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1 2 MAR 2004

# **Competing Discourses: The learning society and adults with mental health difficulties**

Sharon Joanne Moore

MA in Lifelong Learning 2003

## **Abstract**

This thesis, by way of an investigation into the learning opportunities available in one town, will examine the learning society, as envisioned and designed by government, and its response to the needs of adults with mental health difficulties, a group who have been identified as being under-represented in adult learning. The contestable nature of the learning society, and the different discourses, which compete and overlap in policy and the literature, will be identified. The dominant discourse, the interpretation of the learning society which has most influence, will be shown to be concerned with the economy, the necessity for the United Kingdom to succeed in an increasingly competitive global marketplace and with increasing the skills of the nation. It will be argued that an over-reliance on this one interpretation will not encourage mental health service users to participate in learning despite the government's drive to increase and widen participation.

A combination of research methods has been used, including a postal survey, informal interviews and participant observation, to examine mainstream learning provision and to provide evidence of an alternative form of learning in a non-traditional environment, through participation in Surge, a mental health service user group. The lack of understanding within, and the inadequate response of, adult learning providers to the needs of adults with mental health difficulties will be highlighted. It will be concluded that the learning that occurs in Surge is more appropriate and relevant than that offered by mainstream learning providers. Informal learning, which directly relates to participants' lived experiences, can enable people to overcome disempowerment and exclusion and develop a distinctive discourse. It will be argued that, if the learning society is to be truly inclusive, then the discourse of lifelong learning should be widened to encompass more varied forms of learning, such as that described in this thesis.

## **Introduction**

The present government has demonstrated, in policy and rhetoric, its intention to turn the United Kingdom into a learning society in which all members of society will be involved in learning throughout life, increasing the wealth of individuals and the state and creating a fairer, more cohesive society. (DfEE, 1999: para. 1.7)

As part of the strategy, it aims to attract into education those who have traditionally been excluded from the world of adult learning. (DfEE, 2000a: 2)

One such group of people is adults with mental health difficulties who, research has shown, are unlikely to participate in mainstream learning opportunities and whose needs are unmet by formal educational institutions. (FEFC, 1996, Moore, 1998) In this thesis, I will, by way of an investigation into the learning needs and experiences of mental health service users, provide a critique of the learning society as envisaged by the government and other commentators. I will argue that the definition put forward by policy makers, which relies heavily on a particular discourse of learning, is a narrow one and excludes, and will continue to exclude, those who have been unlikely to participate in the past.

This dissertation will focus particularly on the concept of discourse as a framework of understanding as expressed through language. In this sense, discourse is the means by which individuals and groups interpret and give meaning to the social world. Discourse has been defined as the relationship between language and meaning. (Ryan, 2001: 32) It is used to filter and interpret experience and, in so doing, does not simply reflect reality but creates it. (Ibid: 32)

It also affects action in the social world. Foucault claimed that discourse exists in institutions and organisations, as well as in words, (cited in Ryan, 2001: 32) and is a means by which social control is exercised. (Foley, 1999: 16) Associated with discourse are the production of knowledge and the development of power; power lies with those who possess the right type of knowledge. Knowledge and discourse are “political, material products that represent a privileged way of seeing things, reflected in power, position and tradition.” (Ryan, citing Foucault, 2001: 33) Discourse is concerned not only with “what can be said and thought, but also about who can speak, when and with what authority.” (Foley, 1999, quoting Ball: 15) I will argue that mental health service users have been denied power and the right to speak. A discursive framework of meaning and action which relies on a medical model of mental illness serves to silence and exclude. Through participation in a mental health service user group, members have learned to present their own interpretation of their reality and their experiences, put forward their knowledge and to reclaim some of the power they have long been denied. They have developed an alternative discursive framework for the construction of meaning.

Discourse, as a framework of understanding as expressed through language is also relevant to the study of the learning society as interpreted in policy and in the literature. As Ryan has argued, discourses are constantly overlapping and competing with each other. (2001: 32) An examination of the literature has shown that there are a number of competing interpretations of the learning society, and

that these overlap in policy. However, the dominant discourse is concerned with the economy and competitiveness. The government presents as 'truth' the notion that, for the nation to succeed in the global economy, the population must constantly update their skills and participate in formal learning throughout their lives. Other discourses, in particular a concern with social justice and inclusion, are evident in the government's agenda but are secondary rather than primary concerns and are in danger of being lost in policy. I will argue that, if excluded groups are to be included in the learning society as the government professes to desire, then policy should respond to a variety of different voices. Difference and diversity should be celebrated and a wider definition of the learning society will need to be accepted, one which incorporates different forms of learning taking place in a variety of settings and in many different ways.

