A relatively low response rate was achieved, with just under 20 providers responding. The findings are therefore included alongside the evidence gathered through qualitative approaches (see chapter three).

Evidence review

A narrative evidence review formed a key strand of work. This captured evidence on students predominantly in the 16–19 phase of learning. There is a wealth of information published about mental health in schools and in higher education, with much less focused on the FE sector. Nonetheless this generated some important insights. Findings are reported in chapter two.

Provider deep dives and learner interviews

Our intention was to lead qualitative research in the form of case study 'deep dives' with around six providers. This would involve visiting campuses in order to conduct interviews with staff, students and student counsellors. The pandemic meant that this method was not suitable and an attempt was made to conduct the case studies using video-conference and telephone interviews. This was possible to a degree, and the team was

able to conduct interviews with the lead staff in the six case studies. However, changing guidance and restrictions made it impossible to then lead other interviews in the time available for the research.

Limited learner voice in the research felt like a risk. To compensate for this, the GLA facilitated the team's contact with the Mayor's Peer Outreach Workers. It was possible to hold a 75-minute workshop online with youth representatives. The findings are included in the chapter reporting qualitative findings (chapter four).

2   Current evidence base

This chapter reports on the literature review that covered existing evidence and insights into mental health needs in FE generally, and where possible, evidence specific to London is included.

2.1   Level of mental health and wellbeing need amongst London's FE learners

This research took place in the context of an increasing prevalence of mental health issues among young people and in educational settings, and an interest in the issue among policy makers and researchers (Brogolia, Millings & Barkham, 2018). The pandemic – according to all evidence – has worsened this trend, with the latest AOC study into mental health needs in FE reporting increased risks of suicidal feelings for example (AOC, 2021). Furthermore, 85 per cent of colleges say they are seeing a significant number of students with mental health difficulties who do not have a diagnosed mental health condition, suggesting the issue may be greater than current statistics suggest (AOC, ibid).

The survey conducted by AOC in 2017[7] showed that the average college has 185 students with disclosed mental health conditions, with 125 of those aged 16–18 and 57 aged 18 and above. A large proportion of colleges reported an increase in students with disclosed mental health issues (85 per cent). Over half (54 per cent) of colleges reported the total number of students of all ages with mental health issues had 'significantly increased' in the past three years, and nearly a third (31 per cent) reported they had 'slightly increased'. The situation was reported to be worse for younger students. For students aged 16-18, 69 per cent of colleges reported that mental health issues had 'significantly increased' and 20 per cent that they had 'slightly increased'. The urgency of health and wellbeing need for FE students is reflected in the fact that three-quarters (74 per cent) of colleges reported having to refer students with mental health issues to Accident and Emergency in the academic year 2015/16. There was an average of 6.6 referrals per college responding to the survey, with the number of referrals ranging from 1–30 (AOC, 2017).

The most recent data (AOC 2021) indicates increasing needs: 100 colleges reported on learners aged between 16 and 19. Of these colleges, 60 per cent had seen a significantly increased level of need, while 30 per cent reported a slightly increased level of need. A small number (three colleges) noted decreased needs. For learners aged 19 and over, 93

---

[7] At the time this review was produced this was the latest AOC report. An update summary was published in January 2021.

colleges responded with again a large proportion reporting increasing needs – 48 per cent noting a significant increase in needs and 33 per cent noting a slight increase. Again a small number (three colleges) said needs had decreased. The stressors causing these needs remained much the same, although the pandemic is reported by colleges to have had a substantial impact on mental health. A worrying trend that the AOC has reported in national press coverage is the increased numbers of learners attempting suicide, reported by their colleges.

Research into the level of need among young people aged 5–19 in London found that nine per cent of this group have a mental health disorder (NHS Digital, 2018; cited by Health London 2020). There are over 70,000 16–18-year-olds in London studying in FE settings (Annual London Education report, 2017), suggesting a significant number with a mental health disorder while studying in FE.

Given the high number of FE students in London, the issue is of particular relevance to the capital. Further, research shows Londoners tend to have low rates of life satisfaction compared to those in other parts of the country, which is indicative of relatively low levels of wellbeing (Thrive LDN, 2020).

2.2 Factors influencing the mental health of FE students

There are multiple explanations for this rise in mental health issues among FE students. Over recent years there has been an increased understanding of mental health and successful campaigns destigmatising the issue, which may increase the number of students who are aware of, and disclose issues they are facing with their mental health (Thorley, 2017).

Further, a lack of support for students experiencing mental health issues is likely to be contributing to the increase. As Thorley (ibid.) writes, there has been a 'chronic, long term underinvestment in mental health services' compared to physical health services, while over the last decade there have been further reductions to community mental health services. Over this period, Child and Adolescent Mental Health Services (CAMHS) have been underfunded, leading to many young people not being provided with support, and long waiting times for those that do receive help (Crenna-Jennings and Hutchinson, 2020). This is particularly an issue in London which has the longest waiting times for CAMHS in the UK at a median of 65 days in 2018–2019 (ibid.). This research also found that in 2019 in London on average 17 per cent of referrals to CAHMS were rejected.

The context of FE itself has also been raised as a factor influencing students' mental wellbeing. In interviews with young people across the UK, The Health Foundation (cited by Harris, 2019) identified that educational institutions play a major role in young peoples' wellbeing. As young people often prefer to seek support through familiar educational institutions, rather than medical providers (London Health Assembly Health Committee, 2015), they are an important source of support for those experiencing mental health issues. As Banerjee (2019) notes, while mental health is often medicalised and individualised, the broader context of social relations contributes to individuals' mental

health and wellbeing, and is crucial to understanding and helping those suffering from mental ill health. Educational settings are a key social context for students and thus an important factor in their wellbeing (ibid.). As such, Rimmer (2018) emphasises that FE is key to tackling the nation's mental health crisis because it is well placed to offer early intervention, which may prevent lifelong mental health issues among its students.

Despite its potential to provide positive support, the FE context can also introduce pressures that negatively impact students' mental wellbeing. Several researchers have drawn attention to risk associated with the transition from school to FE (Harris, 2019; Rimmer, 2018; Stafford, 2019). Periods of transition can put pressure on individuals' mental health, and the transition from school to FE can negatively affect students' wellbeing (Harris, 2019; Rimmer, 2018; Stafford, 2019). In this transition students are often leaving behind established support networks, taking on more independence in their studies and responsibilities, and facing pressures around their future career prospects (Stafford, 2019). Other students may be transitioning back into education after a period of work or unemployment. Furthermore, young people with existing mental health issues may also face a transition from CAMHS to adult mental health services[8]. This can be disruptive to their wellbeing, especially as there is a lack of support available for this transition (Education Policy Institute, 2020).

Beyond these difficulties around transitions, FE settings introduce new academic pressures that impact students' wellbeing. In roundtables with FE students, NUS (2017) found that students reported having a higher academic workload at FE compared to school with multiple units of study, greater independence over their studies and a perceived lack of time for assessments, leading to students feeling 'pressured, stressed and anxious' at college. A number of studies (NUS 2017, Robinson, 2019 Maudslay, 2018) also highlight the negative impact on wellbeing of mandatory resits of GCSE Maths and English[9] for those that did not achieve the qualification at school. While this 2016 policy has improved attainment, interviews with FE college staff (Robinson, 2019) and students (NUS, 2017) have found that repeated re-sits can negatively impact students' mental health. This is particularly the case for Maths re-sits, with many students suffering from 'Maths anxiety' and low self-esteem around their perceived inability to 'do Maths'. This often stems from negative experiences of learning Maths in pre-16 education (Robinson, 2019). London has a high proportion of students affected by this policy. In 2015 nearly one-third of students in London did not achieve a grade C or above in English or Mathematics. This may be a significant pressure on the mental health of many London FE students, as well as on FE colleges to deliver courses (London Education Report, 2017).

---

[8] The age at which young people transition from CAHMS to adult mental health services varies across areas. Mostly this happens at 18 but in some cases it will be at 16 or 25. There is a consensus that a 'good care model' is one where provision extends to 25 (Crenna-Jennings and Hutchinson,2020).

[9] In 2016 the government raised the education participation age to 18 and introduced a requirement that all 16–18-year-olds in education without a GCSE in Maths and/or English work towards this qualification. The policy aimed to improve levels of numeracy and literacy in the UK, and protect disadvantaged young people from negative effects related to lacking these skills and qualifications (Robinson, 2019).

On top of new academic pressures, FE can also introduce social pressures that negatively impact students' wellbeing. For young FE students who have come straight from school, the move to FE can mean losing established social connections and cause isolation, loneliness and worries around fitting in and making friends (Harriss, 2019). Research indicates that these worries are exacerbated by social media, which students interviewed by NUS (2017) identified as the main source of mental health issues. These students reported that social media can create social pressure and feelings of being left out or neglected, as well as pressures around body image and appearance. FE college staff also identified social media as a key reason for the increase in the number of students with mental health conditions (AOC, 2017). Online bullying and harassment were also identified as key issues, especially for students from Black, Asian and Minority Ethnic backgrounds, who may experience racism and islamophobia online (NUS,2017). Social media means that these issues are not confined to college hours and may be ever-present, as students are able to access social media at any time.

As well as relationships with their peers, family relationships were also highlighted by FE students as a major contributing factor to their mental health, with a lack of understanding from families around mental health leaving students feeling isolated (ibid.). In an AOC (2017) survey, 95 per cent of FE colleges also identified difficult home circumstances as a reason for the increase in the number of students with mental health issues. This survey also pointed to issues with drugs and alcohol as an important contributing factor. 63 per cent of colleges identified this as a causal factor for mental health issues among their students.

FE students (NUS 2017) also experience worries about their future and financial pressures that can contribute to mental health issues. Students report experiencing extreme pressure to succeed at FE in order to be successful in the future. Specifically, they report pressure to get a 'good' job, or to be accepted by a 'good' university. This can exacerbate academic pressures by introducing greater worries around achievement. A lack of available careers advice and guidance in college also adds to these pressures and students report receiving insufficient support in their decisions around post-16 education (NUS, 2017). Furthermore, many FE students also have financial responsibilities that introduce worries around money, and difficulties balancing studies with work. The government's removal of Education Maintenance Allowance (EMA) in 2010[10] has exacerbated this issue (ibid.). EMA was replaced by funding for bursaries provided by FE colleges directly to students. Most of these bursaries are based on attendance, which can increase problems for students with mental health issues that impact attendance, as missing college due to their mental health may lead to decreased income, which further exacerbates the initial mental health issues (ibid.).

---

[10] Education Maintenance Allowance provided students aged 16–19 in full-time education a weekly payment between £10 and £30 based on their parental income. It was removed in 2010 as part of the coalition governments budget cuts.

2.3   Mental health risk factors and prevalence in London FE

Individual and demographic factors also impact FE students' risk of suffering mental ill health. The London FE population reflects the diversity of the city, and different groups of students are at greater risk of mental health than others due to demographic factors. Poor mental health has been linked to experiences of poverty, discrimination and adversity (Thrive LDN, 2020). As Thrive LDN (2020) note 'mental health is shaped by wide-ranging characteristics, which are influenced by the local, national and international distribution of power and resources'. It is important to acknowledge that there are differences both within and between different demographic groups in terms of their educational experiences and wellbeing. Demographics are also not mutually exclusive, and many London FE students will experience multiple forms of disadvantage that will shape their wellbeing and experiences of education in specific ways.

Age

While people of all ages can experience mental health issues, the onset of mental health issues tends to first occur at a young age. Maudslay (2018) reports that 50 per cent of mental health issues are established by age 14, and 75 per cent by age 24. Furthermore, research indicates that as students age, their understanding of mental health increases. A survey by YoungMinds (2018) found that 22–25-year-olds were most likely to agree that they have a mental health condition (86 per cent), a significant difference to 11–13-year-olds (47 per cent), 14-15-year-olds (64 per cent), 17-18-year-olds (77 per cent) and 18-21-year-olds (77 per cent). Older respondents (22–25-year-olds) also showed greater awareness of the importance of looking after their own mental health compared to younger age groups. 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.

Race and ethnicity

Black, Asian and Minority Ethnic people 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 experiencing mental health issues. There are important differences between and within ethnic groups influencing the prevalence of mental ill health that need to be explored with reference to London FE students.

Research shows that the relationship between ethnicity and mental health is complex and is influenced by other demographic factors such as age and gender. Among children aged 5–15 in England, rates of mental health disorders tend to be higher in white British children and lower for children from Black/Black British and Asian/Asian British backgrounds (NHS Digital, 2018). However, by adulthood, women of colour are most likely to have experienced a common mental disorder, compared to men of colour and

white men and women. Black women had the highest incidence of common mental health issues than any other group in 2014, at 29.3 per cent (Table 1, ONS, 2014).

Table 2.1: % of adults in England who experienced a common mental disorder in the past week by sex and ethnicity

Ethnicity	Male	Female
Asian	12.9	26.3
Black	13.5	29.3
Mixed Other	10.5	28.7
White British	13.5	20.9
White Other	13.1	15.6

Source: 2014 ONS adult psychiatric morbidity survey

While women of colour, and Black women in particular, had the highest prevalence of common mental health issues, Harris and Whittle (2019) report that young Black men are over-represented in restrictive mental health settings. They write that this group are at high risk of developing a mental health issue due to being more likely than other groups to experience economic disadvantage, racism and discrimination, including in the education system.

People of African/Caribbean descent are the largest ethnic minority in London. This group is 'over-represented at each level in the psychiatric process compared against other groups' (London Assembly, 2015). For example, in Lambeth 70 per cent of patients detained in secure psychiatric settings are African/Caribbean despite making up 26 per cent of the population of the borough (ibid.).

According to AOC (2020), people from Black, Asian and Minority Ethnic backgrounds make up 33 per cent of FE students in the UK, which is a high proportion given that Black, Asian and Minority Ethnic people make up 14 per cent of the UK population (Landman, 2020). The number of Black, Asian and Minority Ethnic FE students is typically even higher in cities such as London (ibid.). These factors may lead to an increased prevalence of mental health issues among London FE students compared to less diverse areas.

These rates of mental health disorders among the Black, Asian and Minority Ethnic population have been linked to experiences of racism and discrimination, including in education. In their roundtables with FE students, NUS (2017) found that students reported that experiences of racism and Islamophobia, especially those experienced online, were a major cause of mental health issues. Experiences of racism and discrimination in education specifically have also been linked to poor mental health of young Black men (Harris and Whittle, 2019). This group has lower attainment than other groups, in part due to low teacher expectations and high rates of exclusion 'based on perceived behavioural issues' (ibid.). The disproportionate prevalence of mental health disorders in the African/Caribbean community has also been linked to a disproportionate risk of being excluded from school (London Assembly, 2015). These issues continue into FE. There is evidence of a significant attainment gap in FE between Black and non-Black students,

which the Black Further Education Leadership Group links to evidence of systematic racism in the UK education system (Landman, 2020). As low educational attainment and exclusion from education are risk factors for developing poor mental health, the fact that Black students are at a disproportionate risk of these factors has been linked to mental health issues in these groups (Harris and Whittle, 2019).

Furthermore, research has found that Black, Asian and Minority Ethnic communities may be less likely to engage with mental health services than other groups. Mental health issues are stigmatised within some Minority Ethnic faith communities, and Black, Asian and Minority Ethnic communities are more likely to engage with mental health support once issues have become more acute due to a lack of trust in health professionals and a preference for seeking help from friends, families and faith networks (London Assembly, 2015). Moreover, when ethnic minority groups do seek help, support may be lacking, contributing to this lack of engagement with mental health services. The Education Policy Institute (Crenna-Jennings and Hutchinson, 2020) reports that the Care Quality Commission has found a 'widespread lack of responsiveness to the mental health needs of Minority Ethnic communities' in the UK. This makes FE providers a key source of support and early intervention for Black, Asian and Minority Ethnic students experiencing a mental health issue, as this group may be more likely to seek support from educational institutions than medical professionals (London Assembly, 2015).

In summary, London FE colleges may be educating students experiencing racism and islamophobia, and experiencing economic conditions that put them at risk, and who may have adverse experiences in education leading to mental health issues. These students may also be less likely or able to seek help from medical professionals, making support at college of key importance.

Gender

There are differences between incidence and types of mental health issues between men and women. Trans and non-binary individuals also face multiple risk factors for developing issues with their mental health, which is explored in the section below on mental health in the LGBT community.

Research suggests that women are more likely to experience a mental health issue than men. According to ONS research (2016) into the prevalence of common mental health disorders in adults, in 2014 women were more likely to experience a common mental health issue than men across all ethnicities (see Table 1). Young women are also at higher risk for developing a mental health issue than young men, with NHS Digital (2018) finding that nearly 1 in 4 young women aged 17–19 had an emotional disorder. In particular, young women are at high risk for anxiety compared to young men (Harris, 2019). 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 (NHS Digital, 2018). As most college provision begins at 16, it follows that female FE students may be at greater risk of developing a mental health issue than their male counterparts, while male students may be more likely to enter FE with an existing mental health issue. To put this in context,

a large proportion of FE students nationally are women; the AOC (2020) estimates that across England and including London, 46 per cent of FE students aged 16–18 are female and among adult learners this rises to 54 per cent.

LGBT

Lesbian, gay and bisexual young people are more likely to have a mental health disorder than heterosexual young people (NHS, 2019). In their survey of the mental health of children and young people, NHS Digital (2018) found that 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. Mental health disorders persist into adulthood, with Stonewall (2018) finding that just over half (52 per cent) of LGBT people taking part in a survey in 2017 about common mental health conditions had experienced depression. This is a high proportion compared to the average population – Mind report that one-in-six adults in Britain experienced a common mental health issue like depression or anxiety (ibid.). LGBT people aged 18–24 and from Black, Asian and Minority Ethnic backgrounds were most likely to experience depression (68 per cent of 18–24-year-olds and 62 per cent of Black, Asian and Other Ethnic Minority LGBT people in 2017).

Young LGBT people are at high risk of self-harming, with almost half of LGBT people aged 18–24 (48 per cent) reporting that they had self-harmed in 2017. This compares to six per cent of adults in the general population who report having self-harmed in the same period. Furthermore, LGBT people, and particularly LGBT people aged 18–24, are at a greater risk of suicidal thoughts. Stonewall found in 2017 that half of LGBT people aged 18–24 had thought about taking their own life, and 70 per cent had felt that 'life was not worth living'. These rates are much higher than the general population, with five per cent of adults reporting having thoughts of taking their own life in the same period.

These high rates of mental health issues among the LBGT population have been linked to experiences of homophobic and transphobic discrimination and harassment (Stonewall, 2018; Satfford, 2019; NUS, 2017). Participants in Stonewall's (2018) study expressed that 'experiences of discrimination and harassment in day-to-day life' and being victim to hate crimes have negatively impacted their mental wellbeing. Rejection from family and friends was another factor highlighted by this group that contributes to poor mental health. Similar factors have also been raised by LGBT FE students in NUS (2017) round tables. Despite growing acceptance of LGBT rights, NUS (2015) have reported that bullying aimed at LGBT students has risen by 30 per cent since 1984. Moreover, lack of awareness or stigma towards different gender and sexual identities further contributes to mental health difficulties for LGBT young people, especially when facing stigma from families. Understanding the needs of LGBT students and providing understanding and acceptance of all sexualities and gender identities is therefore a key way that FE providers can support the mental health of these students, who are likely be at higher risk of developing mental issues than cisgender and heterosexual students.

Class and disadvantage

Economic disadvantage is another factor linked to mental health issues. NHS Digital (2018) reported that mental disorders are 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 (Harris and Whittle, 2019). With disadvantaged students overrepresented in FE (19 per cent of all FE students in the UK are classed as disadvantaged according to DfE, 2018) this is therefore a key risk factor for mental health issues for London FE students.

2.4   COVID-19 pandemic

The current pandemic is understood to be a continually emerging risk factor for mental health issues. According to The Mental Health Foundation (2020) young people aged 18–24 were more likely to report stress as a result of the pandemic than the UK population as a whole. The report found that from the third week of June, 18–24-year-olds were more likely than any other age group to report hopelessness, loneliness, issues with coping and suicidal thoughts/feelings. In the face of the pandemic and lockdown measures, young people with a history of mental health issues had concerns over losing connection with friends, non-immediate family and other trusted adults (Young Minds, 2020). Similarly, the ONS (June 2020) found that over 69 per cent of adults in the UK indicated that they felt either somewhat or very worried about the effect COVID-19 was having on their life, with issues related to wellbeing concerning worries about the future (63 per cent), feeling stress and anxiety (56 per cent) and feeling bored (49 per cent).

COVID-19 is an even greater risk factor for Black, Asian and Minority Ethnic young people and adults. A digital mental health support service named 'Kooth' tracked changes to mental health needs among Black, Asian and Minority Ethnic young people during the pandemic and found greater increases in depression, anxiety, self-harm and suicidal thoughts in comparison to white counterparts (Kooth, 2020). Findings from a survey of over 25-year-olds led by Mind (2020) indicate that for close to a third (30 per cent) of Black, Asian and Minority Ethnic respondents, housing problems during the pandemic worsened mental health (compared to 23 per cent of white people); that employment worries had affected 61 per cent (compared to 51 per cent of white people); and that worries about finances had worsened for over half (52 per cent) of Black, Asian and Minority Ethnic respondents compared to 45 per cent of those who were white.

2.5   Access to and experience of mental health services

Evidence from across the UK suggests that experiences of mental health support services differ according to demographic factors such as age, gender and ethnicity. Overall, further research is needed to explore the experiences of accessing mental health service of FE students in London.

Nonetheless, a survey of 11–25-year-olds conducted by YoungMinds (2018) offers some insight into young peoples' experiences of mental health support. Respondents were asked about the experiences of services of different young people, specifically relating to whether other students had received 'better' support. They considered 'young children between the age of 11–14', 'younger children' and 'younger students' to be treated better by services than themselves. It was the general opinion that young people in the transition period between CAMHS and AMHS (aged 16–18) were not treated as well by services, or did not meet requirements for support, which can result in the ceasing of support for those who were previously receiving it (see NUS, 2017).

However, perceptions of whether students feel able to access support are important to note. In the same survey there were clear gender differences among respondents regarding capability to access support. Seventy six per cent of young women said they could get information online about mental health, compared to 60 per cent of young men, and 46 per cent of young women said they could get information through a friend, compared to 31 per cent of young men. Interestingly though, young men are more likely to get information through a school assembly (43 per cent compared to 29 per cent) or a family member (52 per cent compared to 39 per cent). Generally, young men are less likely to access support compared to young women, which indicates the need for strategies to reach out and engage young men and challenge current stigma surrounding gender and mental health. These findings relate to the fact that young people are concerned with the lack of discreetness in accessing support, eg counselling services (YoungMinds, 2018).

For other groups, specifically Black, Asian and Minority Ethnic college students, mental health services do not provide adequate services to meet needs (NUS, 2017). Black, Asian and Minority Ethnic people indicate higher rates of poor mental health and face discriminatory barriers which negatively affect mental health issues and access to support. NUS (2017) found Black, Asian and Minority Ethnic people to be less likely to engage with support (eg therapy, counselling and medical support) and more likely to underplay mental health issues. Student respondents considered these issues were partly due to lack of diversity reflected in college counsellors, contributing to the reluctance of Black, Asian and Minority Ethnic students to access support.

2.6   Current mental health and wellbeing support and provision in FE

The AOC (2017) offer a detailed overview of current mental health and wellbeing support/provision in FE. According to the AOC, 40 per cent of colleges report having full-time counsellors or mental health support workers for students and 77 per cent report having part-time staff in the same roles (2017). Further, 56 per cent of colleges reported an increase in their internal resources over the last three years to support mental health issues. Interestingly, for external resources the picture was more mixed, with 38 per cent of colleges reporting an increase and 36 per cent reporting a decrease. In addition, under half (46 per cent) of colleges said they had carried out mental health awareness training for all staff and over three-quarters (77 per cent) had trained staff in mental health first aid. Over half of colleges (54 per cent) stated they had a mental health policy/strategy for

students and 43 per cent had one for staff. Over three-fifths (61 per cent) of colleges report regularly to governors about mental health and around two thirds stated they have a fitness to study policy (67 per cent). However, education providers' ability to offer mental health services have been negatively affected by a lack of funding, with 71 per cent of schools and colleges in the UK reporting that a lack of funding was a major barrier to setting up mental health provision (Marshall et al, 2017).

