

Go to College

Reporter

Janet Bonser at [Annesley House](#), Partnerships in Care on 23 January 2015.

What do you do*?

Over half of the current patients in our locked rehabilitation unit go out to college. One of them is eighteen months into a two year course that requires three full days attendance per week and leads to a qualification.

What is excellent about it?

The full time student had a very damaging experience of statutory education and this has been completely turned around so now they are eager to engage in college-based learning. The student has developed in confidence and has made friends outside of the learning disability community, including attending parties and social activities with new friends made at college. The course has included a work experience placement in a mainstream workplace, where the student has looked after their work clothes, behaved appropriately as an employee and achieved the right productivity and output. The course will enable the student to register for and access a mainstream college course that will help towards their chosen career. This settled ambition provides the motivation that drives the whole therapeutic programme back at the unit and inspires other residents to have hope too.

A key success factor is that one worker has provided 80% of the support for the person in college, as she needs an escort to stay within 'line of sight' supervision at all times. However, over the duration of the course, the worker has stepped back, especially in break times, so that the person develops their own relationships with other students. The worker has developed expertise and understanding of how the college works, its jargon, systems and so on. Her role links the educational and the treatment programmes to make sure they work together.

The college team of staff¹ is made up of tutors, managers and learning support assistants who together provide the classes and have a serious commitment to supporting learners from our unit, and have demonstrated patience and

¹ The UK government has signed up to the United Nations Convention on the Rights of People with Disabilities. Article 24 says that Governments must ensure the education system is inclusive and works to support people to achieve their full potential and to be an equal part of society.

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understanding on the occasions when difficulties have arisen. On one occasion a student needed to take a break from the college for a while, but was welcomed back on to the course. The support activities have been shared between the care team and the learning support team. Tutorials every few weeks bring together the student, the tutor and the carer to celebrate progress and discuss any difficulties.

Senior staff at the college work in the classroom and run tutorials as well as work in their office, so they get to know the students and are available to students, frontline teaching and support staff and the care worker.

Even better next time?

These arrangements have worked very well, but there may yet be potential to make further progress. Patients at the unit sometimes wait some time before starting a college course, and this waiting time could perhaps be reduced.

The support worker has gained good knowledge of the college environment and the tutors have learnt about how locked environments work, particularly those tutors who also provide on-site education at local units. However, this exchange of knowledge could perhaps be designed in by inviting staff to attend open days and staff meetings, and by exchanging presentations. Such an approach would increase the extent of 'crossover' knowledge and improve yet further the skills and responsiveness of both organisations.

There is a body of knowledge² about how to help people with mental health issues or learning disabilities engage in further and higher education, and local efforts may be informed by the lessons learnt in other settings. So far, care staff have applied their own intuition and experience to supporting patients in building an inclusive life, rather than being trained in how to approach this aspect of their work.

Success appears to occur when patients have a series of small successes, rather than taking on too much at once.

* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection

² See especially work emanating from NIACE and the Mental Health in Higher Education network

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routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- *A series of seminars for key staff and people using services to promote a more personalised and inclusive approach*
- *A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.*
- *Learning exchange visits between members which lead to individual action plans for each service*
- *Excellence stories that capture and share ideas for service improvement.*

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.