The research for this thesis was undertaken in Stockton on Tees between May 2000 and December 2002, and consisted of a survey of organisations involved in providing learning opportunities for adults in the borough and a study of the local mental health service user group, Surge (Service User Representative Group for Empowerment). The borough has a population of around 183,000 people. (Sangowawa, 2002) Figures for 2002 show that there are 1695 people using adult mental health services in the borough, with a further 513 using older people's services. (Ibid.) These figures do not include those who have not been referred to specialist mental health services but who are receiving treatment within primary care. (Ibid.)

Stockton on Tees is a borough with relatively high levels of deprivation. Eleven wards are amongst the most deprived in the country and unemployment rates are above the national average in a number of wards. (Ibid.) Research suggests that there is a link between poverty, social deprivation and mental ill health. (Bird, 199: 20) Material conditions are both the cause of and are caused by mental illness. (Gomm, 1996: 113) Poverty, unemployment, poor housing and homelessness can be the result of experiencing mental health difficulties. (Ibid: 113) At the same time, figures suggest that those who are socially deprived are more likely to develop a mental illness. Gomm cites research which has shown that most mental illnesses, including depression and schizophrenia, are more common amongst those who are of a low social class. (Gomm, 1996: 111) He argues that, for both physical and mental illnesses, “poorer people are afflicted more than richer people, more often, more seriously and for longer.” (Ibid: 111-112)

The term mental health difficulties is a vague one. There is a fine line between what is considered mentally ill and mentally well. A mental health organisation defines ‘mental health problems’ as covering a “very wide spectrum, from the worries and grief that we all experience as part of everyday life, to the most bleak suicidal depression or complete loss of touch with everyday reality.” (Mental Health Foundation, 2003, [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)) These problems become serious, and are then termed ‘mental illness’, when they interfere with a person’s ability to function on a day to day basis or when the behaviour of that person causes concern to others. (Ibid) The label ‘mentally ill’ presents a number of

problems. It is difficult to define what is 'normal' or 'abnormal' behaviour. (Ibid) As others have noted, there are different cultural attitudes towards mental health; what may be defined 'abnormal' behaviour in one culture could be considered 'normal' in another. (Warner, 1996: *passim*) There is a wide variety of terms used about, and by, people with mental health difficulties, some very insulting, others less so. There is no consensus amongst people with mental ill health over a preferred term; none of them are without problems. This adds to the problem of creating a coherent discourse and identity and contributes to their silencing.

However, for the purposes of this thesis, the term people with mental health difficulties will be interchangeable with people experiencing mental distress, mental ill health, mental illness or mental health problems, and will be used to refer to people who use secondary mental health services, that is mental health service users, those with severe and enduring mental illness. However, although it has been argued that estimates for the prevalence of mental health difficulties should be treated with caution, evidence suggests that 1 in 4 of us will experience mental distress at some point in our lives. (Bird, 1999: 5) Thus, the findings of this dissertation will have relevance for many more than those who were using mental health services at the time of this study. It could potentially have resonance for every one of us. In addition, if the figure of 1 in 4 is accurate, then there are likely to be many participants in adult learning who have, or will have, experience of mental distress. Therefore, all those who work in the field of adult learning should have some interest in my findings.



The subject of this thesis is a personal one. Having had experience of mental distress myself, I am aware of the disabling effects it can have and the difficulties it can pose on entering education. I am also very much aware of the social marginalisation and exclusion that those experiencing mental health difficulties can face. As well as the loss of employment, home and family and friends that can result from the experience of mental illness, people with mental health difficulties also have to cope with the effects of stigma and therefore silencing and isolation. This permeates the whole of society and effects people with mental ill health in all areas of life. 70% of respondents to a survey conducted by the Mental Health Foundation in 2000 had experienced discrimination because of their own mental distress or that of a family member or friend. (Mental Health Foundation, 2000: 2, [www.mentalhealth.org.uk/pullyourselfsum.html](http://www.mentalhealth.org.uk/pullyourselfsum.html)) Another survey carried out by Mind in 1996 found that almost half of respondents had been harassed or abused in public. (Cited in Mindout for Mental Health, 2002a, [www.mindout.net/iwi/id2-attitudes.asp](http://www.mindout.net/iwi/id2-attitudes.asp)) The attitude of the media must take some of the blame for this stigma. In 1996, almost half of national press coverage about mental ill health linked mental illness with violence and criminality. (Cited in Mindout for Mental Health, 2002b, [www.mindout.net/iL3-Facts-Refs.asp](http://www.mindout.net/iL3-Facts-Refs.asp)) Sensationalist stories about killings by people with a history of mental ill health, part of the dominant discourse about mental illness, have fuelled public outrage about the failures of community care and encouraged the perception held by many that people with mental health difficulties represent a threat to society. The government's response to this perceived threat has been the Mental Health Bill, published in 2002. This