The types of services FE colleges provide can vary and include individual counselling, group counselling, classroom interventions and interventions involving teachers and parents/carers (Brogolia, Millings and Barkham, 2018). Interventions can also take the form of eTherapies (support provided via phone or internet), although it is unclear what forms these take and how students benefit from them (Sucala et al, 2012). Furthermore, the type of support available for students can depend on the scale of the services provided by the FE college they attend. Brogolia, Millings and Barkham (2018) found that students who attended large student support services received support from more high-intensity counsellors compared to medium services. Medium sized services tend to provide the most Mental Health Advisers (MHAs), whose role is to 'assess the impact of mental health needs on academic ability and provide information about mental health issues and the services/support available'. Most students referred to these services were referred for low-intensity support (eg singular workshops, group-work or psychoeducation). Lastly, smaller services were more likely to provide support from unpaid/trainee counsellors. Overall, FE students who had accessed college counselling services attended approximately 3–4 counselling sessions, and students in large FE institutions attended the most counselling sessions among all colleges.

A report published by the Department for Education (2017) presented findings from 15 case studies of schools and colleges focusing on their mental health provision. Case study FE colleges engaged in creating an organisational culture which attempted to normalise the topic of mental health, with the aim of educating students on how to support their own wellbeing and encourage the development of emotional literacy. Some colleges embedded discussions about mental health into the curriculum, most prominently during Personal, Social and Health Education (PSHE), which contributed to promoting good mental health. Form and tutor time were also utilised to encourage open discussion surrounding mental health and implementing 'house systems' was used as a tool for staff to build positive and supportive relationships with students.

Challenges faced by FE colleges

A report published by Department for Education (2017) outlined three main challenges which FE colleges are facing when supporting the 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, in particular those who did not recognise they had any issues, or were unwilling to seek or receive help.

Interestingly, students may also be unwilling to seek help due to parental stigma about mental health. The National Union of Students (2017) acknowledges the likelihood of avoidance and reluctance among students to seek help to be due to the stigma and shame surrounding mental health issues.

Lengthy waiting periods have arisen as a significant issue for FE students attempting to receive support. In the study conducted by Brogolia, Millings and Barkham (2018) it was found that compared to Higher Education institutions, FE institutions reported longer average waiting periods for initial appointments and ongoing counselling sessions. However, their study also indicated that the maximum waiting period for ongoing counselling sessions in FE was typically 10 days fewer than in HE settings. NUS (2017) survey findings also identified waiting times as a significant issue for students. NUS consider this issue to be one relating to staffing levels – for example, some colleges had mental health nurses for only four hours per week, who were expected to see multiple students during this time. Some colleges had experienced problems retaining counsellors and were unsure of the stability of their support offer.

Non-attendance at counselling sessions is important to note here, as it could cause issues for the sustainability of services provided by FE colleges. Brogolia, Millings and Barkham (2018) found that of large, medium and small mental health support services, medium counselling services reported the highest number of unattended sessions, followed by large services and finally, smaller services.

Links with health services are another key challenge. The AOC (2017) reported that almost half of colleges (48 per cent) responding to their survey reported relationships with local clinical commissioning groups to be 'non-existent', and similarly 61 per cent stated that they have no relationship with the director for public health. On the other hand, 81 per cent of colleges stated that they had worked with various mental health providers, including local Improving Access to Psychological Therapies (IAPT) services and voluntary organisations (eg MIND). The Department for Education (2017) highlighted the importance of good relationships between FE colleges and healthcare providers, in that having a named contact and/or regular contact with a person (at NHS Children and Young Peoples Mental Health Services [CYPMHS] in this case) enabled colleges to build relationships, ease pressure on the referrals process and offer specialist support and guidance.

Whilst FE colleges have commissioned mental health awareness training and mental health first aid for staff (AOC, 2017), a study conducted by the National Union of Students (NUS, 2017) found that students reported staff members lacking understanding with regard to mental health issues. Students reported to feel like a 'burden' and perceived some staff members to consider mental health a poor excuse used by students to avoid work and deadlines.

2.7   Interventions to support FE students' mental health and wellbeing and their effectiveness

Physical activity, wellbeing education, personal development, and summer initiatives are commonly discussed in the literature in relation to FE students' mental health. The strength of evidence around the use and effectiveness of these interventions is relatively weak, and is mostly drawn from small scale, qualitative studies. Further, the evidence tends to be from other areas of the country rather than London-focussed. Despite the lack of robust, larger scale evaluations of mental health initiatives for FE students, the qualitative case study examples identified provide some useful insights.

Physical activity

The AOC (2018) conducted a project in which 15 colleges participated. All colleges identified students that needed support and were willing to engage in physical activity as means to improve their wellbeing. Findings from the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) showed that when students increased their activity levels by at least one day per week their wellbeing significantly increased. Qualitative interviews with a sample of students involved in the intervention suggested overall positive feedback and a consensus that the activity enhanced mental wellbeing. Students also commonly noted the importance of staff and student relationships in physical exercise programmes. Staff members who had spent time building relationships with and understanding the wellbeing issues of individual students were perceived as more trustworthy by students.

Similarly, in another study conducted by the AOC (2018b) multiple colleges decided to focus on physical activity as an intervention for mental health and wellbeing. City College Plymouth implemented a referral system whereby students could be referred to the health, fitness and sport officer to take part in physical activity. This direct referral was intended to reduce participation barriers and enable students to be active in constructing their own tailored exercise plan, in addition to providing an opportunity for students to be part of a team and feel a sense of belonging. They provided a case study of one student with low confidence, self-esteem and disruptive behaviour who attended multiple one-to-one contact boxing sessions at college with a professional coach. By the end of eight weeks, the student's WEMWBS score had increased from 19 to 53.

Further, Truro and Penwith College launched a health, wellbeing and sport service with aims to reduce social anxiety and depression, and increase activity among staff and students. The initiative includes over 60 free weekly activities across all college sites and include activities such as cardio-cycling, trampolining, gym sessions incorporating specific one-to-one gym sessions for safeguarding and mental health referrals, and swimming. Overall, the college has seen a 1.25 per cent reduction in staff absence and an absence rate at two per cent below the national average since the initiative started (ibid.).

These small-scale case studies are not generalisable but do suggest promise and potential value in further research on this topic.

Wellbeing education/personal development

Stockton Riverside College, partnered with The Prince's Trust, provide a 12-week personal development programme for 16–25-year-olds to build confidence, skills and enhance wellbeing named 'Team'. The programme is delivered in partnership with local specialist support services to support young people with mental health needs. Stockton Riverside College has delivered the programme across North-East England for 21 years and has provided support to over 3,000 young people (ibid.). No evidence was provided regarding outcomes and effectiveness of the support.

Reaseheath College provides several initiatives relating to wellbeing education. They offer 'BeWell,' which is a health and wellbeing online resource, 'BeActive,' which offers sport programmes to students, and 'BeReady,' which is a tutorial programme designed to educate and guide students in maintaining personal wellbeing. The college also runs a wellbeing festival, in which teams, departments and external organisations come together to promote services to staff and students. The college also collaborate with external partners to provide activities including sport, mindfulness, student-led behavioural change and staff training. The college reported that student retention rates for 16–18-year-olds have increased above the national average, with 99 per cent of students feeling safe at college and 98 per cent reporting wellbeing support has helped them academically (ibid.).

In a separate study conducted by the Department for Education (2018), adult and community learning courses were evaluated for their ability to aid individuals in recovery from mild to moderate mental health issue. The study evaluated three groups: Group A consisted of individuals experiencing mild to moderate mental health issues and concentrated on tools for managing symptoms of mental health issues; Group B similarly consisted of individuals experiencing mild to moderate mental health issues and focussed on community learning topics, such as yoga, digital skills and painting; Group C consisted of a mix of learners, some with and some without mental health issues and concentrated on community learning topics also. Most learners in all groups (76%) perceived small improvements in their overall mental health. The research indicates that courses designed to aid learners in identifying and sharing experiences of managing symptoms, as well as explicitly focussing on mental health and wellbeing are most beneficial, with Group A having the largest proportion of target learners showing significant improvement in their symptoms (for depression and anxiety). This is an interesting example of FE learning itself being used as a means to alleviate poor mental health.

Summer initiatives

Some colleges have introduced summer initiatives open to students struggling with mental health issues. East Coast College reported that over half of the college's new intake were dealing with mental health issues, and so they implemented a summer school programme for those students who had self-declared during admissions. As a result, the college has seen a 97 per cent retention rate among students who participated (AOC, 2018b).

Loughborough College also introduced a summer initiative, in which students who did not meet the threshold for support from CAMHS, but still experienced poor mental health and

anxiety were able to attend a morning club over summer. This club was supported by local welfare charities and aimed to enable school leavers to become more comfortable in the college environment, experience positive social interaction with others, build confidence and begin plans for support and the transition between school and college. Individualised plans enabled students to agree to meet a nominated person on their first day of college and to avoid congested areas. The college also provided students with links to external agencies and one-to-one meetings with a mentor to establish and meet their needs. This initiative is part of a wider approach, which has achieved a 10 per cent increase in retention rates after one year (ibid.).

In their survey of FE students, the Centre for Mental Health (Harris, 2019) identified initiatives like these as a means of limiting the negative impact of the transition to FE on students' mental health. Giving students a chance to visit their school or college site before term starts can help students familiarise themselves with a new, often large, physical space. This can also help students who have not previously experienced a mental health issue. The report also recommended that schools offer taster days, provide a dedicated point of contact for any concerns, and facilitate support from older students to help with the transition.

2.8   Recent policy developments to improve support for London's FE students

Recent reforms relating to mental health at both a national and London level have recognised the key role of schools and colleges in supporting young people and students' wellbeing. Policies have been introduced that seek to tackle the growing issue of mental ill health among young people and the population at large by giving new guidelines and responsibilities to schools and colleges.

On a national level, DfE and DoH produced a green paper in 2017 'Transforming Children and Young People's Mental Health Provision,' outlining policies to be introduced in 2022. The green paper focuses on building a more collaborative approach between education and health providers which could tackle the lack of collaboration identified (by AOC (2017). The policies' three central pillars are: reducing wait times for CAMHS to four weeks; incentivising schools and colleges to introduce a 'a Designated Senior Lead' for mental health provision who will 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 AOC's mental health policy group have contributed to the report, ensuring FE is well represented (Rimmer, 2018). These policies will shape the experience of mental health support for students when they are introduced in 2022, while Mental Health Support Teams have been trialled in a number of London boroughs and will directly impact students. Results from an evaluation of this pilot programme will be released in 2021 (Policy Innovation Research Unit, 2020).

At a local level, the London Mayor has placed mental health as a central factor in his plan to tackle health inequalities in London, giving it parity with physical health (and physical

activity seen as a key policy priority) (Khan, 2018). A number of measures in this strategy relate to young people and education providers specifically, and will influence how London FE colleges support their students. These measures include using the Young Londoners Fund[11] to support projects promoting mental wellbeing among young people, and the development of Young London Inspired[12] to support young people at risk of developing issues with their mental health. Young London Inspired has already awarded grants to projects in 2018/19. 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'.

---

[11] 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

[12] Young London Inspired is part of the Young Londoners fund which offers grants of £10,000 to £30,000 for mulit-year projects which aim to improve young peoples' well-being 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

3   Stakeholder and provider views

The research included interviews with key stakeholders in the London FE and health sectors including membership, professional and provider bodies; student representatives; mental health charities; social enterprises; and those within the GLA's Skills and Education team. The interviews gathered insights into the current provision for mental health and wellbeing services in FE, with particular focus on:

■ learners aged 16 to 19 years;

■ FE apprentices and adult learners in FE;

■ the mental health risk factors for these learners;

■ the particular mental health needs of young women, men and LGBT+ young people; and

■ the impact of COVID-19 and lockdowns on supporting the mental health needs of learners.

Findings from the provider survey are included in this chapter.

3.1   Current provision

Overall, stakeholders agreed that there is significant variation in the current provision of mental health services within FE and the post-16 sector, with 'pockets of good practice'. Some stakeholders suggested the variation in provision is linked to the lack of a dedicated funding stream for mental health provision within FE; and the variation in the level of senior management/leadership support for mental health provision within institutions. Whilst stakeholders acknowledged that many providers have broad mental health policies in place (sometimes just included within safeguarding measures); the level of strategic investment, development and implementation of these policies varies significantly between providers.

This range of practice was illustrated by responses to the survey: while just over two thirds of respondents described their approach as 'a whole-institution approach encompassing the wellbeing of staff as well as students'. Three respondents described their approach as 'an approach that is mainly focussed on vulnerable students', and two described theirs as 'a whole-institution approach encompassing all students'.

Stakeholders suggested that current provisions within FE institutions range from a basic level of pastoral/wellbeing support provided by tutors to more specialist/professional support and intervention for students with higher levels of need. Commonly cited provisions, by both stakeholders and providers, included counsellors, peer support groups and trained Mental Health First Aiders, with the latter noted as gaining popularity within

the sector. One stakeholder also observed that good partnership working with local authorities, CAHMS/AMHS, CCGs, local charities and other support organisations have been established within the FE sector which facilitate referrals and other services for learners with mental health needs.

It was observed by one stakeholder that the current provision for 16-to-19-year-olds is better than that available, in general, for adult learners, whom it was suggested are often at risk of being overlooked. There was a view that this could stem from views that adults would better understand their own mental health and wellbeing, and could already have received a diagnosis. Equally, for adults, learning itself can be seen as a therapeutic outcome and a reason for engaging with FE. Nonetheless, it was recognised by a number of stakeholders that the needs of FE adult learners with a formal diagnosis are better met due to disclosure prompting referrals/links to specialist services and also, crucially, the funding which is available for this cohort.

Current provision for the apprentice population was viewed as mainly constituting the Access to Work Mental Health Support Service for Apprentices[13], delivered by Remploy and funded by the Department for Work and Pensions. This service is available to any apprentice either about to start, or currently on an apprenticeship programme and experiencing mental health difficulties (diagnosed or undiagnosed) (Remploy, online). Through the service, specialist advisors provide workplace support and advice for nine months; advice on workplace adjustments; coping strategies and support plans (ibid). Crucially, apprentices can self-refer to the service. Whilst one stakeholder suggested that this service was favourable compared to other mental health provisions in FE colleges, it was noted that general awareness of the service among apprentices was an area for improvement and that a more holistic offering, beyond reasonable workplace adjustments, would be beneficial. It was also noted that larger employers, which typically possess well-resourced HR functions, also provide mental health/wellbeing support to apprentices.

In terms of current provisions addressing early intervention and prevention in particular, stakeholders highlighted the following:

■ New Mental Health Support Teams (MHSTs)[14], jointly delivered by NHS England and NHS Improvement, with the Department for Education, to provide additional mental health care and support through schools and colleges. MHSTs aim to deliver early psychological intervention on mental health and emotional wellbeing issues, such as mild to moderate anxiety. The MHSTs also help college staff to provide a 'whole organisation approach' to mental health and wellbeing. The first Mental Health Support Teams were launched in 25 trailblazer areas in December 2018, with a further 57 sites confirmed in July 2019. South Thames College shared their experiences of how this can work and the improvements it leads, to at the Young Londoners' Event in March 2020.

---

[13] See: https://www.remploy.co.uk/employers/mental-health-and-wellbeing/access-work-mental-health-support-service-apprentices
[14] See: https://www.england.nhs.uk/mental-health/cyp/trailblazers/

- The MeeTwo App is one of several apps that young people can access for mental health support. Others that were mentioned by stakeholders included Kooth. MeeToo is featured on the NHS Apps Library, and is designed to build confidence, increase wellbeing and improve emotional resilience of young people (NHS, online). This free app provides a 'safe and secure forum for teenagers wanting to discuss any issue affecting their lives' (ibid.) and enables them to, anonymously, get expert advice and moderated peer support. The app's welfare team also provides real time risk assessment to ensure further assistance is available when needed, and that the most at risk are signposted to other services (MeeTwo, online). MeeTwo Connect is being used within schools, FE and HE to support student mental health and anonymised and aggregated user data is providing institutions with insight into the trends and behaviour patterns in the mental health of their student population (MeeTwo, online). Other apps may require the college or health trust to sign up, but as with MeeToo offer users choices about how to engage with support, as well as access to resources.

- The 'Self Esteem Team'[15], which deliver emotional and lifestyle talks/workshops rooted in clinical study, to students (eight to 18 years), parents and teachers through school, college and conference visits. Classes cover topics such as mental health, self-esteem, anxiety, body image, sexuality, drugs and addiction. The team of speakers all have lived experience of the topics.

- Mental Health Awareness Week hosted by the Mental Health Foundation raises awareness of mental health and facilitates the dissemination of resources and promotion of positive mental health messages with colleges.

- The Heads Together[16] campaign which is 'campaigning to tackle stigma and change the conversation on mental health' (Heads Together, online) in an educational context.

3.2   Characteristics of effective provision

Stakeholders and providers were asked what characterises the most effective mental health provision in FE. The following factors were highlighted, many of which reflect and support the 'whole-institution' approach:

- A visible, strong leadership that supports and values mental health provision. In one example, a provider stakeholder discussed how a board member had oversight of this agenda, which helped to ensure consideration of mental health and wellbeing was woven into all policies and practices.

- Implementation of governance policies/guidance that communicate clearly to staff what to do if they identify a learner with mental health needs. Linked to this, one stakeholder emphasised that staff should be knowledgeable about the limits of the institution's support; for example, the point at which individuals need to be referred to specialists, stating [institutions] 'should be support to specialists, not the other way around'.

---

[15] See: https://www.selfesteemteam.org/
[16] See: https://www.headstogether.org.uk/

■ Training and support for *all* staff in identifying and supporting mental health issues among learners; and in addressing and responding appropriately to behavioural issues (ie lateness, aggression; class disruptions etc). For example, one post-16 provider noted that training staff to deal with the latter through conversation that seeks to understand the cause of such behaviour, rather than taking punitive actions, had resulted in improvements in attendance.

■ A focus on support for staff mental health and wellbeing, with one stakeholder characterising this as 'putting on your own life jacket first'. Some practice examples from FE colleges included weekly staff meditation sessions; championed and attended by senior management; and staff discounts for staff to attend college-run wellbeing classes eg pilates and yoga, however the line management and HR system were seen as the most critical factors to ensuring the wellbeing of staff.

■ Embedding mental health and wellbeing within the institution through a support service within the college run by mental health professionals with responsibility for safeguarding. For example, one London provider stated that the appointment of a dedicated wellbeing officer had proved effective in providing a 1-2-1 point of contact for learners experiencing mental health difficulties and leading preventative work with students. Although it was also observed by another provider that mental health and wellbeing should 'permeate all aspects of college life…it's not enough to appoint someone as the wellbeing lead and do some yoga sessions'.

■ Prioritisation of mental health and wellbeing within the institution – 'It should be talked about from the first week a new member of staff or learner joins [the institution]'. The learner induction process should include a holistic assessment of all individuals to identify mental health risk factors and potential barriers to effective learning; advice on how to manage a course and workload and who to approach if encountering problems.

■ Working in partnership with parents and carers and establishing open communication channels; although it was recognised by one stakeholder that this is harder to achieve in deprived areas.

■ Embedding mental health and wellbeing in the curriculum, in a 'nurturing and respectful manner'; enabling learners to 'hear from people like them and embracing and showcasing diversity'.

■ Linked to this, both stakeholders and providers held the view that ensuring the institution's workforce reflects the diversity of the student population can positively impact learners mental health and wellbeing, stating 'there is likely to be improved communication and understanding when staff reflect student demographics'.

■ Engaging learners in peer-to-peer approaches and in leading mental health activities within the educational setting, for example, learners leading peer-to-peer discussions and mental health/wellbeing workshops. This may include a mental health forum, with a student voice and discussion of lived experiences[17].

---

[17] An interviewee cited research from the University of Melbourne that looked at the effectiveness of peer support in digital settings. It was shown to be as effective as counselling for 13–25-year-olds. She noted that

■ A universal mental health and wellbeing offer available to all students and staff, alongside a more targeted offer for learners most in need, including counsellors and referral mechanisms to specialists, eg one provider offered a welfare and debt advice service due to increasing need for financial wellbeing support amongst students. Crucially, there should be a wide range of provision so all needs and preferences can be met.

■ For apprentices, establishing strong communication between FE providers and employers and ensuring the apprentice and employer has a point of contact to discuss any concerns.

■ Monitoring, measurement and evaluation of the impact of provisions. For example, one provider stated it monitors student development using a range of 'soft outcome' measures (eg student's self-rating their confidence/self-esteem); and another includes questions on mental heath in its learner survey.

3.3   The whole-institution approach model

Stakeholders were asked about their views of the 'whole-institution approach' for mental health support in FE. It was generally agreed that the 'whole-institution' model would be regarded as best practice although such approaches are not currently consistent or widespread across the FE sector. It was emphasised that such an integrated approach is best in terms of early intervention and prevention – by 'ensuring colleges are not undermining student mental health with poor practices in particular areas'. However, one stakeholder highlighted the risk of the model being implemented piecemeal and becoming 'fragmented'. There was a strong view that additional funding would be needed to avoid this risk emerging.

Indicating the range of practice again, the survey showed that two-thirds of respondents reported that their mental health and wellbeing provisions are 'included within other policies', over two-fifths of respondents reported that these publications are part of 'a general wellbeing policy' and two respondents reported that they had 'a standalone mental health policy'. A little under two-thirds of participants reported that they had a designated strategic lead for mental health and over a third of participants reported that they did not.

Similarly, half of participants reported that students were involved in shaping mental health and wellbeing strategy through a student forum focused on mental health and wellbeing, and a little over half shaped strategy indirectly via student support service staff, followed by a quarter who reported that students provided some other contribution, and just two shaped strategy through a students' union representative.

---

this group in particular prioritise and value what their peers say. An additional benefit of this approach is that it is scalable: if you have more people accessing the service you instantly have new 'peers' for others to speak to.

In terms of identifying mental health needs, a third of institutions reported they provided a universal screening of all students to identify those in need and three-quarters reported ad hoc identification based on judgement or concerns of individual members of staff. Three-fifths reported they used information from external agencies and over two-fifths reported they used assessments of mental health needs alongside SEN or other similar assessments. Two-fifths use admin data collected for other purposes and just two participants reported that they used targeted screening of particular vulnerable/at risk groups or another measure that was not listed.

In respect of the mental health support offer, the majority of survey participants reported that counselling services were available to students, over half reported that they used support groups for students dealing with particular issues such as anxiety or depression. Over a quarter reported providing educational psychological support, Cognitive Behavioural Therapy (CBT) or another support service not listed and around a fifth provided clinical psychological support.

There was also some engagement with staff training on relevant issues: a third of respondents reported that training on mental health and wellbeing was compulsory for all staff with student contact roles in a third of institutions, a little under half of respondents provided training to staff who volunteered for it, and three institutions reported that training was compulsory for particular groups (eg staff with pastoral responsibilities). All respondents reported that the mental health and wellbeing training covered spotting signs of poor mental health, almost all reported that it covered signposting students to resources, followed by making referrals/escalating serious cases, and preventative techniques, tools and/or measures.

3.4 Barriers to the provision of effective services in FE

The most commonly cited barriers to the provision of effective mental health services in FE, by both stakeholders and providers, were:

- Lack of core training and continued professional development for all FE staff in identifying and supporting mental health problems and, also, in softer skills that support positive mental health, eg effective communication and interpersonal skills.

- Limited and/or reduced budgets; different funding streams; and a lack of funding for targeted mental health initiatives in FE. One stakeholder commented that the mergers implemented by the Area Review of the FE sector had also generated a 'race to the bottom,' as a lack of funding to establish parity in services across colleges with varying mental health provisions had resulted in mental health services being reduced or removed across campuses.