has been greeted by a great deal of opposition and it has been questioned whether the government's concern is with the care of the mentally ill or protection of the public. (Sainsbury Centre for Mental Health, 2002: 6) In fact, the number of homicides by people with mental illness has not increased since the introduction of community care, whilst the rate of homicides by other people has doubled. (Bird, 1999: 25) It has been argued that the public is more at risk of violence from young men under the influence of alcohol than from people with a history of mental health difficulties. (Mindout for Mental Health, 2003: [www.mindout.net/iwi/iL3-Facts-Refs.asp](http://www.mindout.net/iwi/iL3-Facts-Refs.asp)) Furthermore, statistics show that people with mental ill health are more likely to kill or harm themselves than anyone else. (Bird, 1999: 25)

The government's preoccupation with the potential dangers posed by people with mental ill health is evident in *Modernising Mental Health Services: Safe. Sound. Supportive*, the government's blue print for improving mental health services. (DoH, 1997, [www.doh.gov.uk/pud/docs/doh/hestrat2.pdf](http://www.doh.gov.uk/pud/docs/doh/hestrat2.pdf)) In the Forward to the paper, Frank Dobson, the then Health Secretary, states that the aims of the document are to improve mental health care and to protect the public. (DoH, 1997: 2, [www.doh.gov.uk/pub/docs/hestrat1.pdf](http://www.doh.gov.uk/pub/docs/hestrat1.pdf)) Later in the document, it is stated that "public protection remains our top priority" (Ibid: 29), indicating that this is considered more important than providing adequate services for those experiencing mental distress. At the same time, the involvement of users of mental health services in their own treatment and in the planning of services plays an integral part in the government's policy on mental health issues. One of the key

themes of *Modernising Mental Health Services: Safe, Sound, Supportive* is the involvement of patients, users and carers: “The Government believes that patients, service users and carers should play an active part in the process of treatment and care.” (Ibid: 37) This recommendation has informed the *National Service Framework for Mental Health* (DoH, 1999), which places great emphasis on the involvement of service users in mental health services, both in the planning of their own care and in the planning and delivery of services. Surge is viewed by the local mental health service as playing an important part in enabling achievement of the targets set in the *National Service Framework*.

It was my intention to use my personal experiences to shed light on an under-researched area and use my privileged position as a member of this ‘group’, to allow those whose voice is rarely heard to air their views. For this reason, my research consisted primarily of qualitative techniques, including informal interviews and participant observation and is part of the growing body of user/survivor research. I am aware that my personal involvement in this subject could have created difficulties, particularly in my position as both a full participant in Surge and a neutral observer. However, I will argue that my privileged position as a member of this group gave me the opportunity to uncover data that outside researchers would not have had access to and enabled me to gain information and insights that would not have been shared with those who were perceived to be outsiders. I will show that, despite some limitations, the exclusive contact I have with a world that is very often closed to outside observers provided me with

illuminating data. At the same time, my educational background and experience provide me with the privilege of a 'voice', enabling me to articulate the different meanings and understandings of group members.

An examination of the literature showed that there are many different interpretations of the learning society put forward by both academics and policy makers. As many have argued, there is no one definitive definition of the learning society and its meaning is contestable. (Strain and Field, 1997: 141, Alheit, 1999: 66) However, as argued above, economic issues dominate current thinking and policy on the learning society. Education is viewed as a process of investment, with returns on the part of both individuals and the state. (Baron *et al*, 2000: 50) This essentially follows the human capital model of education and means that learning with easily quantifiable outcomes, that which is certificated and accredited and has a value in the labour market, is seen as most valuable. This sort of learning, it is argued, brings about increases in wealth and a better-qualified, more flexible workforce. Thus, policy is concentrated on developing more and more formal learning opportunities and encouraging more people to participate. Nevertheless, concerns about social justice are also evident in the government's agenda. The development of a learning society will also, it is believed, overcome social exclusion and result in greater social cohesion. (DfEE, 1999: para. 1.7) However, this perception is based on a limited view of the causes of exclusion, which are again viewed in economic terms. I will show that, as Preece has claimed, that people are excluded not simply because of their "lack of access to the

labour market” but also because “they do not conform to particular societal norms for inclusion.” (Preece, 2001: 201-202) Those aiming to create the learning society must confront this issue if they are serious about inclusion and social cohesion.