Other barriers to effective provision cited by stakeholders and providers were varied and included factors such as:

- Changing national policies and guidance.

■ Lack of resources, for example, some institutions may only have one mental health professional available to support learners with different mental health needs; similarly, stakeholders recognised that the CAMHS service is oversubscribed.

■ Heavy tutor workload and stress being a barrier to effective pastoral support to learners. Linked to this, a stakeholder noted that there is no culture of supervision among teachers (as there is among therapists and social workers) despite them commonly encountering complex and stressful situations in their professional life. Another stakeholder noted that it is common within FE for staff to only be able to access counselling via an EAP, rather than having in-house counselling/reflection available to them.

■ The different (and high) thresholds for a CAHMS/AMHS assessment, eg a learner may not meet the threshold but may display levels of distress that interfere with their learning.

■ Learners who are pre-diagnosis or have reactive mental distress to factors, such as exams, are harder to identify and engage in support services. Similarly, many provisions rely on learners to self-declare their mental health needs, which if not disclosed, can be a barrier to provision of timely support. One provider however, stated that a move to online enrolments necessitated by the COVID-19 pandemic had resulted in higher rates of declaration compared to face-to-face enrolment (pre-pandemic).

■ Growth in the size of some FE colleges to multi-campus institutions may be viewed as impersonal and daunting environments for some at-risk learners.

■ The persistent social stigma associated with mental health problems may generate a reluctance amongst learners-in-need to seek help.

■ Difficulties in accessing off-site counselling and other mental health services with limited provisions available in the evening; although a stakeholder did comment that the increase in online services such as Kooth[18] [online mental health support service for young people and adults] has been welcomed.

■ Issues linked to ability and willingness of a college to offer a confidential service to young people with a mental health need without involving their caregivers. Also, in face-to-face, peer-to-peer approaches, it can be difficult for young people to be honest and open about issues because their anonymity is lost.

■ Difficulties in measuring the effectiveness of interventions.

---

[18] https://kooth.com/

3.5 Mental health needs and risk factors

16–19-year-old learners

Stakeholders and providers were asked to characterise the current mental health needs of young learners (16–19 years). The key issues mentioned included: bereavement; low mood and depression; feelings of isolation; difficulties at home; difficulties navigating relationships; lack of autonomy; self-harm; and anxiety (which can often peak at the start of every term). The use and associated pressures of social media and digital communications were highlighted by both providers and stakeholders as exacerbating many of these issues. The needs of Looked After Children were also highlighted by one provider, which included feelings of social isolation – due to moves away from (foster) families/friends – and trauma symptoms.

Interestingly, one stakeholder also observed differences in the mental health needs of young people across curriculum areas. For example, in construction/engineering disciplines issues are often linked to aggression and bullying; whereas in land-based/agriculture, issues are typically linked to feelings of isolation; loneliness and communication breakdowns. In the creative arts and sport/fitness, issues linked to perfectionism, eating disorders and body image are considered more prevalent.

The literature suggested that a key area of risk for young people leaving secondary school with identified mental health support needs are the transitions between CAMHS to Adult Mental Health Services (AMHS). Several stakeholders agreed that the traditional age split between CAHMS and AMHS is a significant risk factor in terms of the process of transition and continuity of care. Deficiencies in data sharing between bodies – especially in the context of GDPR – were highlighted, with one stakeholder calling on the Department for Education to develop national protocols around data sharing to ensure effective transfer and care continuity. Providers suggested that there are further opportunities for increased partnership working between health and education services to support a more effective transition, with one provider observing that the presence of a Mental Health Support Team has facilitated a positive transition.

Apprentices

The mental health risk factors identified by stakeholders and providers for the apprentice cohort included:

- The transition from education into the workplace.

- Experiences in the workplace, which if negative, can exacerbate feelings of exclusion; social isolation; loneliness; unacceptance etc.

- Remote off-the-job training which can reduce the peer network and opportunities for socialisation outside of the workplace, with such risks increasing since the pandemic.

- Low levels of apprentice pay having poverty and housing implications, for example, limiting the ability to live independently, especially in London where rent costs are high

or requirements to take on an additional part-time work (on top of the apprenticeship) in order to cover living costs.

Adult learners

Stakeholders observed that many people entering adult learning have often experienced difficult life circumstances (redundancy; unemployment, homelessness etc), or are dissatisfied with an aspect of their life (eg unhappy in their current job; unmet ESOL needs etc), which may increase their vulnerability and contribute to poor mental health.

Risk factors linked to returning to education were also cited, for example, lack of confidence and fears of repeating earlier educational failures. Loneliness and self-efficacy (agency and belief issues) were also highlighted.

The pandemic was seen to have increased stresses on parents who wanted to engage in their own learning with the need to juggle for example work and home demands, including care responsibilities, alongside learning, emphasised with the need to support home schooling for children and help children cope with the additional anxieties caused by COVID-19.

Risks that are specific to learners in London

Many London FE providers serve local areas with high levels of need and deprivation, with one stakeholder noting that the London FE population is generally characterised by lower educational attainment and greater socio-economic disadvantage than those learners that progress onto other forms of education and training. Therefore, the London proposals to remove free travel for under-18s was identified as a particular risk factor for young learners in London, especially for low income families.

In addition, some at-risk learners in outer London boroughs may travel out of London into the home counties to attend FE settings due to a lack of confidence or concerns about personal safety, with an implication being that mental health can drive choices about educational pathways rather than the institution, course or quality of provision. The cost of living in London is also a risk factor, with young people often juggling part-time employment alongside studies or apprenticeships to cover the cost of living, or support families. Gang involvement and youth violence were also cited as particular mental health risk factors for young learners in London. One provider stated it offers enrichment activities (eg music, art and dance) through its 'Twilight College' initiative for students who do not want to travel home in peak times due to crime and gang-related issues.

Two stakeholders stated that London has acute issues in regard to language barriers (ESOL), with individuals being unable to articulate their mental health needs (this affects young and adult learners); or requiring support with social integration into communities. Another stakeholder highlighted that cultural barriers can interfere with mental health support in London.

Diet/inactivity issues were also cited as an issue in London and another stakeholder stated that the high suicide rates among men has been identified by two London training providers as an area of priority for adult learners' mental health provision.

3.6 Mental health needs of young women, men and LGBT+ young people

The literature showed that there are differences in the prevalence of mental health disorders in young people by gender; with young women being a high-risk group. LGBT+ young people (aged 14–19) are also a high-risk group and young men may present with symptoms, for example forms of self-harm that differ from young women, which may not be identified.

Stakeholders agreed that there are significant gaps in the data concerning the mental health of these high-risk groups. In reference to young men, one stakeholder suggested that self-harm may not be identified as indicative of a mental health issue as readily as among young women, and concluded that the incidence of mental health issues among young men is underreported in the national data. Better recognition of conditions among men was called for, alongside a focus on early prevention.

For the LGBT+ community, one stakeholder suggested that educational settings have become more inclusive spaces for this cohort; with stakeholders and providers emphasising the important role of social groups and student associations in supporting preventative initiatives for high risk groups, especially LGBT+ young people.

Similarly, an example was provided of an FE college which runs enrichment activities including lunchtime gaming clubs for learners on the autistic spectrum, which facilitates social opportunities to build relationships through common interests.

Other groups within the student population, identified by both stakeholders and providers as potentially having higher risks of poor mental health included:

■ young carers who often do not disclose their situation and miss out on networks of support;

■ SEND learners, who may have underpinning but undiagnosed mental health problems;

■ learners from some Black, Asian and Minority Ethnic communities;

■ young people with experience of the care system;

■ migrants;

■ traveller communities; and

■ learners experiencing multiple differences/disadvantages.

3.7 Impacts of COVID-19

These interviews were conducted with stakeholders and providers when the FE sector was facing unprecedented times amid the COVID-19 crisis. 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 students and potential students, with disadvantaged learners being significantly at risk.

Concerns about learners having a conducive environment for home online learning (through Google Classroom, Zoom etc) were raised, including managing the additional pressures of home schooling dependent children (pressures particularly acute for ESOL learners). One provider also stated that technological barriers to online learning were also being encountered among some learners in terms of: level of digital skills, unfamiliarity with digital platforms; and disparities in access to computers/devices and data/wifi. This provider stated it had made 250 Google Chromebooks available for loan (through external funding) to students for home learning and was supporting asynchronous learning, which offers students the flexibility to access learning and resources at a convenient time.

Two interviewees did however, note that for learners with social anxiety, moves to virtual delivery had been beneficial to their mental health/wellbeing, and predicted that the pandemic would encourage greater flexibility in the mode of learning delivery in future, which would be a positive step for the mental health of some learners.

Stakeholder and providers also emphasised the impact of the pandemic on certain high-risk groups, citing for example, 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; or for carers unable to seek respite during lockdown. Additionally, the Black Lives Matter protests held across England during national lockdown were recognised as an emotional time for young Black, Asian and Minority Ethnic people. The separation from the college setting made it challenging for the FE sector to offer support to young people. 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.

Stakeholders and providers stated that COVID-19 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, a lack of motivation and despondency, in a context of uncertainty and exam cancellation, were also considered significant issues amongst learners of the COVID-19 generation.

4   Views of young Londoners

It was not possible to conduct extensive research with learners due to the pandemic. As part of our planned approach we would have led group and individual interviews with learners as part of the case study visits. While we made allowance to do some interviews using online means, the move into the third lockdown constrained this.

It remained crucial to ensure London's learners' voices – and particularly those of young learners – were captured, to ensure their ideas and recommendations were embedded in the research. To this end, GLA and Thrive LDN facilitated our contact with the Mayor's Peer Outreach Workers, who gave their views as part of an hour long workshop, involving break-out groups and plenary sessions.These are set out below.

4.1   Peformance pressures

Young people discussed how their 'self worth could become anchored' to the achievement of good qualifications through narratives from staff at schools, parents, carers and others on the importance of qualification to 'getting on' in life. This caused pressure and anxiety, alongside any concerns with overlaps for mental health and wellbeing that young people had more generally.

They described how this pressure could be experienced more acutely by some learners, for example depending on level of disadvantage, or ethnic origin. This could lead to an increased stressing of the needs to overcome economic disadvantages through gaining a good education and good qualifications.

Achievement against the defined targets of qualifications loomed large for young people and particularly from the point Key Stage 4 commenced. A number in the network agreed that 'we live in a statistical society where everything needs to be put in a trend or stat'. Exam performance felt overstated and led to pressure, which had effects in respect of mental health and wellbeing. Their qualitative experience of education and society for students could be overlooked against this priority.

4.2   Is it ok to talk?

While many young people believed that talking about mental health was more acceptable now in our society, some also said there was a lack of awareness across cultures and that young people could be suffering with poor mental health but not realise it. The group also said that the degree to which it was ok to talk about mental health varied across communities and cultures, meaning that some young people could feel isolated. Some described that mental health was not discussed in their culture, and that their family would not understand their experience of mental health as being on a spectrum, that could

fluctuate. There remains a taboo to talking about mental health in some cultures, where it is only acceptable to discuss physical health. While over time the situation is changing, the pace of change can mean some young people remain isolated in their expeirence.

A further issue young Londoners noted was the lack of access to clinical support that meant young people were not being diagnosed. They discussed this in the context of it being ok to talk about mental health, but the discussion stopping when specific needs started to emerge. They highlighted the risks of long waiting lists for accessing support. Anxieties and uncertainties about fluctuating conditions added to these concerns.

4.3   Transitions can cause stress

The pressure to achieve came alongside the need to make a number of decisions and take transitions between the ages of 16 and 25. Young people identified that this could be a challenging period in their lives. There were comments that support and counselling had been available when they were young, but then ebbed away as they became older, with less resource going in despite needs potentially increasing.

The group felt there is a pressure to take the next step and make the right decision in respect of the education pathway. Peer support could be helpful and could help them to feel they were making the right choices. However, they recognised that not all young people had access to peer networks.

There was a clear messuage that young people 'need more guidance and mentoring in this vital stage of their lives, and support so they feel as though they can succeed regardless of what they're going through'.

4.4   The pandemic

There was little question that the pandemic had had a big impact on their lives and those of the people around them. This theme became the key focus of the meeting and their call to action for supporting young people from this point onwards.

4.4.1   Struggles to adapt

The group identified how challenging it had been to people across society when the initial lockdown came. The move to remote learning had put stresses on parents and generated concerns given the overarching narrative of needing to 'perform' in education.

The rigours of home schooling and home study varied considerably from the classroom context. Young people described how for some in their network there was just 'no breather'. Anxiety resulted from not getting feedback from teachers and tutors who could tell them whether or not they had got things right. This was in addition to the stress caused by the headlines around the need to catch up. This was seen to have caused a lot of young people to struggle.

They also recognised how the impacts could be greater for some groups, including those with disabilities, that could affect their ability to engage with zoom classes, or learning

disabiltiies and difficulties, where one-to-one feedback and support from learning assistants is crucial to keeping on track.

More generally, the remote learning mode required a lot of motivation and personal resilience. The lack of time to prepare had meant that the teaching curriculum and format felt rushed and not as well considered as classroom learnings. Moreover, some young people struggled with the online format of meetings and experienced 'zoom fatigue'.

It was easier for mental health needs to be overlooked in the remote learning mode – or to not be observable, meaning they were not addressed. Access to support and services had felt limited, and this lack of access served to demotivate some learners. The need to keep going, to constantly persevere against a less than ideal mode of learning also led to disengagement. As one young person identified, the social side was lacking and that has an impact: 'you don't realise how much communication and networking can positively impact you'.

4.4.2 Returning to face-to-face learing

Returning to the classroom and to campus was not seen as a straightforward issue. The roadmap to return was not clear: 'there is a bit of a gap regarding the whole plan or vision of going back to normality as everything is still online,' and this would need to be resolved to build people's confidence to return. The rhythms of life and learning had changed in remote mode and they could see some young people needing to unlearn some habits, such as getting up late and working into the evening. Some young people had underlying health conditions and some had been told to shield during the pandemic. The return to face-to-face learning caused significant anxiety for these groups, and the young Londoners felt that government messaging about COVID-19 being a very low risk for young people neglected the needs of this group. For those young people affected, the ability to feel they were making informed decisions was deeply affected.

More pressing were concerns for how the testing regime would operate and how that would feel to young people. A sense of responsibility for other people's health and wellbeing was linked to this. There were fears of doing the test wrong, leading to a false result, which could mean young people were at risk of infecting others with the virus. This caused worries and stress and could counteract the excitement experienced by being able to meet up with friends again at college because your test result could affect them too. 'If you test positive then others around you have to go home as well. More stress, students thinking "I've done this, I'm making all my friends go home as well", self-blaming.'

There were strong views that the pandemic would increase demands for mental health support within FE. Young people thought there would be increased concerns about the transition points between education phases, and increased levels of anxiety and depression – with social anxiety particularly affected by the pandemic. Young people have had a year in their lives where it is not acceptable to be within a metre or so of other people. Returning to close proximities would be a challenge.

4.5   The big issues young people want addressed

The Mayor's Peer Outreach Workers agreed that a focus on mental health in FE is timely and important. They felt this issue needs priority and explicit priority over other agendas such as catch-up in order to have impact. There were views that it was wrong to be prioritising lengthening the college day, over putting in social and health supports to ensure a smoother transition back into classroom-based learning.

They felt there needed to be more signals to young people in respect of mental health and wellbeing, a campaign across a range of media (beyond the internet) – with more events to get involved in. Their own experience of benefits emerging from being part of the network led them to want more young people to have similar access.

They also believed that education on mental health should be part of the curriculum, with acknowledgement that the pressure to perform can be detrimental to mental health. It also needs to be factored into teaching training. In the words of one young person:

> *'they made it sound like your life depended on these grades and mental health suffered. There needs to be education on what mental health actually is, young people should be taught how to cope and also teacher training needs to have it incorporated. Counsellors need to be in schools. It needs to be seen as a priority, when coming up to these ages if there's lots of changes out of your control eg relationships, family, economic struggle, they can result in poor mental health'.*

A final point raised was that providers, the GLA and Thrive LDN, needed to recognise the divergent experience of different cultural groups. Access and use of counselling services might improve for those from Black, Asian and Minority Ethnic backgrounds if counsellors themselves were from these backgrounds.

5   Overview of London's FE population

This chapter uses publicly available data from the Department for Education to describe London's FE population. There is no one source of data covering all learners, moreover there can be overlaps in the coverage of different sources for an age group. Our interest to provide insights into the demographic make-up of London's FE learners led to the decisions about which datasets to draw on.

The analysis commences with an insight into the destinations of school leavers in London (from Key Stage 4) which shows progression for the 16–19 age group. It also explores Key Stage 5 destinations – with Key Stage 5 covering 16–18-year-olds typically. It then goes on to explore adult participation – which refers to people aged over 19. The chapter concludes with data on Apprenticeship starts in London – with these data covering all ages.

5.1   Young people's destinations in the 2018/2019 academic year

There is no single source of government published data regarding the characteristics of the whole cohort of 16-to-18-year-old students (Mime and UCL, 2020). Therefore, it is necessary to examine characteristics of these learners through using the dataset on their destinations after they finished their Key Stage 4 (year 11) and Key Stage 5 studies (Mime and UCL, 2020).

5.1.1   Key Stage 4 destinations in London in 2018/2019

Key Stage 4 the destination data show the proportion of pupils who sustained activity in education, apprenticeships or employment for a minimum of six months after they finished year 11 (Department of Education, 2020). The following analysis is based on the most recent, final dataset, which concerns the cohort of pupils who finished their Key Stage 4 studies in the 2017/2018 academic year and sustained activity in education, an apprenticeship or employment in the 2018/2019 academic year (Department of Education, 2020).

The Key Stage 4 leavers cohort in London numbered 68,614 students in the 2018/2019 academic year (Table 5.1). Of these, 12.3 per cent (8,450) went on to study at a sixth form college, 61.6 per cent (42,247) went to a school sixth form, 1.1 per cent (758) studied at 'other' educational institutions and 25 per cent (17,159) were registered with a further education institution.

Table 5.1: London's sustained education destinations in 2018/2019

| London Sustained Education Destinations in 4 Categories	%
Further Education	25 (17,159)
Other Educational Destination	1.1 (758)
School Sixth Form	61.6 (42,247)
Sixth Form College	12.3 (8,450)
Total in Sustained Education in London	(68,614)

Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and FECs with provision for 14-to-16-year-olds. Other education destinations include independent schools, specialist post-16 institutions, special schools and education combination destination. Frequencies in parentheses. Permanent Link to data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/205c4a65-910e-4f25-af35-27dde417fbda

Source: (Department of Education, 2021)

Education destinations: Inner London compared with Outer London

Figure 5.2 shows that within London there was variation between Inner and Outer London in sustained education destinations and a difference in the size of the cohort – in Outer London the contain records 45,791 learners sustaining destinations compared with 22,823 in Inner London. Of these learners, 11 per cent (5,051) in Outer London entered a sixth form college, 63.4 per cent (29,026) studied in a school sixth form, and 24.5 per cent (11,212) had progressed to a further education institution. In comparison, 14.9 per cent (3,339) of the Inner London sustained learners were in a sixth form college, 57.9 per cent (13,221) were in a school sixth form and 26.1 per cent (5,947) were studying with a further education institution.

Figure 5.2: Outline of education destinations of 2017/2018 Key Stage 4 leavers in the 2018/2019 academic year (Inner London and Outer London)
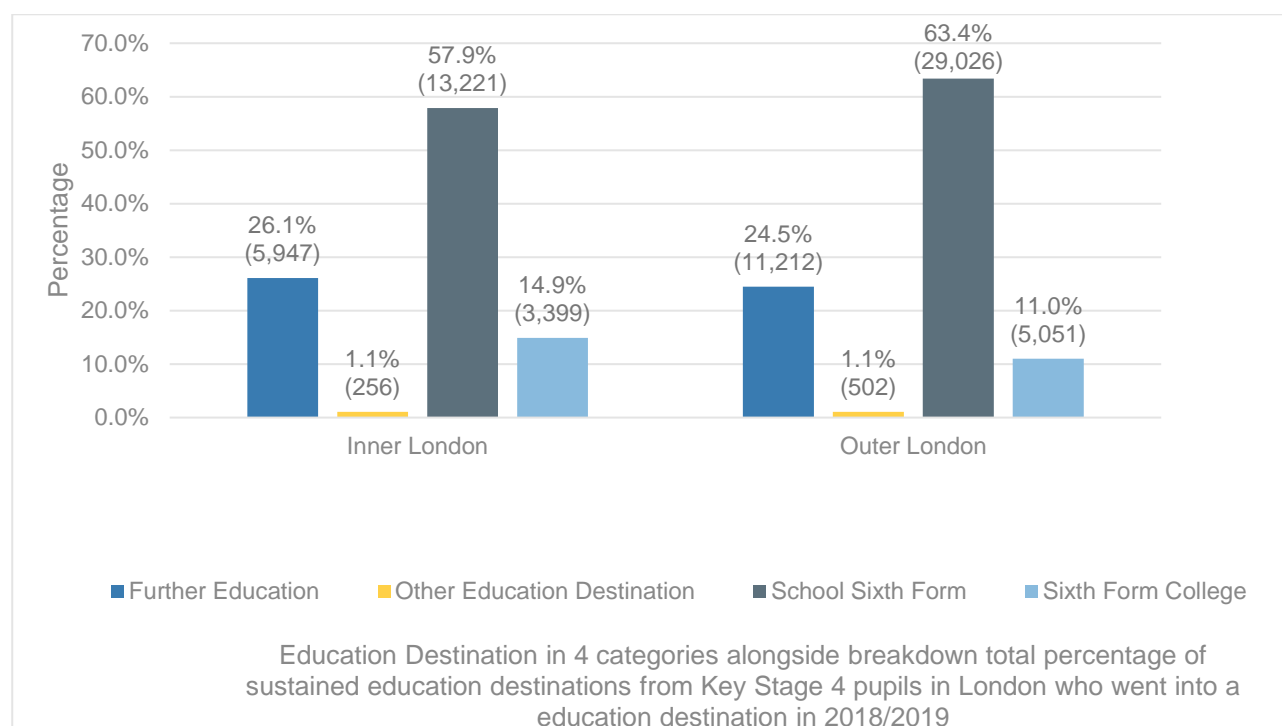
Education Destination in 4 categories alongside breakdown total percentage of sustained education destinations from Key Stage 4 pupils in London who went into a education destination in 2018/2019

Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and fur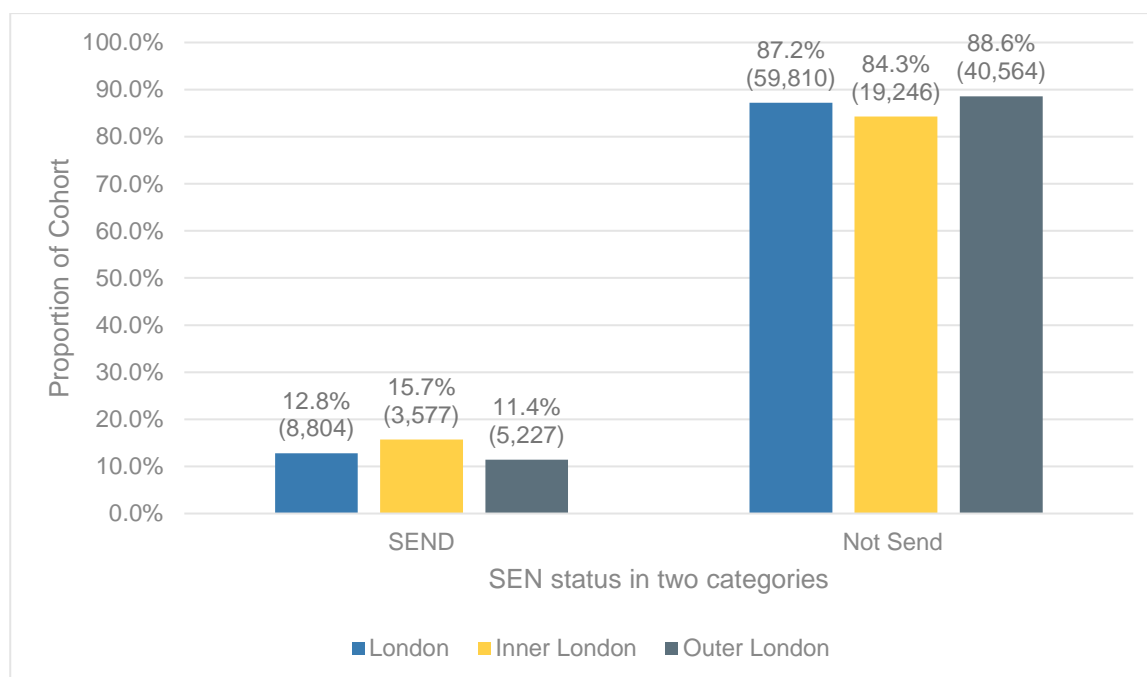ther education colleges with provision for 14-to-16-year-olds. Other education destinations include independent schools, specialist post-16 institutions, special schools and education combination destination. Permanent Link to data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/205c4a65-910e-4f25-af35-27dde417fbda

Source: (Department of Education, 2021)

Education destinations and disadvantage

Overall, 35 per cent (24,039) of Key Stage four leavers who were in sustained education destinations in London were identified as disadvantaged (Figure 5.3). Again there were variations between Outer and Inner London such that there was a higher proportion of disadvantaged Key Stage 4 leavers in sustained education destinations in Inner London – 49.9 per cent (11,394), compared to 27.6 per cent (12,645) in Outer London (Figure 5.3).

Figure 5.3: Key Stage 4 destinations' by disadvantage in Inner London and Outer London for 2018/19
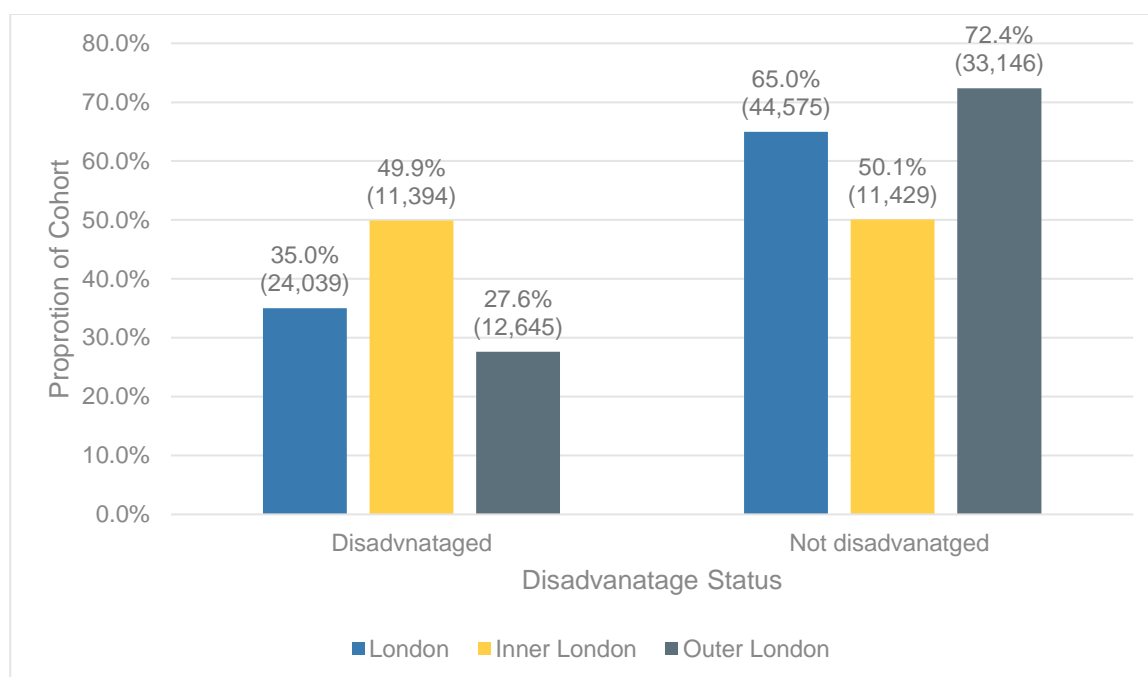
Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and further education colleges with provision for 14-to-16-year-olds.
Includes pupils for whom free school meal eligibility, pupil premium eligibility, or special educational need (SEN) provision could not be determined.
Other education destinations include independent schools, specialist post-16 institutions, special schools and education combination destination (Department of Education, 2021). Permanent link to data:
https://explore-education-statistics.service.gov.uk/data-tables/permalink/2f7d434d-dda1-416a-9088-561cccb2e9d8

Source: (Department of Education, 2021)

Education destinations for young people with special education needs (SEN)

Over a tenth (12.8 per cent) of the sustained learner cohort in London in 2018/19 were noted as having special education needs (SEN) (Figure 5.4). Inner London had a higher proportion (15.7 per cent (3,577)) compared to Outer London (11.4 per cent (5,227).

Figure 5.4:Destinations by whether identified as SEN for Inner and Outer London 2018/19

Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and further education colleges with provision for 14-to-16-year-olds. Includes pupils for whom free school meal eligibility, pupil premium eligibility, or special educational need (SEN) provision could not be determined. Following special educational needs and disability (SEND) reforms in 2014/15, SEN pupils are categorised as 'SEN with a statement or Education, health and care (EHC) plan' and 'SEN support'. SEN support replaces school action and school action plus (grouped as SEN without a statement up to and including 2013/14). It was expected that all transfers to this category take place during the 2014/15 academic year but some legacy categories remain in subsequent cohorts. More detailed information on the reforms can be found here: https://www.gov.uk/government/publications/send-code-of-practice-0-to-25 . Other education destinations include independent schools, specialist post-16 institutions, special schools and education combination destination (Department of Education, 2021). Permanent Link to data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/f6487348-94b4-45f0-adee-2e4be67f77f8

Source: (Department of Education, 2021)

Education destinations by gender

Overall, in London 49.1 per cent (33,657) of the learners sustaining EET destinations in the 2018/2019 were male, while 50.9 per cent (34,957) were female (Figure 5.5). In Inner London, 48.1 per cent (10,971) were male, and 51.9 per cent (11,852) were female, while in Outer London 49.5 per cent (22,686) were male and 50.5 per cent (23,105) were female.

Figure 5.5: Sustained EET by gender in Inner and Outer London for 2018/19
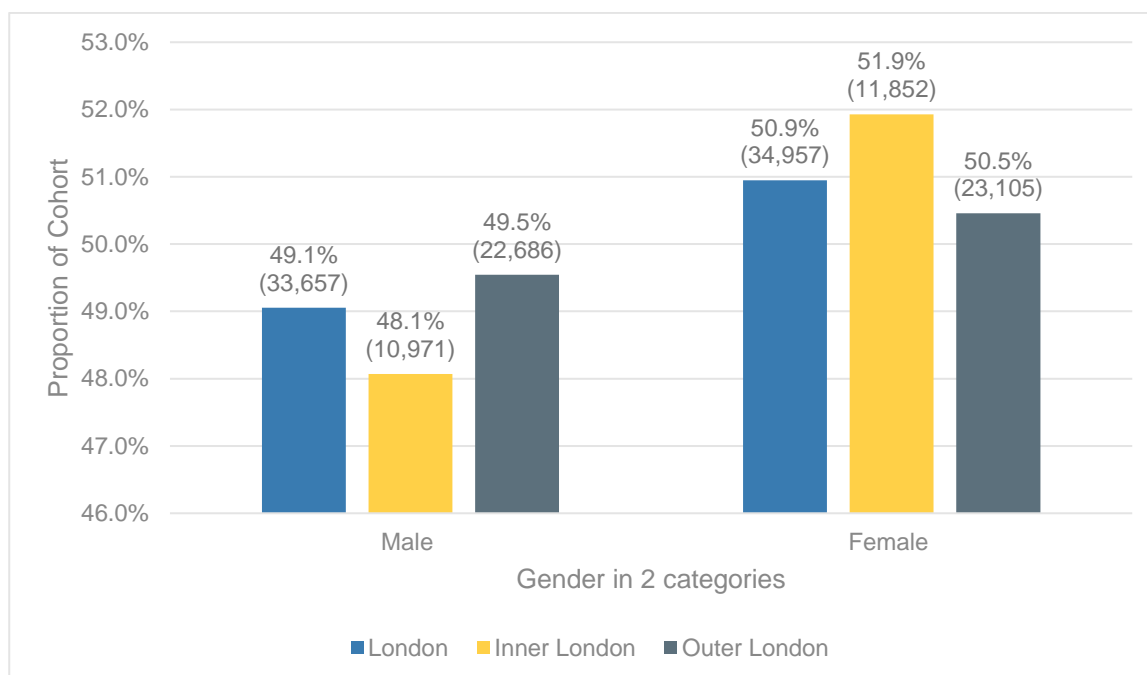
Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and further education colleges with provision for 14-to-16-year-olds. Other education destinations include independent schools, specialist post-16 institutions, special schools and education combination destination *(Government , 2021)*. Permanent Link to Data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/167d18fb-410e-4127-9563-ea45ac5f2a22

Source: (Department of Education, 2021)

5.2   Key Stage 5 destinations 2018/2019

5.2.1   Regional comparisons: London and other regions in England

Eight-in-ten (80 per cent) of students leaving Key Stage 5 in London in the 2017/2018 academic year had a sustained education, employment or apprenticeship destination in the 2018/2019 academic year (Figure 5.6). In comparison, the South West, the South East, the East of England and the East Midlands had the highest proportion at 82 per cent). Within this overall picture, London had the highest proportion sustaining an education destination (58 per cent).

Figure 5.6: 16 to 18 local authority level destinations' for local education authority area, state-funded mainstream schools & colleges 2018/2019
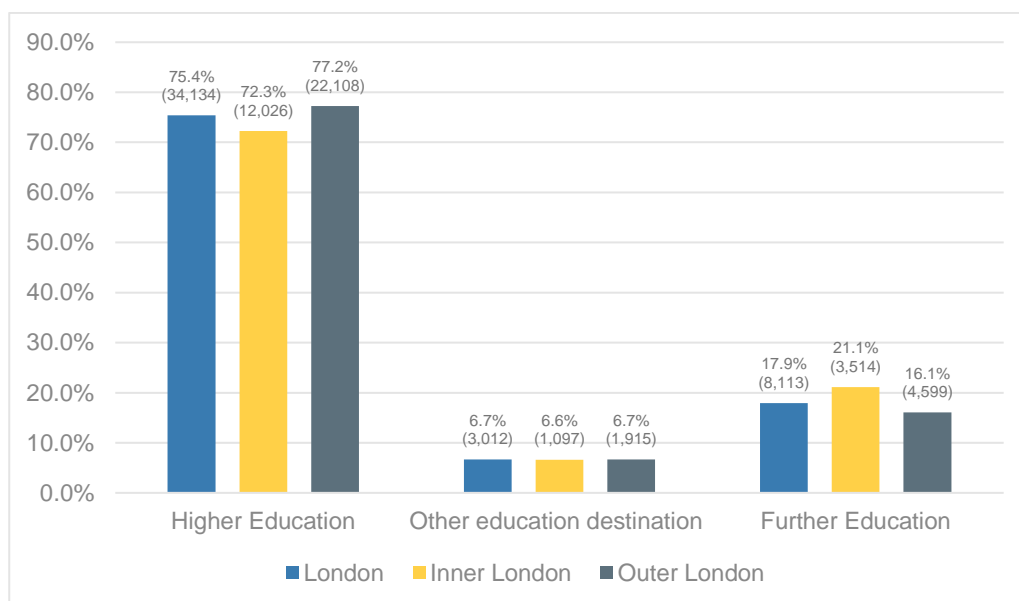

Notes: The headline measure shows the percentage of students staying in education, apprenticeships or employment for at least two terms in the year after completing their phase of study. This year, data is based on students identified as having completed their 16-to-18 study by 2017/18 and their sustained activity in the year following their last recorded attendance. Destination measures also show the percentage of students with sustained participation in: education destinations including further education and higher education institutions; apprenticeships and employment (Government , 2020). Permanent link to data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/8fc08489-49c8-44ed-af82-c5dd9853c287

Source: (Department of Education , 2021)

In Inner London there were 16,637 school and college leavers who were in sustained education destinations in the 2018/2019 academic year (Figure 5.7), whereas in Outer London there were 28,622 school and college leavers in sustained education destinations. There was a higher proportion of school and college leavers in Outer London (77.2% (22,108)) going in UK higher education institutions, than in Inner London (72.3 per cent (12,026)).

A higher proportion in Inner London (21.1 per cent (3,514)), went on to sustain participation in Further Education settings than in Outer London (16.1 per cent (4,599)) (Figure 5.7).
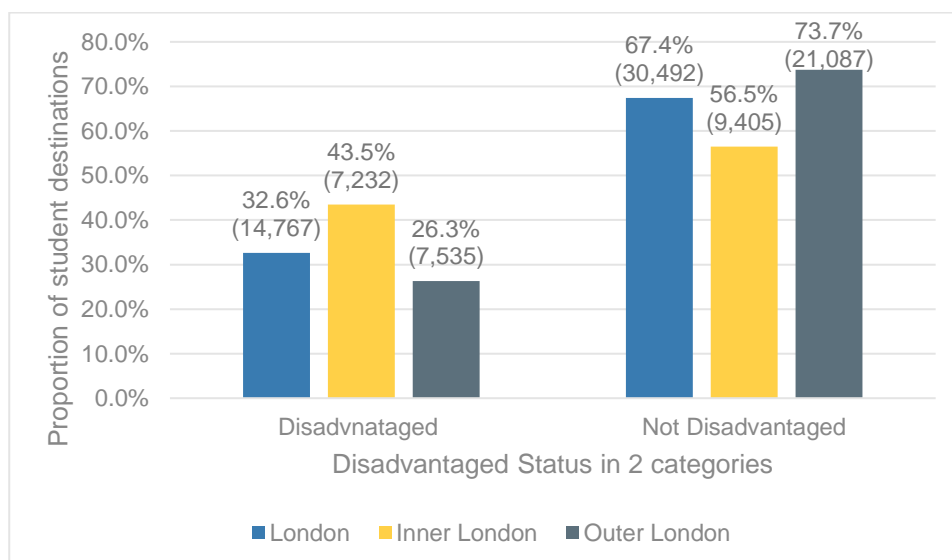
Figure 5.7: Sustained EET following Key Stage 5 in Inner and Outer London for 2018/19

Data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/e9c8c750-fa79-44a7-8909-c6c3cf1ef81e

Source: (Department of Education, 2021)

Disadvantage status and sustained Key Stage 5 education destinations

Overall, of the 45,259 school and college leavers in sustained education destinations following Key Stage 5 in London, 32.6 per cent (14,767) were identified as disadvantaged (Figure 5.8). Inner London had a higher proportion of disadvantaged students (43.5 per cent), compared to Outer London (26.3 per cent) (Figure 3.9).

Figure 5.8: Sustained EET for Key Stage 5 leavers by disadvantage for Inner and Outer London for 2018/19

Permanent link to data*: https://explore-education-statistics.service.gov.uk/data-tables/permalink/9e420c30-864b-451e-93e2-24675191c1eb*

Source: (Department of Education, 2021)

5.3   Adult learners in London

5.3.1   Adult 19+ government funded FE and skills

In England, adult further education and skills participation stood at 1,737,200 in the 2019/2020 academic year (this figure excludes the 'Other' category as their postcodes are either unknown, or outside of England) (Department of Education, 2021). London had the highest rate of adult participation in England, with 301,800 learners in the 2019/2020 academic year (Figure 5.9). However, participation had decreased by 15 per cent in London from 355,000 learners in 2019/2019, to 301,800 learners in the 2019/2020 academic year.

Figure 5.9: Total adult participation (Aug-Jul) in 'Further education and skills' between 2018/19 and 2019/20

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Volumes are rounded to the nearest 100. If shown, '~' indicates a base value of between 1 and 49, whilst 0 indicates a true zero. / Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Geography is based upon the home postcode of the learner. Where the postcode is outside of England, learners are included in the 'Other' category. Where postcode is not known this is also included in the 'Other' category. Because of this the 'Other' regional category is excluded. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

In 2019/2020, London had the highest rate in England of adult participation in further education and skills below Level 2 (excluding English and Maths), with 58,100 learners (Figure 5.10). London also had the highest rate of adult participation in England in English and Maths, with 106,400 learners (Figure 5.10). London had a high rate of adult participation in Level 2 learning, with 75,500 adults taking Level 2 courses. Only the South East (78,200) and North West (75,800) had a higher rate. Similarly, London has a high rate of participation in Level 3, with 51,600 adults registered for these courses. Only the North West (60,600) and the South East (55,400) had higher rates. The rate of Level 4+ learning was also high, with 23,700 adults in London studying at this level. Only the North West (26,000) and South East (26,000) showed a higher rate by this measure.

Figure 5.10: 'Further education and skills geography - latest region summary' from 'Further education and skills' by level in the 2019/2020 academic year

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Volumes are rounded to the nearest 100. If shown, '~' indicates a base value of between 1 and 49, whilst 0 indicates a true zero.

Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total.

Geography is based upon the home postcode of the learner. Where the postcode is outside of England, learners are included in the 'Other' category. Where postcode is not known this is also included in the 'Other' category.

Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019.
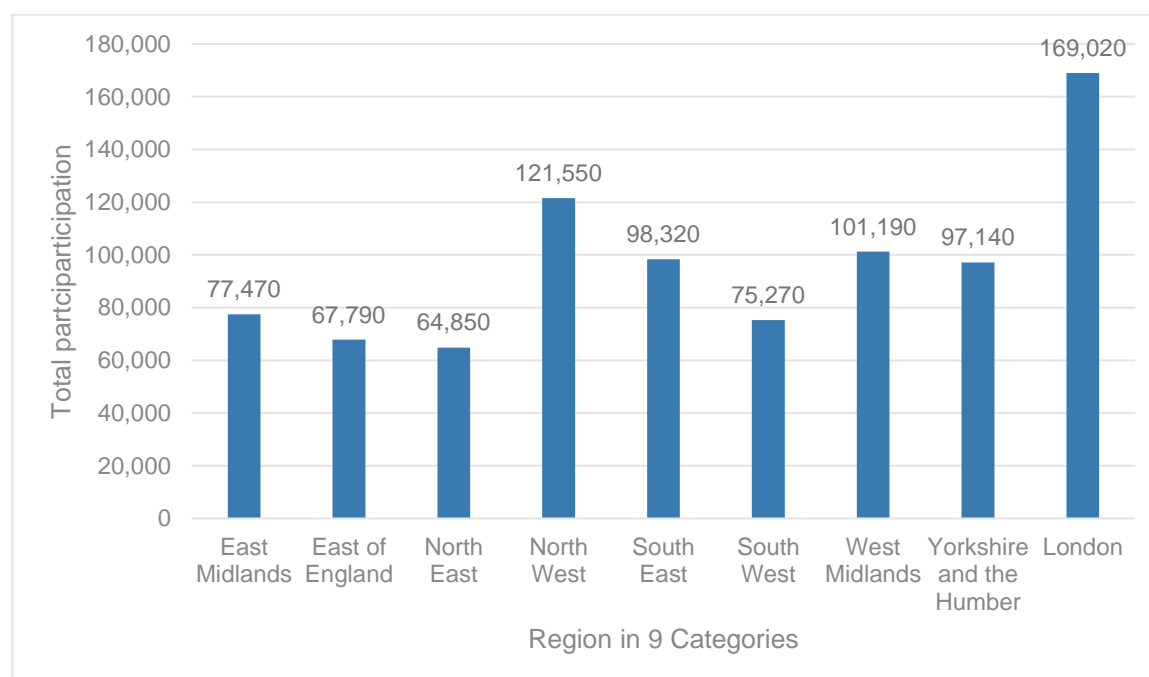
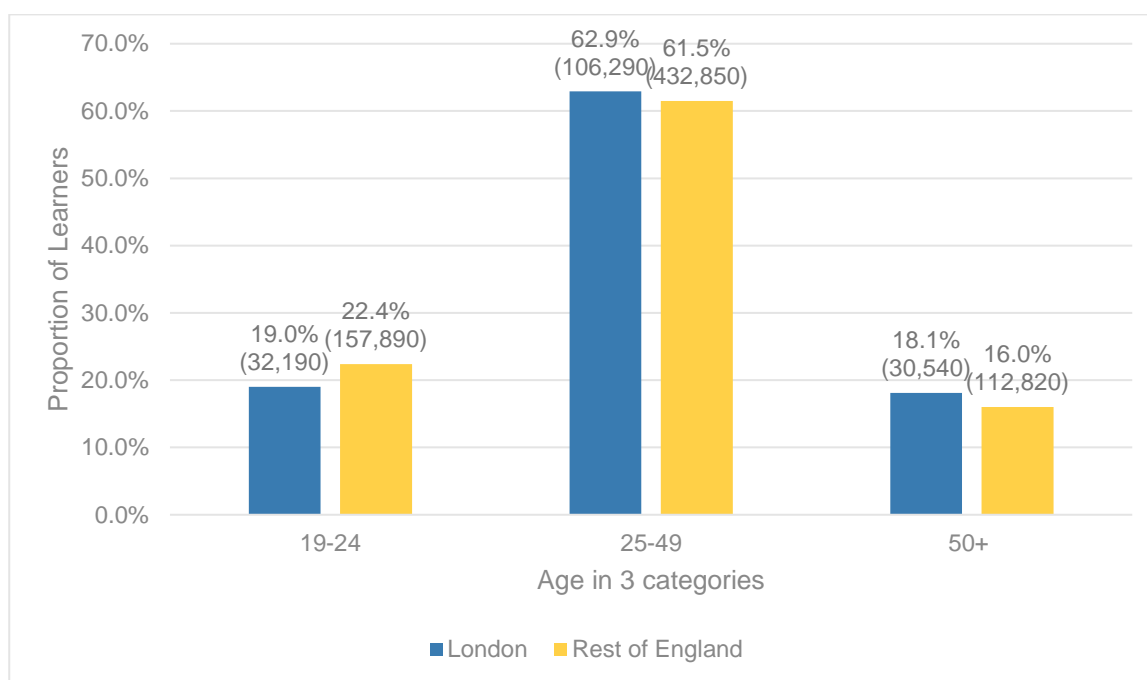Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.4 Education and training participation in the 2019/2020 academic year

The education and training dataset allows an examination of the characteristics of adult learners, but covers a slightly different group than is seen in the further education and skills data. However, it similarly shows that in the 2019/2020 academic year, London had the highest education and training participation, with 169,020 learners (Figure 5.11).