A different interpretation of the learning society places emphasis on the social benefits of learning. Commentators have argued that learning should be viewed as embedded in social networks, bringing about social advantages and is about more than just the narrow outcomes seen by the proponents of the human capital model. They have argued that we should consider the learning society in the light of the insights provided by social capital theorists such as Coleman and Putnam. (e.g. Schuller, 1998) From this perspective, learning which does not have such easily measurable outcomes can be viewed as having value and an important role to play in the learning society. There are, nevertheless, some dangers of blindly following a social capital model of education. There is a reliance, in the works of Coleman and Putnam, on prevailing norms and values, which automatically excludes those who are viewed as different, who do not hold the same values and who are excluded from mainstream society.

Riddell and others have argued that Bourdieu’s (1997) views on social capital, whereby those with greater economic capital have more social capital, and thus more influence, in the society in which we live, are more relevant to the study of education for excluded groups. (Riddell *et al*, 1999: 62-63) They contend that

there are different forms of social capital that have value in different areas of the social world. Studying the education of adults with learning difficulties, they argue that 'learning difficulties social capital' should be valued and that people with learning difficulties should be given the opportunity to participate in education that allows them to develop their own social capital, enabling them to challenge the prevailing norms and values of the rest of society. (Ibid: 63) I will argue that people with mental health difficulties are also often placed outside the norms and values of society but that they too have their own social capital, which is respected amongst others with mental health difficulties. It will be shown that involvement in a group such as Surge allows them to build on this social capital, through dialogue with others, and enables them to challenge the prejudices and stigma evident in wider society through the creation of a mutually recognized language of meaning.

Related to the development of social capital is the development of discourse. I will provide evidence to show that participation in Surge has given individuals the opportunity to work collectively to develop their own discourse, that is a way of making sense of, and articulating, their experiences, in order to challenge the dominant discourses of psychology and psychiatry. This development of a 'resistant' discourse is, according to Foley, an essential feature of emancipatory learning. (Foley, 1999: 14) Evidence has shown that members of Surge have developed their own discourse, that is the creation of mutual meaning, and that this enables them to challenge those who have power over them. They have reflected

on and learned from their own experiences and have learned to work collectively to speak with a united voice. In addition, members have acquired a variety of skills and knowledge both through formal and informal means. This learning has resulted in empowerment and emancipation, and has involved dialogue, enabling participants to relate their experiences to wider issues. It will be shown that being a member of the group leads to increases in confidence and self-belief. Members have learned to deal with authority and developed an understanding of the problems and procedures involved in working with health and social services. Nevertheless, only a small minority of mental health service users in Stockton are members of Surge and this means that the study is limited by the small number of people interviewed and observed.

I have set the study of the learning experienced by members of Surge alongside an investigation into the learning opportunities available for people with mental health difficulties in mainstream educational organisations in order to examine the wide range of learning available. A survey of providers of post 16 education in the borough was undertaken to ascertain their attitudes towards, and their response to, students with mental ill health. Previous studies have found that adults with mental health difficulties are under represented in adult education (Wertheimer, 1997, FEFC, 1996) and my findings show that the situation has changed little in recent years. It was found that there was little understanding of the needs of adults with mental health difficulties amongst those working in the sector and lack of specific provision in the borough. I will argue that formal education does not meet

the needs of many with mental distress and that other forms of learning are often more appropriate for this group. This learning largely goes unrecognised, and it is my intention to show that the learning experienced by those who participate in Surge is as valuable, valid and often more relevant to participants than the learning that is available in formal educational establishments.

In order to do this, I will, in Chapter 1, first provide a review of the literature, examining the many different interpretations of the learning society that have been put forward. I will also draw on the available literature on learning opportunities for adults with mental health difficulties and highlight the links between theory on education for excluded groups and on user involvement in mental health services. Chapter 2 will show how the different definitions and meanings ascribed to the learning society have been translated into government policy and how this relates particularly to the provision of learning opportunities for mental health service users. I will argue that, on current evidence, policy on the learning society does not take into account the needs of those under-represented in adult learning, in particular, adults with mental health difficulties. The dominance of economic issues means that unaccredited, informal learning is ignored and under-valued. Chapter 3 will be concerned with the research methods and methodology I have used. I will reflect on the research process and my own subjectivity. I have followed a user/survivor research model, aiming to work in an emancipatory and empowering way and striving to ensure that the research experience was valuable and rewarding for those involved. A variety of research methods have been used,



but I relied particularly on informal interviews and participant observation, in order to achieve an in-depth understanding of group members' perspectives and meaning-making.