Figure 5.11: Education and training geography – regional summary from 'Further education and skills'- 2019/2020 academic year
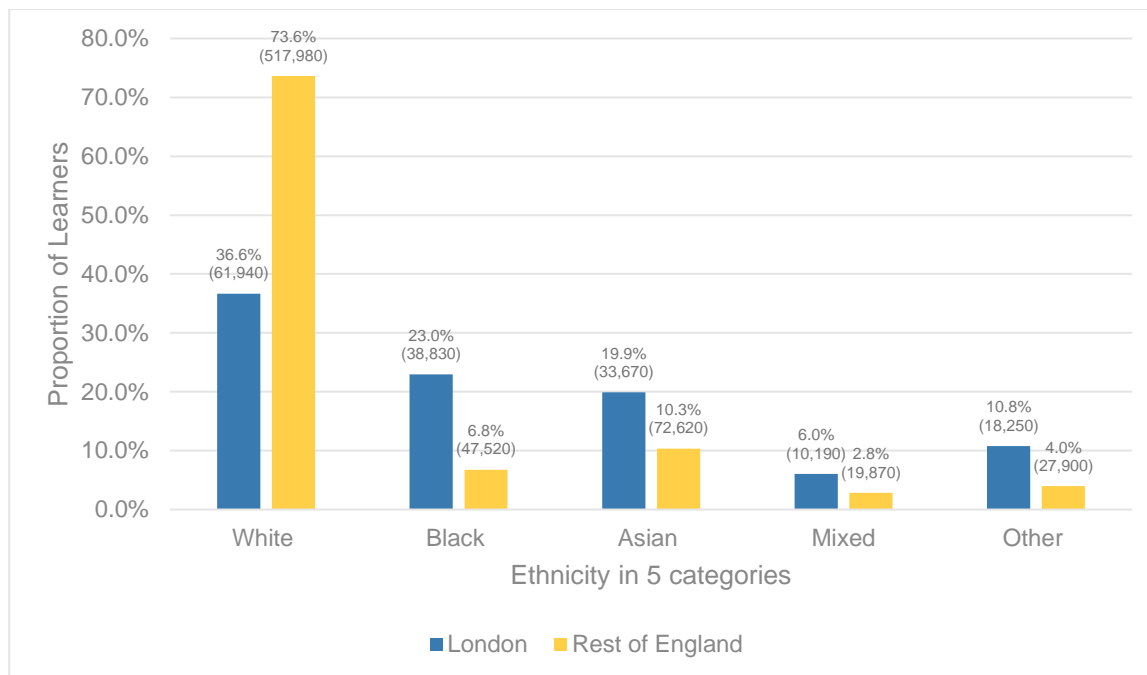

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero.

Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total.

Geography is based upon the home postcode of the learner.

Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019.

Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.4.1 Adult education and training by age

Compared to the rest of England, London had a lower proportion of 19-to-24-year-old learners participating in education and training in the 2019/2020 academic year (Figure 5.12), with 19 per cent (32,190) of London's adult learners being this age, compared to 22.4 per cent (157,890) in the rest of England (Figure 5.12). However, compared to the

rest of England, London had a slightly higher proportion of 25-to-49-year-old learners, at 62.9 per cent (106,290), compared to 61.5 per cent (432,850) in the rest of England. London also had a higher proportion of learners over 50 years of age, with 18.1 per cent (30,540) of London's adult learners aged 50 and over, compared to just 16 per cent (112,820) of learners in the rest of England (Figure 4.13).

Figure 5.12: Adult learners by age in 2019/2020

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentages are to one decimal place with number of learners in brackets. / Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Geography is based upon the home postcode of the learner. There were 10 missing observations in the East Midlands and the North West for the Age categories. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.4.2 Ethnic breakdown

Compared to the rest of England, in the 2019/2020 academic year, London's adult learners were more ethnically diverse, with 36.6 per cent (61,940) being white, compared to 73.6 per cent (517,980) in the rest of England (Figure 5.13). Breaking this down further, 23 per cent (38,830) of London's adult learners were Black, compared to 6.8 per cent (47,520) in the rest of England; and 19.9 per cent (33,670) of London's adult learners were Asian, compared to 10.3 per cent (72,620) of the rest of England's Adult (19+) education and training learners.

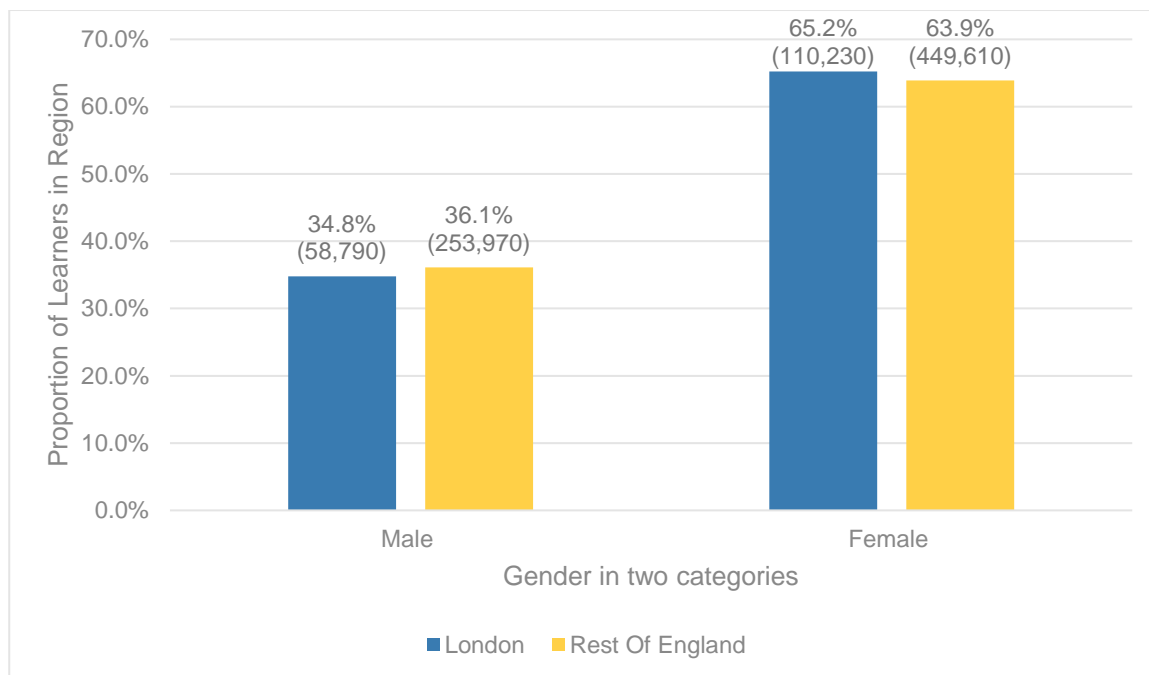**Figure 5.13: Adult learners and ethnicity in 2019/2020**

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentages are to one decimal place with number of learners in brackets. / Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Geography is based upon the home postcode of the learner. There were 10 missing observations in the East Midlands and the North West for the Age categories. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.4.3   Gender breakdown

In the 2019/2020 academic year, London had a lower proportion of male adult learners than the rest of England at 34.8 per cent (58,790), compared to 36.1 per cent (253,970) (Figure 5.14). Accordingly, London had a higher proportion of female adult learners at 65.2 per cent (110,230), compared to 63.9 per cent (449,610) in the rest of England (Figure 5.14).

Figure 5.14: Proportion of learners by gender for 'Education and training participation from 'Further education and skills' (London Compared with the rest of England)
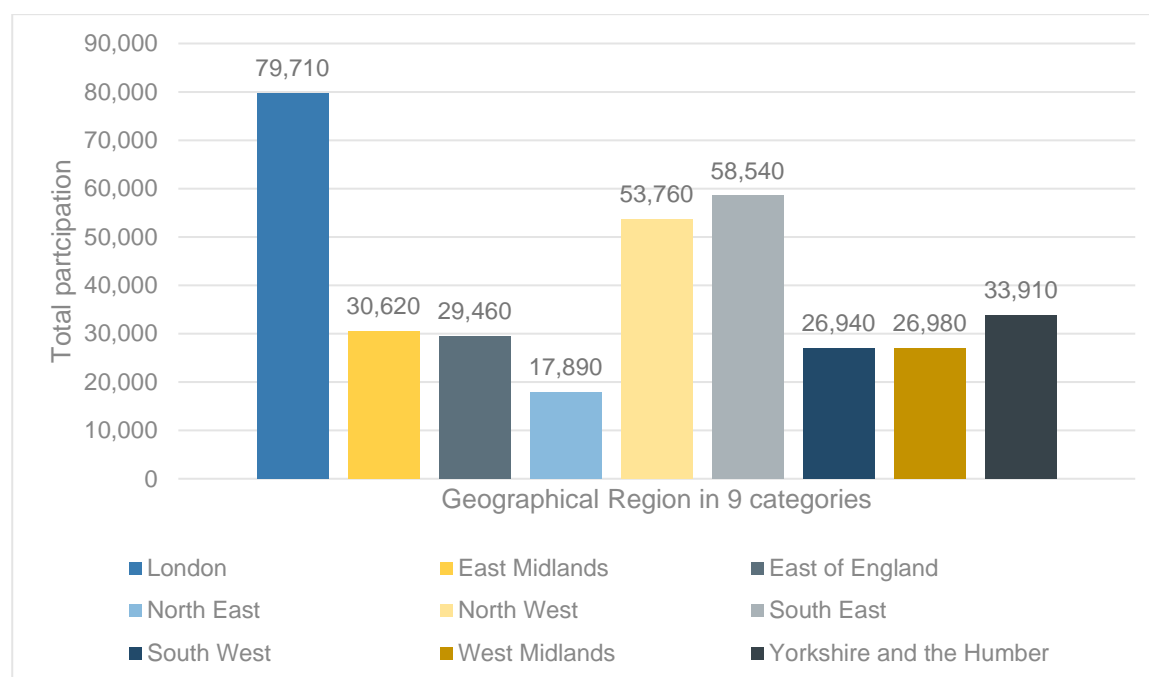

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentages are to one decimal place with number of learners in brackets. / Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Geography is based upon the home postcode of the learner. There were 10 missing observations in the East Midlands and the North West for the Age categories. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.5   Community learners

In the 2019/2020 academic year, London had the highest total community learner participation in England, with 79,710 community learners (Figure 5.15).

Figure 5.15: Community learning participation in England - from 'Further education and skills' in the 2019/20 Academic Year
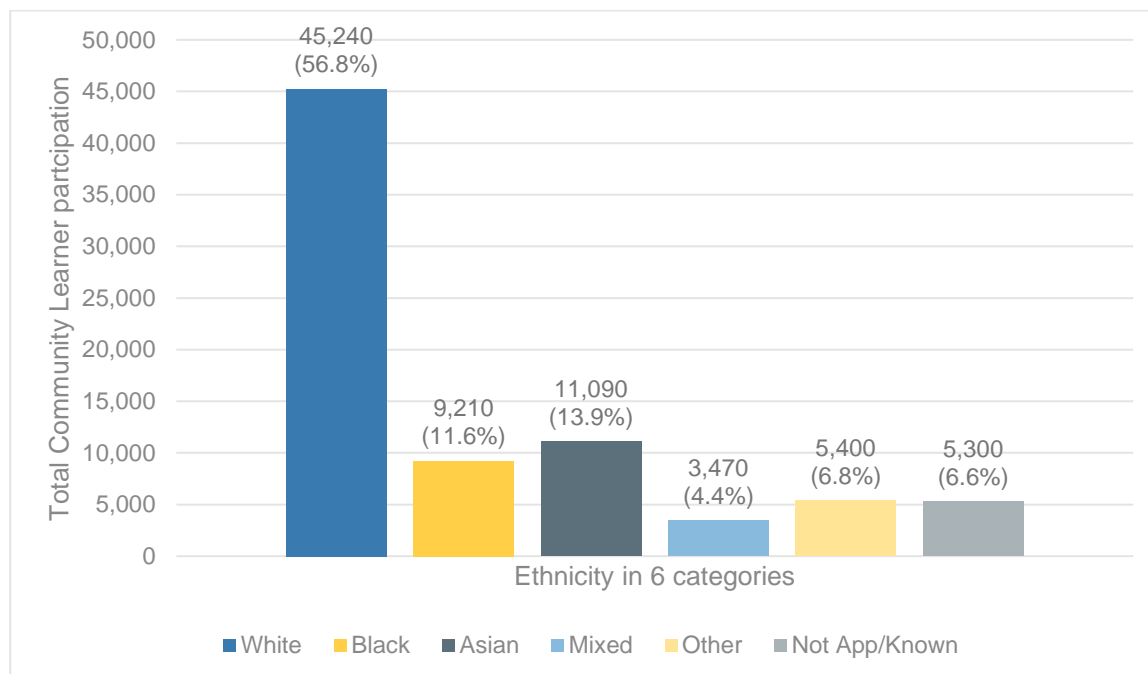

Notes: Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. / Learner characteristics (such as age, gender, learners with learning difficulties and/or disabilities and ethnicity) are based upon self-declaration by the learner. / Geography is based upon the home postcode of the learner. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.5.1   Ethnic breakdown of community learners in London

White people accounted for 56.8 per cent (45,240) of the community leaners in London in the 2019/2020 academic year (Figure 5.16). Black people represented 11.6 per cent (9,210) of this population, and Asian people represented 13.9 per cent (11,090). Mixed race people represented 4.4 per cent (3,470) of London's community learners, while people of Other ethnic backgrounds represented 6.8 per cent (5,400).

Figure 5.16: Participation for community learning in London by ethnicity from 'Further education and skills' in the 2019/20 academic year

Notes: Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total.

Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentage to one decimal place as in brackets.

Learner characteristics (such as age, gender, learners with learning difficulties and/or disabilities and ethnicity) are based upon self-declaration by the learner.

Geography is based upon the home postcode of the learner.

Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019.
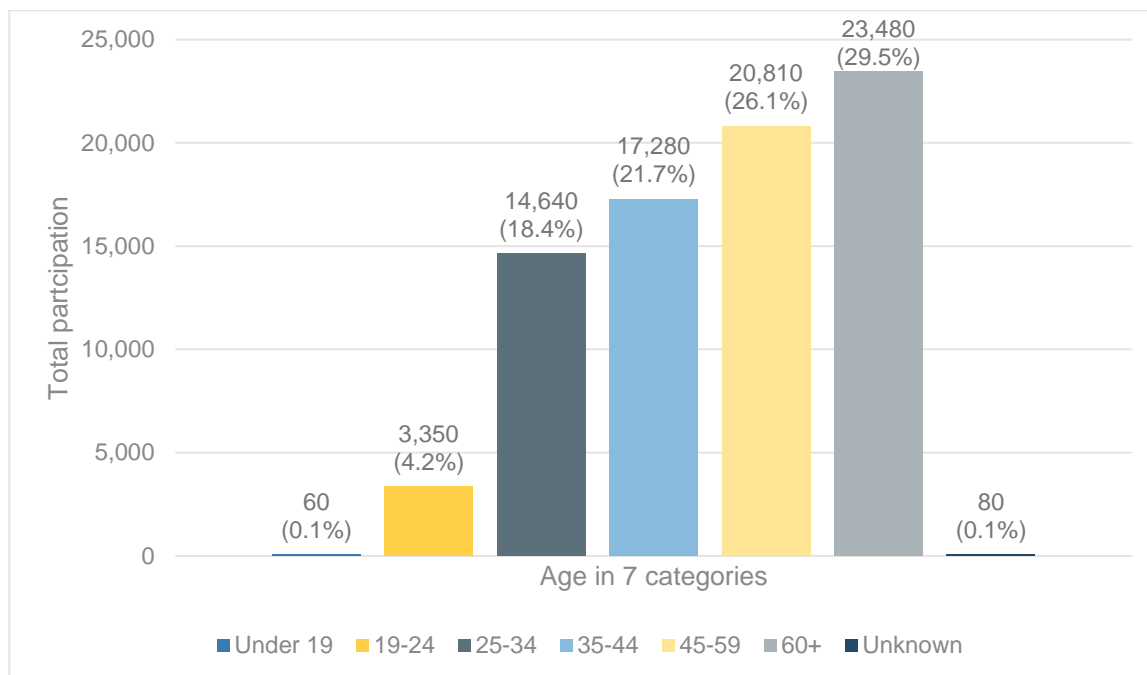
Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.5.2   Age breakdown of London's community learners

The majority of London's community learner's in the 2019/2020 academic year were 60 years of age and over (Figure 5.17) at 29.5 per cent (23,480) (Figure 5.17). The rate of community learning participation declines inversely with age, with the smallest proportions seen for the youngest age groups – where participation in other forms of education and training is far more likely as shown earlier.

Figure 5.17: London's community learning participation by age in the 2019/20 academic year
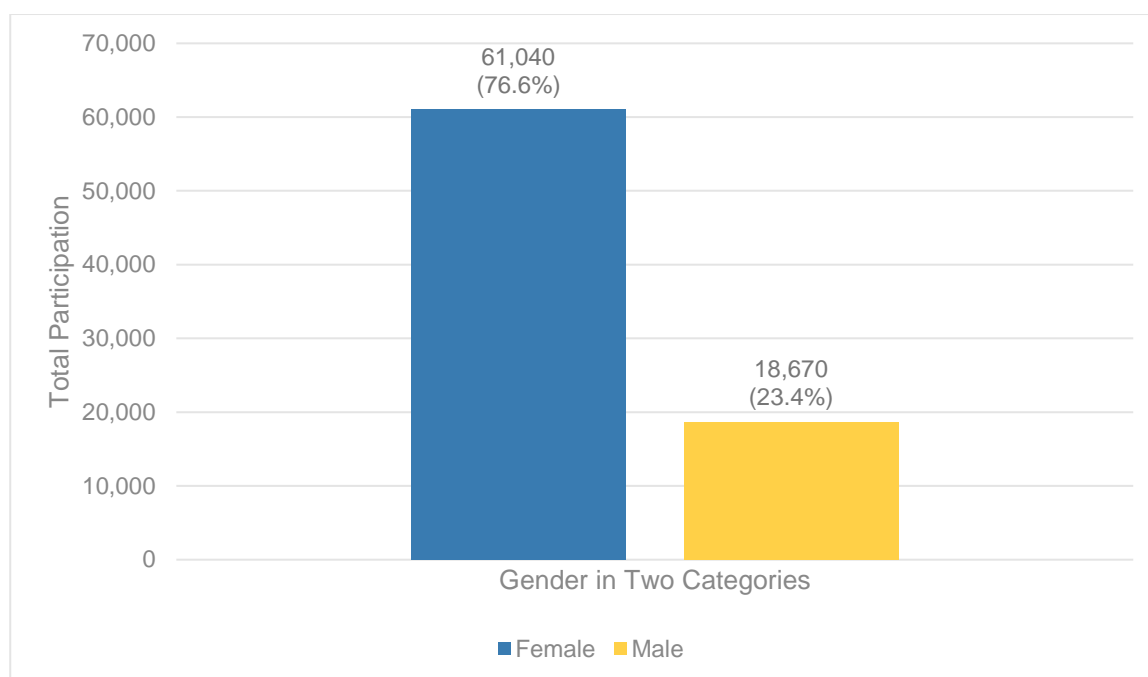

Notes: Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentage to one decimal place as in brackets. / Learner characteristics (such as age, gender, learners with learning difficulties and/or disabilities and ethnicity) are based upon self-declaration by the learner. / Geography is based upon the home postcode of the learner. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.5.3 Gender of London's community learners

In 2019/2020, most of London's community learners were female (Figure 5.18). Female participation represented 76.6 per cent (61,040) of London's community learner population, while male participation represented 23.4 per cent (18,670).

Figure 5.18: 'Community learning participation in London by gender in the 2019/20 academic Year

Notes: Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total.

Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentage to one decimal place as in brackets.

Learner characteristics (such as age, gender, learners with learning difficulties and/or disabilities and ethnicity) are based upon self-declaration by the learner.

Geography is based upon the home postcode of the learner.

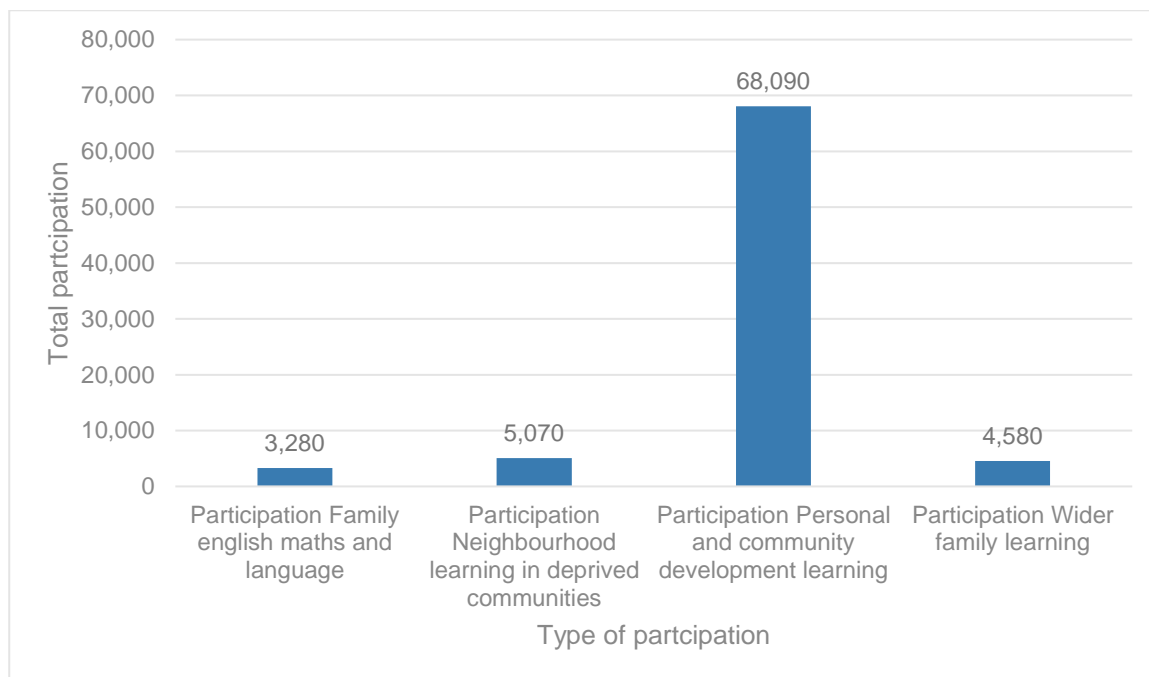Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019.

Age is based on age as at 31 August of the academic year..

Source: (Department of Education, 2021)

5.5.4   Types of learning undertaken by London's community learners

In London, 68,090 people participated in personal and community development learning in 2019/2020 (Figure 5.19), 5,070 people participated in neighbourhood learning in deprived communities, 4,580 people participated in wider family learning, and 3,280 people participated in family English, Maths, and language learning.

Figure 5.19: Type of community learning participation in London in the 2019/20 academic year


Notes: Total participation is the count of learners that participated at any point during the year. Learners undertaking more than one course will appear only once in the grand total. / Volumes are rounded to the nearest 10. If shown, '~' indicates a base value of between 1 and 4, whilst 0 indicates a true zero. Percentage to one decimal place as in brackets. / Learner characteristics (such as age, gender, learners with learning difficulties and/or disabilities and ethnicity) are based upon self-declaration by the learner. / Geography is based upon the home postcode of the learner. / Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019. / Age is based on age as at 31 August of the academic year.

Source: (Department of Education, 2021)

5.6   Apprenticeship starts in 2019/2020

Apprenticeships starts in London were lower than many other English regions in England – London had the fourth lowest number of apprenticeships starts in England, with 33,890 starts (Figure 5.20). In comparison, the South East had the most apprenticeship starts, with 47,820 learners beginning apprenticeships.

Figure 5.20: Apprenticeship starts by region in the 2019/2020 academic year
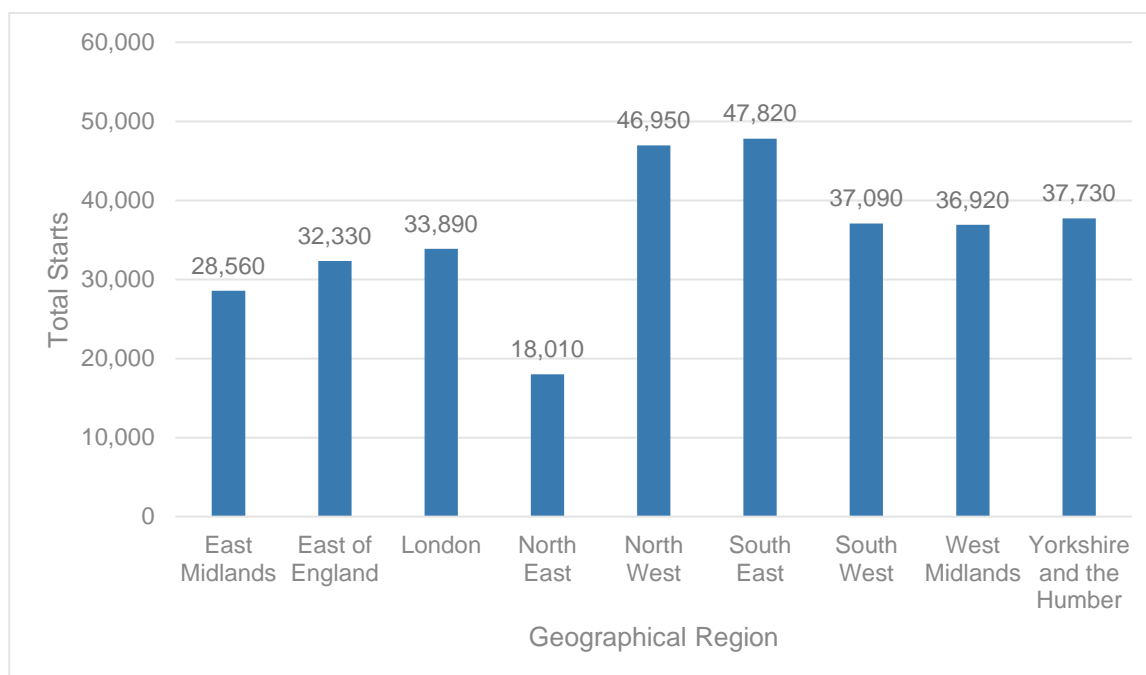
Notes: Volumes are rounded to the nearest 10 and '~' indicates a base value of fewer than 5 but greater than 0. / Geography is based upon the home postcode of the learner. The 'Other' regional category is not included, as it contains information for people with postcodes which are not known and people outside of England. Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019

Source: (Department of Education, 2021)

5.6.1   Apprenticeships by level in London

Figure 5.21 shows the levels of apprenticeships that that people started in London, compared to the rest of England in the 2019/2020 academic year. London had a lower proportion of intermediate level apprenticeships, with just 22 per cent (7,450) of its apprenticeship starting population beginning intermediate level apprenticeships, compared to 31.9 per cent (91,090) in the rest of England (Figure 5.21). London had a slightly higher proportion of advanced level apprenticeship starts than the rest of England, with 44.2 per cent (14,970) of its starters being at this level. In comparison, in the rest of England 43.6 per cent of apprentices began advanced level apprenticeships in the 2019/2020 academic year. Lastly, London had a higher proportion of higher-level apprenticeship starts, in comparison to the rest of England, with 33.8 per cent (11,470) of apprenticeship starts being for a higher-level apprenticeship, compared to 24.5 per cent (69,980) in the rest of England.
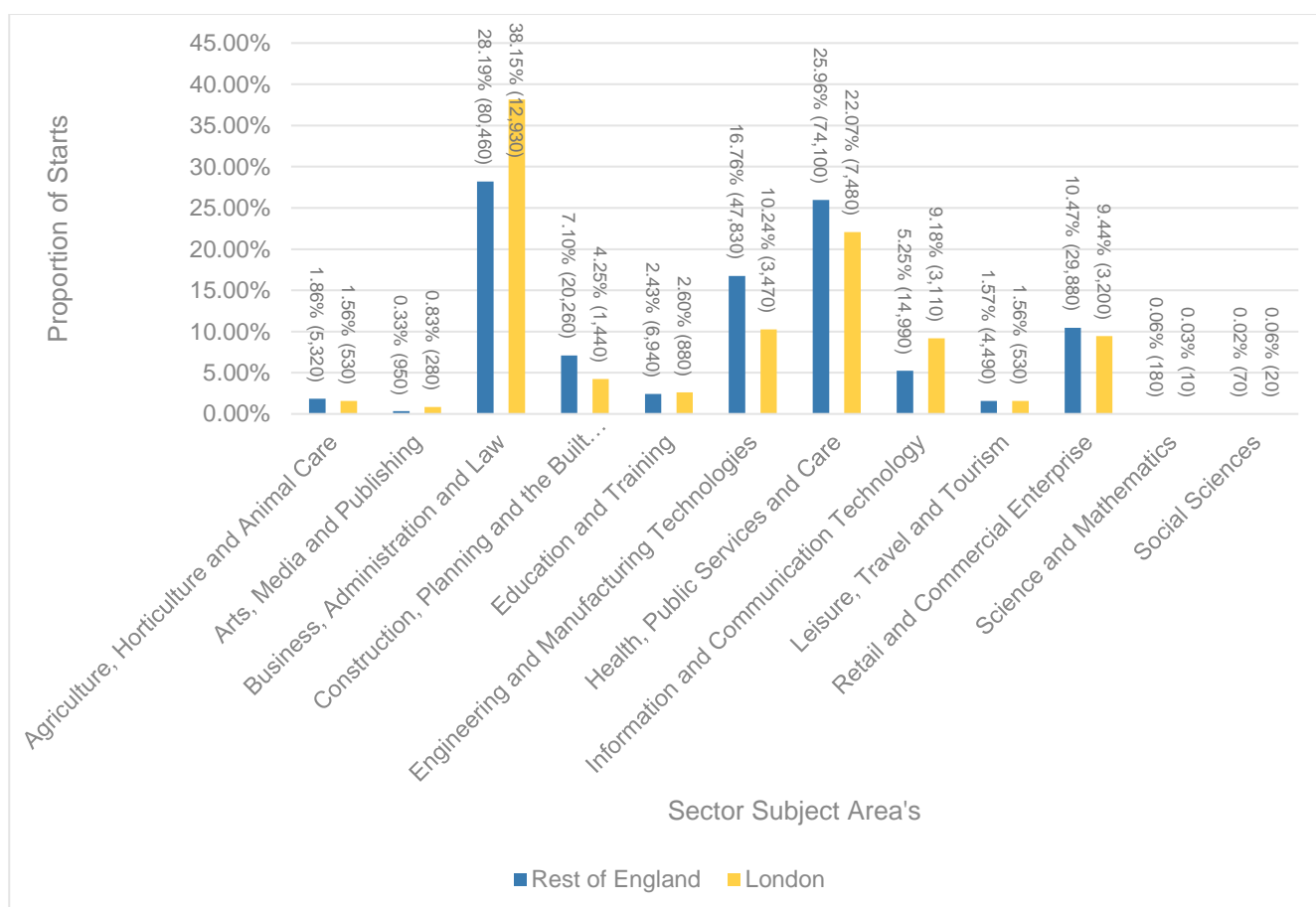
Figure 5.21: Apprenticeship starts by level comparing London with the rest of England
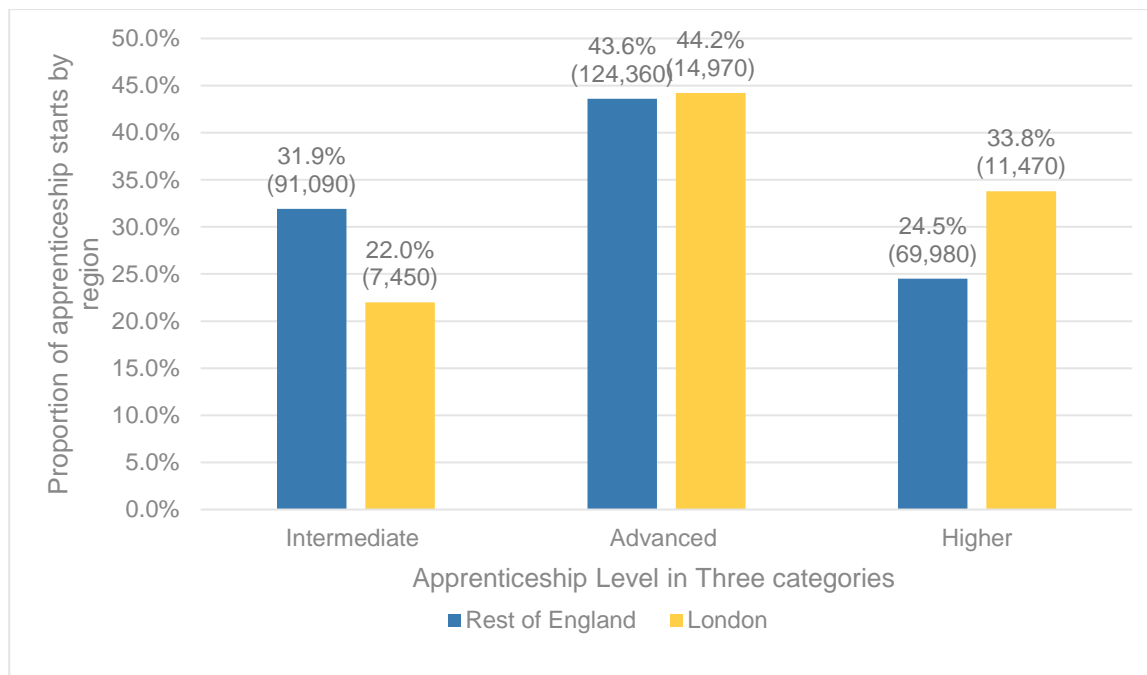
Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Total frequency in parentheses and shows the percentage of the level of total starts per apprenticeship level in each region).

Source: (Department of Education, 2021)

5.6.2   Apprenticeship starts in London by subject

Figure 5.22 shows that Business, Administration and Law related subjects accounted for most apprenticeships that were started in London, as well as the rest of England. London had a higher proportion of starters who began Business, Administration and Law related subjects at 38.15 per cent (12,930), compared to the rest of England (28.19%; 80,460) (Figure 5.22). Health, Public Services and Care related subjects were the second most popular choices for apprenticeship starters in London and the rest of England in the 2019/2020 academic year (Figure 5.22). However, London had a lower proportion of Health, Public Services and Care related starters in comparison to the rest of England.

Figure 5.22: Apprenticeship starts in London compared with the rest of England by sector subject (2019/2020 Academic Year)
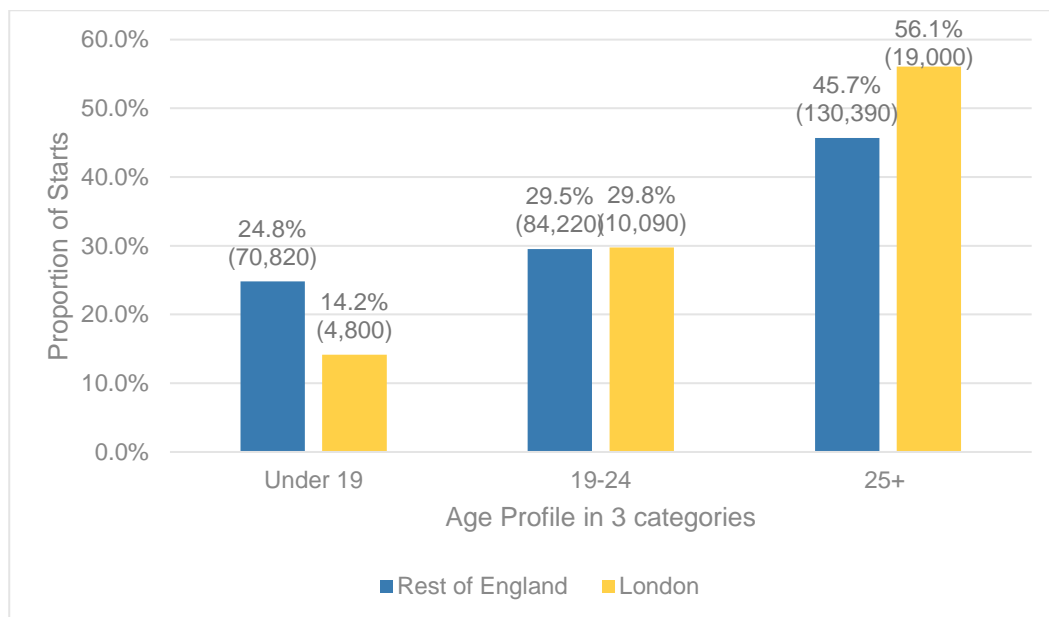

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' category is not included as it includes participation for unknown postcodes and postcodes outside of England. Percentage to two decimal places. Total starts in brackets.

Source: (Department of Education, 2021)

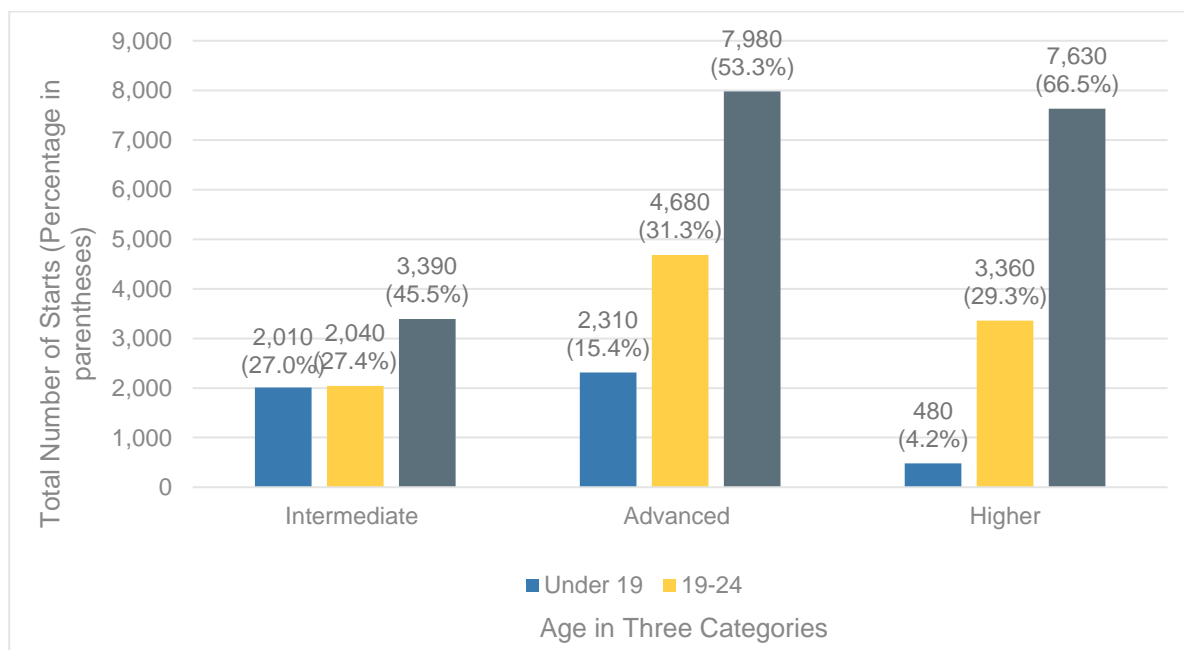### 5.6.3 Apprenticeship starts by age in London

There were distinct differences in the age profile of London's apprenticeship starters in the 2019/2020 academic year, compared to apprenticeship starters in the rest of England (Figure 5.23). Compared to the rest of England, London had a lower proportion of apprenticeship starters under the age of 19 (14.2 per cent (4,800)) compared to 24.8 per cent (70,820) elsewhere (Figure 5.23). London also had a higher proportion of apprenticeship starters who were aged between 19 and 24 at 29.8 per cent (10,090), compared to 29.5 per cent in the rest of England. London also had a higher proportion apprenticeship starts from people who were 25 years and above (56.1 per cent; 9,000) to compared to 45.7 per cent (130,390) elsewhere in England.

Figure 5.24 shows a breakdown of London's apprenticeship starts by age and level.

Figure 5.23: Age profile of apprenticeship starters in London compared with the rest of England

Notes: Academic year runs from the 1st of August to the 31st of July. 'Other' regional category is not included as it includes participation for unknown postcodes and postcodes outside of England. Total Starts in brackets. Percentages rounded to one decimal place.

Source: (Department of Education, 2021)

Figure 5.24: Age profile of apprenticeship starts by level of apprenticeships in London

Notes:. Academic year runs from the 1st of August to the 31st of July. Percentages rounded to one decimal place. There are 10 missing observations for the 19-24-year-old category

Source: (Department of Education, 2021)

5.6.4   Gender profile of apprenticeship starters in London

Compared to the rest of England, London had a lower proportion of males starting apprenticeships in the 2019/2020 academic year (Figure 5.25) at 46.6 per cent (15,780), compared to 51.7 per cent (147,470). Accordingly, it had a higher proportion of females starting apprenticeships in the 2019/2020 academic year.

Figure 5.26 shows the profile of London's apprenticeship starts by gender and level, with females apprenticeship participation concentrated at advanced level.

5.25: Apprenticeship starts by gender in London compared with the rest of England 2019/2020 academic year
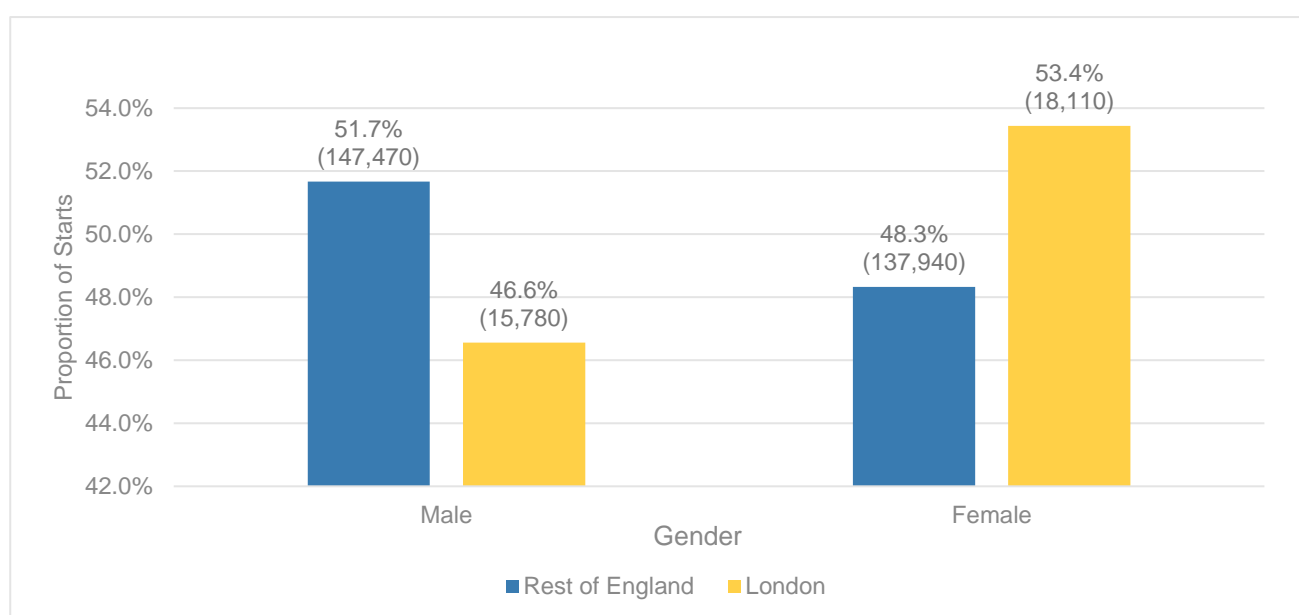
Notes: Academic year runs from the 1st of August to the 31st of July. 'Geography is based upon the home postcode of the learner. Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019' (Department of Education, 2021). Other' regional category is not included as it includes participation for unknown postcodes and postcodes outside of England.

Source: (Department of Education, 2020)

Figure 5.26: Number of apprenticeship starts in London by gender and level in the 2019/2020 academic year

Notes: Academic year runs from the 1st of August to the 31st of July. Percentages are in brackets and are rounded to one decimal place. 'Geography is based upon the home postcode of the learner. Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019' (Department of Education, 2021)

Source: (Department of Education, 2021)

5.6.5   Ethnic profile of apprenticeship starters in London

There was more ethnic diversity in apprenticeship starts in London than there was in the rest of England in the 2019/2020 academic year (Figure 5.27). For instance, London had a lower proportion of white apprenticeship starters, at 53.2 per cent (18,030), compared to 88.7 per cent (253,030) of the rest of England's apprenticeship starters (Figure 2.8). London had a higher proportion of Black apprentices at 17.4 per cent (5,880) than the rest of England (2.2 per cent (6,300)) and a higher proportion of Asian apprenticeship starters (15.8 per cent), than the rest of England (4.5 per cent).

Figure 5.28 shows the level of starts by ethnicity.
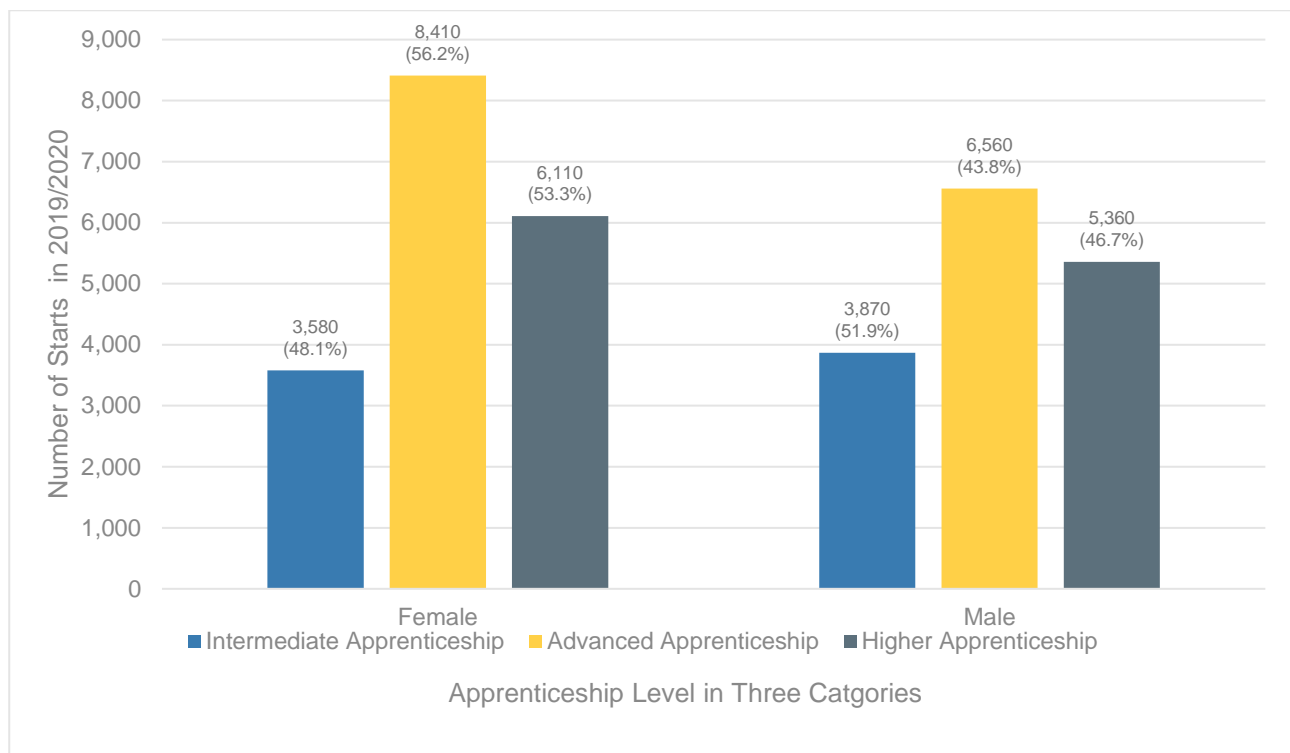
Figure 5.27: Ethnic profile of apprenticeship starters in London compared the rest of England in the 2019/2020 academic year

Notes: Notes: Academic year runs from the 1st of August to the 31st of July. Volumes are rounded to the nearest 100 and '~' indicates a base value of fewer than 50. 'Geography is based upon the home postcode of the learner. Geographies are taken from the National Statistics Postcode Lookup based on boundari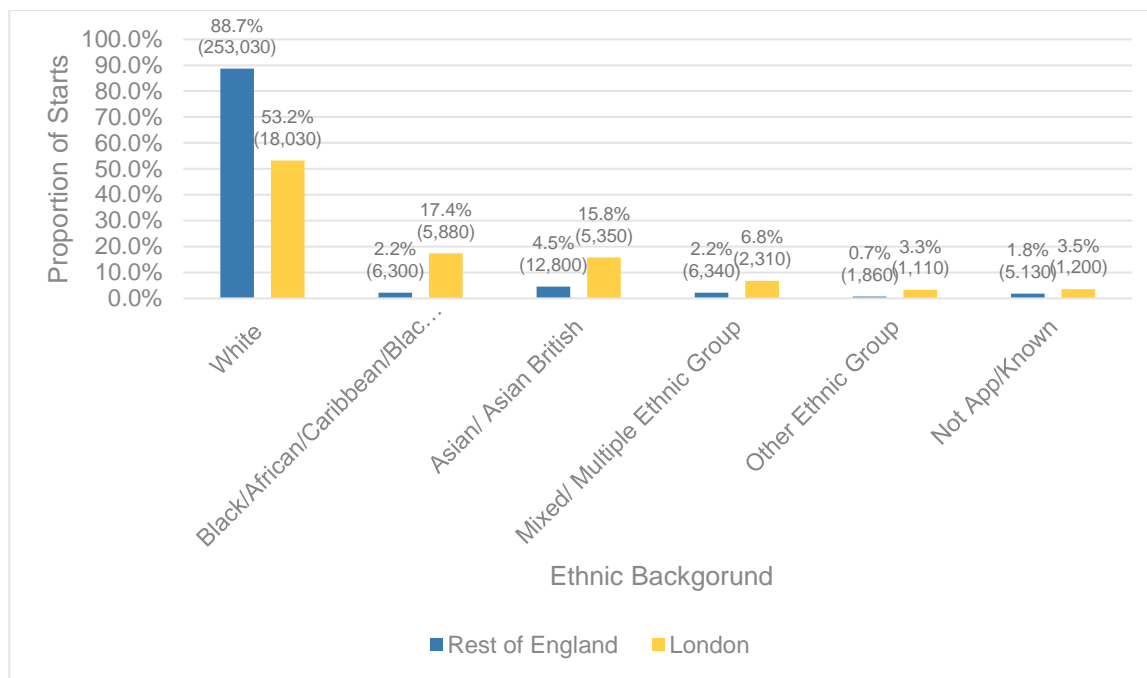es as of April 2019' (Department of Education, 2021). 'Other' regional category is excluded as it is either based on postcodes outside England or postcodes that are not known

Source: (Department of Education, 2021)

Figure 5.28: Apprenticeship starts in London exploring level of apprenticeships by ethnic breakdown in the 2019/2020 academic year
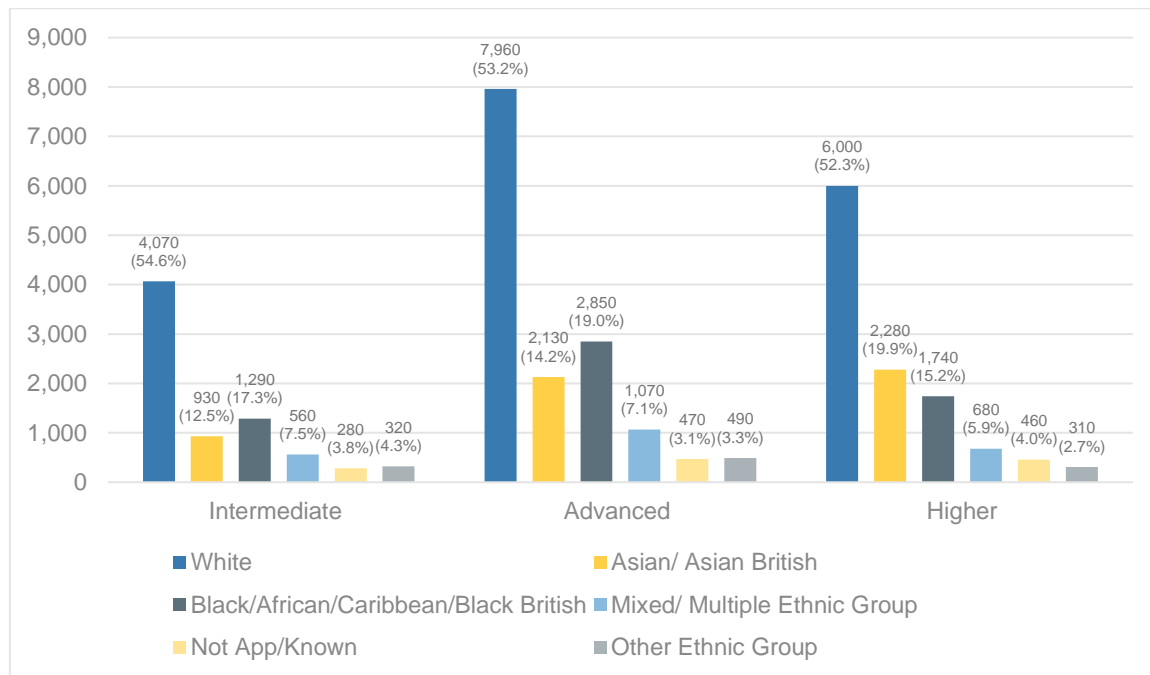
Notes: Academic year runs from the 1st of August to the 31st of July. Numbers rounded to one decimal place. 'Geography is based upon the home postcode of the learner. Geographies are taken from the National Statistics Postcode Lookup based on boundaries as of April 2019' (Department of Education, 2021). Percentages in brackets and is to one decimal place.

Source: (Department of Education, 2021)

6   COVID-19 and London's FE sector

The COVID-19 pandemic has placed enormous pressure on all aspects of London's Further Education (FE) Sector. FE learners and staff have had to cope with a sudden switch to online provision, the safety challenges of remaining open for vulnerable students, increased hygiene requirements and an ever-changing landscape of restrictions and guidance.

The unique psychological challenges of national lockdowns, disrupted education and growing rates of unemployment have been linked to worsening mental health outcomes amongst people of all ages (O'Connor et al). Londoners have faced unique challenges too, particularly the consequences of transport safety, poor housing and racial inequalities amidst the spread of the virus. In colleges, 83 per cent have seen mental health referrals increase since the onset of the pandemic (Association of Colleges (AOC), 2021). This is likely to be particularly true in London, where the FE population contains a high volume of learners with significant additional risk factors for poor mental health.

This chapter explores some of the key challenges faced by London's FE learners since the onset of the COVID-19 crisis, and considers how demographic factors such as age, race and deprivation may have worsened their mental health impacts.

6.1   The switch to digital learning

Digital poverty is an issue of significant concern in the FE sector, where disadvantaged students are overrepresented (DfE, 2018). Lack of access to a computer/laptop, reliance on shared devices and inadequate wifi connectivity are all issues that have stood in the way of FE learners' ability to engage with digital provision. In November 2020, the AOC (2020a) estimated that 120,000 learners still did not have access to a suitable electronic device on which to study.

At London's largest FE college group, Capital City College Group, two-thirds of students are from disadvantaged backgrounds. Many of the group's learners did not have access to a digital device suitable for learning at the time of the first college closures. Despite calls for support from the sector, in 2020 FE Colleges were expected to use existing funding to provide students with digital devices, a spending requirement beyond many colleges' financial capacity. This led to requests from colleges to charities and the private sector for funding to enable FE learners to engage with their courses. For Capital City College Group, this meant a request from charities of £250,000 (TES, 2021).

In January 2021, amid the third national lockdown, the DfE said colleges and other FE institutions could order laptops and tablets from government to provide further support. In addition, the definition of 'vulnerable learners' was updated to include those who 'may have difficulty engaging with remote education at home', for example, due to a 'lack of

devices, connectivity, or quiet space to study' (FE Week, 2021a). Whilst these steps were welcomed, they are likely to have come too late for leaners at risk of disengagement. Issues surrounding digital inclusion will continue beyond the pandemic.

As well as inhibiting learning, lack of access to digital devices also exacerbates one of the most impactful elements of school closure on mental health – social isolation. For learners without access to digital connectivity, FE attendance was a key source of social interaction.

Furthermore, vocational or technical qualifications with highly practical elements are central to FE provision in London and across the UK. Digital teaching of qualifications in the practical trades, or in subjects that necessarily involve practical application, has inevitable limits that is likely to leave many students frustrated and at further risk of disengagement (FE Week, 2020).

6.2   Travelling and transport

Rates of car ownership in London are lower than the rest of the UK, with 63 per cent of all journeys made by public transport (Centre for London, 2020). The enclosed nature of tube trains and buses has been highlighted as a source of concern for Londoners considering returning to work or education, with many deeming it 'too risky' to travel during the pandemic (Eltringham, 2020). London's high infection rates, in combination with reports of 57 TfL staff – most prominently 42 bus drivers – having died from the virus, are likely to have furthered anxiety and fear around travel. Transport Focus (a think tank) has reported that the fall in use of public transport will continue, with respondents to their survey reporting they would never feel comfortable to use public transport again. Transport for London similarly fears that usage of the public transport network will not increase without active support and promotion.

The educational and mental health implications of fear of public transport for FE learners are likely to be significant. In contrast to schools, which are located in neighbourhoods, colleges cover a larger footprint and attendance can involve greater travel distances by public transport, which may have increased anxiety. Similarly, the educational consequences of falling behind or disengaging with studies/apprenticeships for those who do not feel safe enough to travel to college/placement are likely to be considerable and long lasting.

6.3   Apprenticeships

For apprentices, the dual impact of the pandemic on education and employment has been particularly difficult. Around 20 per cent of London's FE learners are in apprenticeships[19], though this number is likely to have fallen as a result of the pandemic (Centre for London, 2020).

---

[19] Figure from academic year 18/19

A survey of employers conducted in April 2020 found that just 39 per cent of apprenticeships were continuing as normal, with 36 per cent having been furloughed and eight per cent made redundant. In addition,17 per cent had had their off-the-job learning suspended because of college closures (Sutton Trust, 2020).

Though furloughed apprentices will have maintained some income, evidence suggests that many were facing low pay and financial difficulty prior to the pandemic (Young Women's Trust, 2018). Receiving only 80 per cent of their typical wage during periods on furlough is therefore likely to have exacerbated financial anxiety or stress for apprentices.

Furthermore, sectors most likely to employ apprentices are amongst the hardest hit by the virus and the efforts to control it. Health and social care typically provides the highest number of apprenticeships in the UK, and though the pandemic has highlighted the importance of work in these areas, the pressure placed upon them has badly disrupted existing apprenticeships, leading to a 50 per cent reduction in the number of apprenticeships offered (Personnel Today, 2021). Catering and hospitality is another sector where apprentices are likely to have been furloughed or made redundant.

For apprentices and all FE learners, gaining skills required for industries adversely affected by the pandemic and the long-term impact of lockdown on their employment opportunities is likely to be a source of anxiety.

6.4   Cancelled assessments

The closure of FE providers has had an enormous impact on learners' assessments. Confusing, and often last-minute guidance from the government on whether to conduct exams and vocational assessments has led to frustration within FE, with many arguing that the sector has been forgotten.

January 2021 saw the most pertinent example of this – with a sense that little had been learned at policy level from summer 2020, when colleges were given less than a week's notice that January's vocational exams would be going ahead, amid a national lockdown, in which colleges and providers were closed and A-Level and GCSE exams were cancelled. Days later, colleges were given to option to cancel exams if they did not feel it was safe, a move that college leaders termed 'chaotic'. Whilst some providers, such as the Capital City College Group, decided to cancel all exams, others such as London South East Colleges, chose to make it optional for students to attend. In their first week of exams, the group saw a 50–60 per cent turnout, suggesting that many students were keen to take their exams, but a significant proportion felt it was unsafe (FE Week, 2021b).

The lack of clarity regarding examinations has been a source of stress and anxiety for learners keen to progress in their training and education. Many students reported feelings of concern about going into college to sit exams while case rates were high, but felt they had 'no choice' given their career aspirations. For shielding learners and those living with shielding/vulnerable people, the last-minute decision to offer exams within colleges left them feeling excluded and forgotten (iNews, 2021).

6.5 Demographic factors

6.5.1 Young people

Multiple studies have shown that the mental health of young people has been negatively impacted by the pandemic and the measures taken to control it. Though it is important to recognise that the majority of learners within the FE sector are adults, one third of the UK's FE population are 16–18 years of age (AOC, 2020) and therefore more likely to have suffered negative mental health consequences of the pandemic.

Analysis of the UK Household Longitudinal Study during the UK's first national lockdown in April 2020 found that 18–24-year-olds' mental health was declining faster than any other group. People of all ages in full-time education were also found to have poorer mental health status than those in employment (Pierce et al, 2020), perhaps reflecting the impact of disruption to education.

Amongst young people with existing mental health concerns, the negative impact of the pandemic is clear. Young Minds (2020) found that 51 per cent of young people listed concerns about school, college or university work amongst the top three issues negatively impacting their mental health during the pandemic. This was second only to 'loneliness and isolation' (58 per cent), a factor exacerbated by the switch to distanced learning amid the closure of educational institutions.

Furthermore, O'Connor et al (2020) found that the increase in depressive symptoms during the pandemic was most common amongst young adults (18–29 years). The research also found that six weeks into the first lockdown, 14 per cent of young adults reported having suicidal thoughts, which chimes with the findings published by AOC in January 2021.

6.5.2 Race

According to the AOC (2020b), people from Black, Asian and Minority Ethnic backgrounds make up 33 per cent of FE students in the UK, a high proportion given that Black, Asian and Minority Ethnic people make up 14 per cent of the UK population. The number of Black, Asian and Minority Ethnic FE students is typically even higher in cities, such as London (Landman, 2020).

Considerable media attention has been paid to the fact that, throughout the pandemic, people from Black, Asian and Minority Ethnic backgrounds have been more likely to be directly affected by COVID-19, with higher infection, hospital admission and death rates than white populations. In the capital, Asian and Black Londoners have been significantly more impacted than the white population, being 1.7 and 1.5 times more likely to die of COVID-19 than the white population. Furthermore, since case rates have started to decline, an increasing proportion of London's COVID-19 cases have been identified in Black people – suggesting measures are less effective in these communities (Public Health England, 2021).

Given these figures, it is perhaps unsurprising that research indicates the pandemic has exacerbated mental health inequalities between Black, Asian and Minority Ethnic and white people (Smith et al, 2020; Mental Health Foundation, 2020). A report from Mind (2020) found that repeated lockdowns had served to emphasise and increase pre-existing inequalities in housing, employment and finances, which contributed significantly to the greater decline in the mental health of Black, Asian and Minority Ethnic people.

6.5.3   Deprivation

The link between poor mental health and deprivation in the UK is well established, with those facing poverty the most likely to develop a mental health disorder (Mental Health Foundation, 2020). Just under one-fifth (19 per cent) of all FE learners are from deprived backgrounds, considerably more than those in school or Higher Education (Department for Education, 2018). In London, many FE Colleges serve deprived areas of the city.

A survey from the Mental Health Foundation (2020) found that the burden of mental distress caused by the pandemic had fallen harder on those facing economic insecurity. Stress due to fears of unemployment, eviction and poor quality housing were identified as determinants for mental health decline since the introduction of restrictions and lockdowns.

These issues sit alongside the virus having a heavy impact on deprived communities in the capital (BMJ, 2020). For example, particularly high death rates were experienced in 'Brent (210.9 deaths per 100,000 population), Newham (196.8 deaths per 100,000 population), and Hackney (182.9 deaths per 100 000 population)'.

Though deprivation is a key risk factor for poor mental health, evidence suggests that people living in deprived areas are the least likely to have accessed mental health services during the pandemic (Carr et al, 2021). This suggests that FE learners in London's most deprived areas may be amongst those most at risk of poor mental health.

6.5.4   Looking ahead

The COVID-19 pandemic has placed unprecedent pressure on an FE sector that was already tackling significant challenges in terms of funding and resources. As the UK looks ahead to recovering from the crisis, with a plan to lift all restrictions by mid-2021, London's FE providers and their staff are set to face huge demands on their resources.

For existing students, there will be the need to catch-up with learning and sit assessments cancelled due to restrictions, although the anxieties caused by this narrative of 'lost learning' and the need to catch-up is unlikely to help the mental health of learners. Many of those undertaking vocational courses will be returning to work and college at the same time. In each case it will be important for providers to help learners feel safe within their environments. Learners will need access to 'wraparound' support on a range of issues, including mental health and wellbeing, to feel able to progress against the context they have experienced.

It is expected that many learners will have become disengaged from their courses as a consequence of the disruption. FE Colleges often serve as 'second chance' provision for those let down by the school system and it will be important to re-engage these learners by effectively supporting their return to education. Well funded mental health support and provision is likely to play a key role in this.

Mental health provision is also likely to be of increased importance in coming years as FE providers inherit a cohort of learners living with the emotional consequences of severely disrupted education and unemployment. Furthermore, as job loss increases, the number of people looking to up-skill within FE providers is likely to rise.

7   Conclusions

Overall, the pandemic only serves to emphasise the level of need in the FE system for mental health and wellbeing support. While the starting point for this project was to explore preventative and early intervention approaches as a priority, the pandemic is driving a need for support configured around higher needs. While the rate of diagnosis of mental health need is unlikely to change, the social and economic consequences of COVID-19 can plainly be located in the mental health and wellbeing space in terms of what providers including the FE sector need to provide.

Further education colleges in particular have funding challenges traditionally beyond those seen in schools/pre-16 education and in higher education. It is likely the sector needs increased funding and to be able to ringfence funds to support learners as the country start to move out of lockdown. The needs of learners will extend beyond 2021 – the pandemic has affected every life stage and has increased support needs. It cannot be expected that all this will resolve readily in the short term.

The Mayor's agenda to embed consideration of mental health and wellbeing across London's policy agendas can be seen as ever more important. The FE system is aware, and ready to play its part. As this research shows, there is engagement with whole-institution approaches, collaborative working with public and charitable partners and exemplars of excellent practice. However, as stakeholders note, there is a risk of fragmentation if institutions cannot put sufficient funding in place to ensure genuine and authentic implementation of a whole-institution approach. Moreover, as stakeholders also stress, without further support, provision – from preventative work, through to interventions and support for those higher needs – this will be seen in respect of pockets of excellent practice, rather than a level of service and support all learners can expect. The continued prioritisation of this agenda at Mayoral level is therefore hugely important alongside work to support colleges to mobilise funding, implement best practice approaches and support preventative actions.

Appendices

Destinations of key stage 4 learners

In the 2018/2019 academic year, sustained participation in education, employment and training in London was at 95 per cent of the cohort – with London being one of the four regions with this highest level of participation (Figure 4.1). London had the highest rates of state funded mainstream school leavers entering and sustaining education outcomes destinations in England (Figure 4.2) at 92 per cent. Consequently, the proportions of learners in employment and apprenticeships were lower than in other areas of England.

Figure 4.1: Sustained education, employment & apprenticeships for Key Stage 4 leavers for state funded mainstream schools in 2018/2019
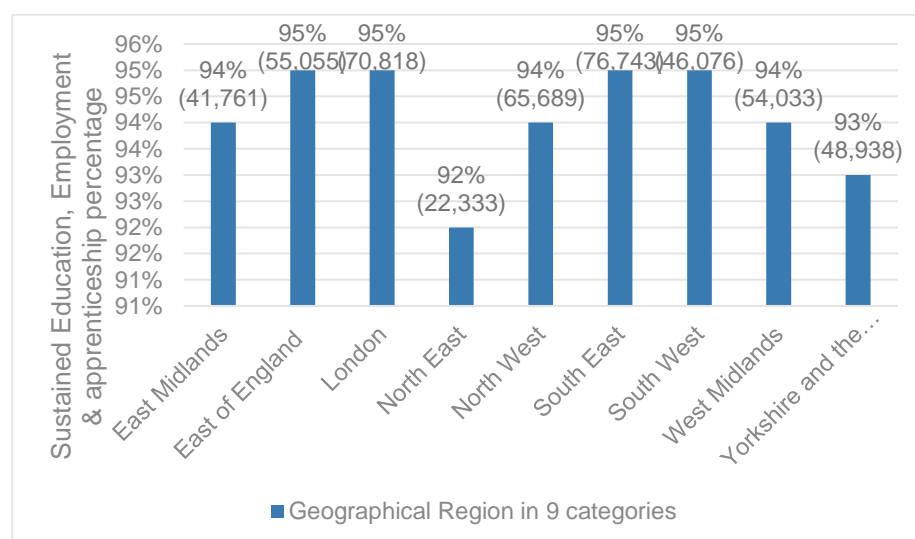
Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and FECs with provision for 14-to-16-year-olds. Number of pupils in brackets. Permanent link to data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/e0980465-35d4-4a89-a40d-cd43f8eb3aca

Source: (Department of Education , 2021)

Figure 4.2: Regional breakdown of Key Stage 4 destinations in the 2018/2019 academic year by sustained education, apprenticeship and employment (%)
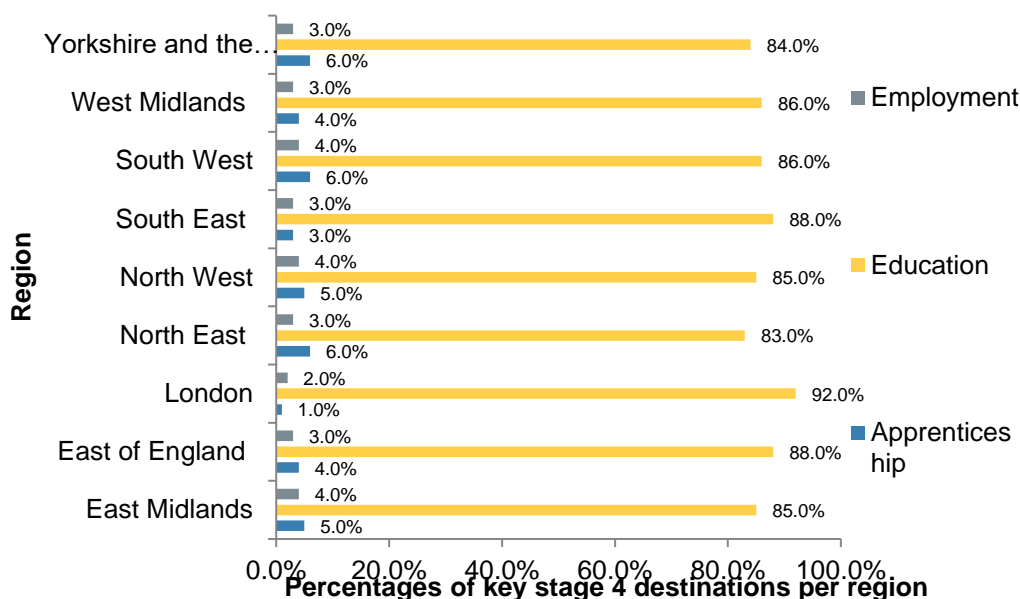
Notes: State-funded mainstream schools include community schools, voluntary aided schools, voluntary controlled schools, foundation schools, academies, free schools, city technology colleges and FECs with provision for 14-to-16-year-olds, Permanent Link to data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/02ab948f-b913-40a4-b734-05d02f4a0eeb

Source: (Department of Education, 2021)

Appendix: Data review: Detailed note on methods and Data

■ The quantitative description of London's Further Education Adult (19+) Learners drew on the full year data for the 2019/2020 academic year. 'The FE and skills data in this release are based on the final ILR data return from FE and apprenticeship providers for the 2019/20 academic year. The ILR is an administrative data collection system designed primarily for operational use in order to fund training providers for learners in FE and on apprenticeship programmes' (Department of Education , 2021). The specific data sets that were used were the following:

- 'Further education and skills geography - latest region summary' from 'Further education and skills' in East Midlands, East of England, London, North East, North West, Other, South East, South West, West Midlands and Yorkshire and the Humber between 2017/18 and 2019/20'- This dataset can be found at: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/a7787e90-38d5-453c-8732-b82e629224a0. This dataset covers Adult (19+) government funded Further Education participation in the 2019/2020 academic year. This data was published on 28 January 2021. The analysis seeks to compare London's Adult Further Education Learners with other regions in England.

- 'Education and training geography - local authority district (1 year)' from 'Further education and skills' in East Midlands, East of England, London, North East, North West, Other, South East, South West, West Midlands and Yorkshire and the Humber for 2019/20'- This dataset can be found at: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/f4d42479-53f8-4320-b271-beffe37619ba. This dataset covers Adult (19+) Education and Training participation in the 2019/2020 academic year. This data was published on 28 January 2021. The analysis seeks to compare London's Adult (19+) Education and Skills Learner characteristics with the rest of England's.

- 'Community learning geography - local authority district (1 year)' from 'Further education and skills' in East Midlands, East of England, London, North East, North West, Other, South East, South West, West Midlands and Yorkshire and the Humber for 2019/20. This dataset can be found at: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/be3c5c27-e248-4235-a7d8-5ff316e720b2. This dataset covers Adult (19+) Community Learning participation in the 2019/2020 academic year. This data was published on 28 January 2021. This analysis seeks to compare London's Community learning characteristics to the rest of England's

- The quantitative description of London's Apprenticeship starters drew on the full year data for the 2019/2020 academic year. 'The Apprenticeship data in this release is based on the final ILR data return from FE and apprenticeship providers for the 2019/20 academic year. The ILR is an administrative data collection system designed primarily for operational use in order to fund training providers for learners in FE and on apprenticeship programmes' (Academic Year 2019/20: Apprenticeships and traineeships, 2021). It used the following dataset:

  - 'Geographical breakdowns - detailed (1 year)' for in East Midlands, East of England, London, North East, North West, Other, South East, South West, West Midlands and Yorkshire and the Humber for 2019/20. This dataset can be found at: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/317884c6-95b9-44d9-9be0-72c5598b0204. This dataset covers apprenticeship starts in the 2019/2020 academic year. This data was published on 28 January 2021. This analysis seeks to compare London's apprenticeship starters with the rest of England's.

- The quantitative description of London's young people's further education participation was based on a cohort of Key Stage four and Key Stage 5 leavers destinations in the 2018/2019 academic year. This was done because the government do not publish data on the whole cohort of young peoples (16–18) further education participation.

  - Data used to explore Key Stage 4 destinations can be found here: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/42ad109b-9e6e-46dc-b66b-991900363f13 'Data from the national pupil database (NPD) were used to calculate education destinations' (Department of Education, 2020). This dataset was published on 28 January 2021. This analysis seeks to compare London's Key Stage 4 destination characteristics to the rest of England's.

  - Data used to explore Key Stage 5 destinations can be found here: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/526a8c59-cad7-4819-d7fd-08d8b2e3e943. 'Data from the national pupil database (NPD) were used to calculate education destinations' (Department of Education, 2020). This data was published on 28 January 2021. This analysis seeks to compare London's Key Stage 5 destination characteristics to the rest of England's.

Sources for data review

Academic Year 2019/20: Apprenticeships and traineeships. (2021, January 28). Retrieved from About these statistics : https://explore-education-statistics.service.gov.uk/find-statistics/apprenticeships-and-traineeships/2019-20

Department of Education . (2021, January 28). *'16 to 18 local authority level destinations' for Local education authority area, State-funded mainstream schools & colleges,*. Retrieved from 16-18 destination measures: https://explore-education-statistics.service.gov.uk/data-tables/permalink/8fc08489-49c8-44ed-af82-c5dd9853c287

Department of Education . (2021, January 28). *Academic Year 2019/20: Further Education and Skills Headline Facts and Figures*. Retrieved from About these Statistics: https://explore-education-statistics.service.gov.uk/find-statistics/further-education-and-skills/2019-20

Department of Education . (2021, January 28). *Key stage 4 destination measures*. Retrieved from Key stage 4 local authority level destinations: Regional Data: https://explore-education-statistics.service.gov.uk/data-tables/permalink/e0980465-35d4-4a89-a40d-cd43f8eb3aca

Department of Education. (2020, January 28). Retrieved from Table showing Starts for 'Geographical breakdowns - by Gender and Level from 'Apprenticeships and traineeships' in London for 2019/20: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/317884c6-95b9-44d9-9be0-72c5598b0204

Department of Education. (2020, November 19). *16-18 destination measures: methodology*. Retrieved from https://explore-education-statistics.service.gov.uk/methodology/16-18-destination-measures-methodology

Department of Education. (2020, November 19). *Key stage 4 destination measures: methodology*. Retrieved from https://explore-education-statistics.service.gov.uk/methodology/key-stage-4-destination-measures-methodology

Department of Education. (2021, January 28). *16 to 18 local authority level destinations' for Local education authority area, State-funded mainstream schools & colleges, Number of pupils and Percentage from '16-18 destination measures' in Inner London, London and Outer London for 2018/19*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/e9c8c750-fa79-44a7-8909-c6c3cf1ef81e

Department of Education. (2021, January 28). *able showing Sustained education destination for '16 to 18 local authority level destinations' for Disadvantaged, Not Disadvantaged, Local education authority area, State-funded mainstream schools & colleges, Number of pupils and Percentage from '16-18'*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/9e420c30-864b-451e-93e2-24675191c1eb

Department of Education. (2021, January 28). *Academic Year 2018/2019: Key Stage 4 destination measures.* Retrieved from https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-destination-measures/2018-19

Department of Education. (2021). *Academic Year 2019/20: Apprenticeship and traineeship data.* Retrieved from https://explore-education-statistics.service.gov.uk/find-statistics/apprenticeships-and-traineeships/2019-20

Department of Education. (2021, January 28). *Community learning geography - local authority district (1 year)' from 'Further education and skills' by regions for 2019/2020 academic year*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/be3c5c27-e248-4235-a7d8-5ff316e720b2

Department of Education. (2021, January 28). *'Community learning geography - local authority district (1 year)' type of participation from 'Further education and skills' in London for 2019/20*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/be3c5c27-e248-4235-a7d8-5ff316e720b2

Department of Education. (2021, January 28). *'Education and training geography - local authority district (1 year)' from 'Further education and skills'*. Retrieved from Further Education and Skills Statitsics: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/f4d42479-53f8-4320-b271-beffe37619ba

Department of Education. (2021, January 28). *Explore Education Statistics*. Retrieved from Key stage 4 destination measures: London, Inner London and Outer London: https://explore-education-statistics.service.gov.uk/data-tables/permalink/205c4a65-910e-4f25-af35-27dde417fbda

Department of Education. (2021, January 28). *'Geographical breakdowns - detailed (1 year)' for Advanced Apprenticeship, Higher Apprenticeship, Intermediate Apprenticeship for Ethnicity in London*. Retrieved from Apprenticeships and traineeships: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/317884c6-95b9-44d9-9be0-72c5598b0204

Department of Education. (2021, January 28). *'Geographical breakdowns - detailed (1 year)' for Level of Apprenticeship by Ethnic Profile in London in the 2019/2020 Academic Year*. Retrieved from Apprenticeships and traineeships: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/317884c6-95b9-44d9-9be0-72c5598b0204

Department of Education. (2021, January 28). *'Key stage 4 local authority level destinations' for Number of pupils, Percentage, Local education authority area, State-funded mainstream schools, Disadvantaged and Not disadvantaged from 'Key stage 4 destination measures' in London*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/2f7d434d-dda1-416a-9088-561cccb2e9d8

Department of Education. (2021, January 28). *'Key stage 4 local authority level destinations' from 'Key stage 4 destination measures': Regional Data*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/02ab948f-b913-40a4-b734-05d02f4a0eeb

Department of Education. (2021, January 28). *otal Participation (Aug-Jul) for 'Education and training geography - local authority district (1 year)' for 19-24, 25-49 and 50+ from 'Further education and skills'*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/f4d42479-53f8-4320-b271-beffe37619ba

Department of Education. (2021, January 28). *Participation Total for 'Community learning geography - local authority district (1 year)' for Age groups from 'Further education and skills' in London for 2019/2020*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/be3c5c27-e248-4235-a7d8-5ff316e720b2

Department of Education. (2021, January 28). *Participation Total for 'Community learning geography - local authority district (1 year)' for Ethnic groups from 'Further education and skills' 2019/2020*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/be3c5c27-e248-4235-a7d8-5ff316e720b2

Department of Education. (2021, January 28). *Participation Total for 'Community learning geography - local authority district (1 year)' for Female and Male from 'Further education and skills' in London for 2019/20*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/be3c5c27-e248-4235-a7d8-5ff316e720b2

Department of Education. (2021, January 28). *Proportion of Learners (Aug-Jul) for 'Education and training geography - local authority district (1 year)' for Female and Male from 'Further education and skills' London and Rest of England*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/f4d42479-53f8-4320-b271-beffe37619ba

Department of Education. (2021, January 28). *Proportion of Starts (Aug-Jul) for 'Education and training geography - local authority district (1 year)' for Ethnic background from 'Further education and skills' regional data*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/f4d42479-53f8-4320-b271-beffe37619ba

Department of Education. (2021, January 28). *Starts for 'Geographical breakdowns - detailed (1 year)' for Advanced Apprenticeship, Higher Apprenticeship,*

Intermediate Apprenticeship, By age from 'Apprenticeships and traineeships' in London for 2019/20. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/317884c6-95b9-44d9-9be0-72c5598b0204

Department of Education. (2021, January 28). *Sustained education destination for 'Key stage 4 local authority level destinations', Local education authority area, State-funded mainstream schools, Female and Male from 'Key stage 4 destination measures' in Inner London, London and Outer London.* Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/167d18fb-410e-4127-9563-ea45ac5f2a22

Department of Education. (2021, January 28). *Table showing 'Key stage 4 local authority level destinations' for Number of pupils,, State-funded mainstream schools, Identified SEN and No identified SEN from 'Key stage 4 destination measures' in London.* Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/f6487348-94b4-45f0-adee-2e4be67f77f8

Department of Education. (2021, January 28). *Table showing Starts for 'Geographical breakdowns - for subject areas 2019/2020.* Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/fast-track/317884c6-95b9-44d9-9be0-72c5598b0204

Department of Education. (2021, January 28). *Total Participation (Aug-Jul) for 'Further education and skills geography - latest region summary' from 'Further education and skills'- Total Partcipation.* Retrieved from Further education and skills- Create your own tables: https://explore-education-statistics.service.gov.uk/data-tables/fast-track/a7787e90-38d5-453c-8732-b82e629224a0

Governmennt. (2020, November 19). *16-18 destination measures: methodology.* Retrieved from Apprenticeship destinations: data sources and definitions: https://explore-education-statistics.service.gov.uk/methodology/16-18-destination-measures-methodology

Government . (2020, November 2020). *Education destinations: data sources and definitions.* Retrieved from 16-18 destination measures: methodology: https://explore-education-statistics.service.gov.uk/methodology/16-18-destination-measures-methodology

Government . (2020, November 19). *What are destination measures?* Retrieved from 16-18 destination measures: methodology: https://explore-education-statistics.service.gov.uk/methodology/16-18-destination-measures-methodology

Government . (2021, January 28). *'16 to 18 local authority level destinations' for Local education authority area, State-funded mainstream schools & colleges, Number of pupils and Percentage from '16-18 destination measures' in Inner London, London and Outer London for 2018/19.* Retrieved from 16-18 destination measures: https://explore-education-statistics.service.gov.uk/data-tables/permalink/8f50fce8-d2fd-4e56-830e-1d47eae3c2bb

Government . (2021, January 28). *Headline Facts and Figures- 2019/2020*. Retrieved from Academic Year 2019/20: Further Education and Skills : https://explore-education-statistics.service.gov.uk/find-statistics/further-education-and-skills/2019-20

Government . (2021, January 28). *Table showing 'Key stage 4 local authority level destinations' for Number of pupils, Percentage, Local education authority area, State-funded mainstream schools, Female and Male from 'Key stage 4 destination measures' in London*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/e61707df-4322-4703-a530-5c5383f61023

Mime and UCL. (2020, July). *London's Post-16 Trajectories* . Retrieved from https://www.london.gov.uk/sites/default/files/londons_post-16_trajectories_0.pdf

UK Government. (2021, January 28). *Explore Education Statitsics*. Retrieved from https://explore-education-statistics.service.gov.uk/data-tables/permalink/bb381919-817c-4ae1-9abb-44864cf00da7

References literature and evidence reviews

Association of Colleges (2017). *AoC Survey on Students With Mental Health Conditions In Further Education*

Association of Colleges (2018). *Improving mental wellbeing in colleges through physical activity*

Association of Colleges (2018b). *Mental health and wellbeing: a collection of college case studies*

Association of Colleges (2020) *College Key Facts 2018/19*

Association of Colleges (2020a) 'Press Release: 100,000 college students still without suitable device for learning' [Online]. Available at: www.aoc.co.uk/news/100000-college-students-still-without-suitable-device-learning [Accessed: 15 September 2021]

Association of Colleges (2020b) 'College Key Facts 2019/20' [Online]. Available at: https://www.aoc.co.uk/sites/default/files/AoC%20College%20Key%20Facts%202019-20.pdf [Accessed: 15 September 2021]

Association of Colleges (2021) 'Mental Health and Colleges' [Online]. Available at: www.aoc.co.uk/sites/default/files/Mental%20Health%20in%20Colleges%20-%20Report.pdfAoC [Accessed: 15 September 2021]

Banerjee R (2019) 'Social Relationships and Well-Being' [Online]. Available at: www.youtube.com/watch?v=wmENebBXwZg [Accessed: 15 September 2021]

BMG (2020) 'Covid-19: People in most deprived areas of England and Wales twice as likely to die' [Online]. Available at: www.bmj.com/content/369/bmj.m2389 [Accessed: 15 September 2021]

Broglia E, Millings A, Barkham M (2018) 'Challenges to addressing student mental health in embedded counselling services: a survey of UK higher and further education institutions', *British Journal of Guidance & Counselling,* Vol. 46, No. 3

Carr et al (2021) 'Effects of the COVID-19 pandemic on primary care-recorded mental illness and self-harm episodes in the UK: a population-based cohort study', *The Lancet,* Vol. 6, No. 2

Centre for London (2020) 'Reclaim the kerb: The future of parking and kerbside management in London' [Online]. Available at: www.centreforlondon.org/reader/parking-kerbside-mangement/chapter-1/#travel-habits-are-changing-but-modal-shift-is-slow [Accessed: 15 September 2021]

Crenna-Jennings W, Hutchinson J (2020) 'Access to Child and Adolescent Mental Health Services in 2019,' *Education Policy Institute*

Department for Education (2018) 'Post-16 education: outcomes for disadvantaged students in England' [Online]. Available at: www.gov.uk/government/publications/post-16-education-outcomes-for-disadvantaged-students [Accessed: 15 September 2021]

Department for Education, Department of Health (2017) *Transforming Children and Young People's Mental Health Provision: a Green Paper*

Eltringham (2020) 'COVID anxiety changing commuter travel habits, according to research', Workplace Insight' [Online]. Available at: workplaceinsight.net/covid-anxiety-changing-commuter-travel-habits-according-to-research/ [Accessed: 15 September 2021]

FE Week (2020) 'We will not be the same because of this: How colleges coped with Covid' [Online]. Available at: https://feweek.co.uk/we-will-not-be-the-same-because-of-this/ [Accessed: 19 October 2021]

FE Week (2021a) 'National lockdown 3 FE guidance: What you need to know' https://feweek.co.uk/national-lockdown-3-fe-guidance-what-you-need-to-know/ [Accessed: 19 October 2021]

FE Week (2021b) 'January exams on or off? How colleges have responded' [Online]. Available at: https://feweek.co.uk/january-exams-on-or-off-how-colleges-have-responded/ [Accessed: 19 October 2021]

Greater London Review (2017) *Annual London Education Report* [Online]. Available at: www.london.gov.uk/sites/default/files/final_epi_edits_design_final_gla_annual_report_2017_0.pdf [Accessed: 15 September 2021]

Harris A (2019) 'Finding our own Way: Mental health and moving from school to further and higher education,' *The Centre for Mental health*

Harris A, Whittle R (2019) *This is me: A handy guide for schools to help young Black men thrive*

Healthy London (2020) 'Mental Health in schools trailblazers in London,' *Healthy London Partnership* [Online]. Available at: https://www.healthylondon.org/our-work/children-young-people/children-and-young-people-mental-health-trailblazers-in-london/ [Accessed: 15 September 2021]

iNews (2021) 'BTEC students forced to sit exams in lockdown feel 'pushed to the side' after other tests cancelled', *i.* [Online]. Available at: https://inews.co.uk/news/education/btec-exams-forced-sit-lockdown-gcses-a-level-cancelled-reaction-820368 [Accessed: 15 September 2021]

Kooth (2020) *Week 14: How Covid-19 is Affecting the Mental Health of Young People in the BAME Community*: [Online]. Available at: https://xenzone.com/wp-content/uploads/2020/06/BAME_infographic_June-2020_WEB-v2.pdf [Accessed: 15 September 2021]

Lancet Public Health Editorial (2020) 'Education: a neglected social determinant of health', Vol. 5, No. 7

Landman, R. (2020) 'Addressing Systemic Racism in Further Education,' *FE News* https://www.fenews.co.uk/fevoices/52439-addressing-systemic-racism-in-further-education [Accessed: 15 September 2021]

London Assembly Health Committee (2015) *Healthy minds, healthy Londoners: Improving access to mental health services for London's young and Black, Asian and Minority Ethnic population*

Lupton R, Thomson S, Velthuis S, Unwin L (2021) *Moving on from initial GCSE 'failure': Post-16 transitions for 'lower attainers' and why the English education system must do better*, [Online]. Available at: https://www.research.manchester.ac.uk/portal/files/187105835/FINAL_main_report_for_publishing.pdf [Accessed: 19 October 2021]

Marshall L, Wishart R, Dunatchik A, Smith N (2017) 'Supporting Mental Health in Schools and Colleges Quantitative Survey,' *Department for Education*

Maudslay L (2018) 'Mental health and wellbeing in further education - strengthening links between education and health', *FE News,* [Online]. Available at: https://www.fenews.co.uk/featured-article/17558-mental-health-and-wellbeing-in-further-education-strengthening-links-between-education-and-health [Accessed: 15 September 2021]

Mayor of London (2018) *London Health Inequalities Strategy implementation Plan 2018-2020*

MeeTwo [Online] MeeTwo. Available at: https://www.meetoo.help/ [Accessed: 15 September 2021]

Mental Health Foundation (2020) 'Mental health in the COVID-19 pandemic' [Online]. Available at: https://www.mentalhealth.org.uk/sites/default/files/MHF%20Mental%20Health%20in%20the%20COVID-19%20Pandemic.pdf [Accessed: 15 September 2021]

Mental Health Foundation (2020) 'The COVID-19 pandemic, financial inequality and mental health' [Online]. Available at: https://www.mentalhealth.org.uk/our-work/research/coronavirus-mental-health-pandemic/covid-19-inequality-briefing [Accessed: 15 September 2021]

Mental Health Foundation (2020) 'Coronavirus: the divergence of mental health experiences during the pandemic' [Online]. Available at: https://www.mentalhealth.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic [Accessed: 15 September 2021]

Mind (2020) 'Existing inequalities have made mental health of BAME groups worse during pandemic' [Online]. Available at: https://www.mind.org.uk/news-

campaigns/news/existing-inequalities-have-made-mental-health-of-bame-groups-worse-during-pandemic-says-mind/ [Accessed: 15 September 2021]

National Union of Students (2017) *Further Education and Mental Health: the experiences of Further Education students in 2017*

NHS [Online] NHS Apps Library-MeeTwo. Available at*: https://www.nhs.uk/apps-library/meetwo/ [Accessed: 15 September 2021]

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

O'Connor et al (2020) 'Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study', *The British Journal of Psychiatry Online.* [Online]. Available at: https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/mental-health-and-wellbeing-during-the-covid19-pandemic-longitudinal-analyses-of-adults-in-the-uk-covid19-mental-health-wellbeing-study/F7321CBF45C749C788256CFE6964B00C [Accessed: 15 September 2021]

ONS (2016) *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014*

Personnel Today (2021) 'Which apprenticeships are worst affected by Covid-19?' [Online]. Available at: https://www.personneltoday.com/hr/which-apprenticeship-sectors-are-worst-affected-by-covid-19/ [Accessed: 15 September 2021]

Pierce et al (2020) 'Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population,' *The Lancet* [Online]. Available at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30308-4/fulltext#%20 [Accessed: 15 September 2021]

Policy and Innovation Research Unit (2020) *Children and Young People's Mental Health Trailblazer Programme* [Online]. Available at: https://piru.ac.uk/projects/current-projects/children-and-young-people%E2%80%99s-mental-health-trailblazer-programme.html [Accessed: 15 September 2021]

Public Health England (2021) 'Tackling London's ongoing COVID-19 health inequalities' [Online]. Available at: https://publichealthmatters.blog.gov.uk/2021/02/03/tackling-londons-covid-19-health-inequalities/ [Accessed: 15 September 2021]

Remploy (2021) Access to Work Mental Health Support Service for Apprentices, Remploy [Online]. Available at: https://www.remploy.co.uk/employers/mental-health-and-wellbeing/access-work-mental-health-support-service-apprentices [Accessed: 15 September 2021]

Rimmer S (2018) 'FE key to tackling Britain's mental health crisis,' *Tes* [Online]. Available at: https://www.tes.com/news/fe-key-tackling-britains-mental-health-crisis [Accessed: 15 September 2021]

Robinson D (2019) 'Further education pathways: Securing a successful and healthy life after education', *Education Policy Institute*

Smith K, Bhui K, Cipriani A (2020) 'COVID-19, mental health and ethnic minorities,' *British Medical Journal* [Online]. Available at: https://ebmh.bmj.com/content/23/3/89 [Accessed: 15 September 2021]

Stafford C (2019) 'Preparing students to handle the mental health challenges of FE and HE', *Sec Ed* [Online]. Available at: https://www.sec-ed.co.uk/best-practice/preparing-students-to-handle-the-mental-health-challenges-of-fe-and-he/ [Accessed: 15 September 2021]

Stonewall (2018) *LGBT in Britain Health Report*

Sucala M, Schnur J B, Constantino M J, Miller S J, Brackman EH, Montgomery G H (2012) 'The therapeutic relationship in e-therapy for mental health: a systematic review,' *Journal of Medical Internet Research*, Vol. 14 No. 4

The Sutton Trust (2020) 'COVID-19 and Social Mobility - Impact Brief #3: Apprenticeships' [Online]. Available at: https://www.suttontrust.com/wp-content/uploads/2020/05/Covid-19-Impacts-Apprenticeships.pdf [Accessed: 15 September 2021]

TES (2020) 'Digital poverty: Up to 100,000 learners without devices' [Online]. Available at: https://www.tes.com/news/digital-poverty-100000-learners-without-devices [Accessed: 15 September 2021]

TES (2021) Digital poverty: 49,000 laptops delivered to colleges' [Online]. Available at: https://www.tes.com/news/coronavirus-laptops-dfe-digital-divide-dfe-delivers-49000-devices-colleges [Accessed: 15 September 2021]

Thorley,C. (2017) 'Not by Degrees: Improving Student Mental Health in the UK's Universities', *IPPR*

Thrive LDN (2020) 'Supporting Partners with the Public Mental Health Response to Covid-19: What does the latest evidence, research and intelligence tell us? Working paper 2' [Online]. Available at: https://thriveldn.co.uk/wp-content/uploads/2020/08/What-does-the-latest-evidence-research-and-intelligence-tell-us-V2.5.pdf [Accessed: 15 September 2021]

Young Minds (2018) *Your voices amplified*

Young Minds (2020) 'Coronavirus: Impact on young people with mental health needs Survey 4: February 2021' [Online]. Available at: https://youngminds.org.uk/media/4350/coronavirus-report-winter.pdf [Accessed: 15 September 2021]

Young Minds (2020) 'Coronavirus: Impact on young people with mental health needs' [Online]. Available at: https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf [Accessed: 15 September 2021]

Young Women's Trust (2018) 'The real cost of an apprenticeship: are young women paying the price?' [Online]. Available at:

https://www.youngwomenstrust.org/assets/0001/0282/2018_YWT_Report_The_Cost_v04.pdf [Accessed: 15 September 2021]