The rest of this thesis will provide an analysis of my findings. In Chapter 4, I will present the results of my survey of organisations that offer adult learning opportunities in Stockton and highlight the lack of understanding of the needs of adults with mental health difficulties and the patchy provision available. Chapters 5, 6 and 7 will be concerned with an alternative vision of learning for adults with mental health difficulties, through the analysis of the findings of my study of Surge. Previous research has shown that a vast array of adult learning takes place informally and outside traditional learning environments, such as in voluntary organisations (Moreland, 1999) and regeneration schemes. (Mayo, 2000) Others have shown that learning takes place in mental health service environments. (Bee and Martin, 1997, Hunter, 1997, Moore, 1998) I will show that membership of Surge provides many learning opportunities, opportunities that are more appropriate and more relevant to members' lives than the learning offered in formal environments.

In Chapter 5, I will provide an overview of the key issues that emerged from my research, showing how they relate to theories of informal education. Chapter 6 will go into more detail, with an analysis of the learning experienced by members of Surge, as uncovered through interviews and observation, showing the benefits

of such learning and the extent to which it has enabled group members to challenge the status quo and accepted norms about mental illness. Finally, in Chapter 7, I will examine other issues that emerged from my research, issues that affected the learning experienced by individuals in the group. I will refer particularly to theories on group development and to issues surrounding user involvement. It will be argued that many of the obstacles the group has encountered have only served to provide further opportunities for learning.

This study will show that members of so-called excluded groups, such as people with mental health difficulties, are often learning informally but that their learning is not valued or recognised by the state. Learning which takes place in an organisation such as Surge, which is not immediately visible and rarely articulated, is not considered to have a place in the learning society by those who devise policy. I will argue that the failure to recognise this sort of learning further excludes people with mental health difficulties and means that under present conditions, many will never be part of the learning society and that this is counter-productive in terms of the intentions of policy. Narrow definitions of the learning society, concentrating on formal, accredited learning, ignore the value of informal learning and therefore discredit the experiences of large sectors of the community. Those who are excluded and marginalised will be further isolated as the learning society develops. As it becomes more and more necessary to gain more and more qualifications, those who are unable to participate in formal learning will be further left behind. If the government is serious in its intentions to include as

many people as possible in the learning society, then the agenda must be widened to include informal learning. A learning society which truly includes all of society must be diverse and varied, valuing difference, heterogeneity and all forms of learning.

## Chapter 1

### Review of the literature

In this chapter, I will examine the literature on lifelong learning, the learning society and education for adults with mental health difficulties. It will be shown that, although the government presents the learning society as unproblematic, a study of the literature, in fact, suggests that the term the learning society is contestable and ill defined, as is the related concept of social capital. This literature review will place my research in context and demonstrate the importance and relevance of this study to current thinking and policy on the learning society.

Underlying the concept of the learning society lies the notion of lifelong learning, itself far from a straightforward concept. Replacing adult education, continuing education and post-compulsory education, lifelong learning has now become the preferred policy term when referring to the education of adults. Although it can be taken to mean all learning from the cradle to the grave, in practice, it is usually used to refer to learning undertaken after the end of full time education. (Moreland, 1999: 160) Despite the fact that Plato recognised the importance of learning throughout life, lifelong learning, as currently understood, has its roots in the early part of the twentieth century. (Smith, 1996: 1 [www.infed.org/lifelonglearning/b-life.htm](http://www.infed.org/lifelonglearning/b-life.htm)) The 1919 Report of the Adult Education Committee of the British Ministry of Reconstruction stated that education should be “universal and lifelong”. (Ibid: 2) In the 1920s, Yaexlee and Lindeman both recognised that education was a “continuing aspect of everyday

life.” (Ibid: 1) Yaexlee argued that “adult education ... is as inseparable from normal living as food and physical exercise” and emphasised the importance of informal education. (Yaexlee, quoted by Smith, 1996: 1) However, it was not until the 1960s that the idea of lifelong learning came to prominence when it was recognised by UNESCO as a “master concept”. (Tight, 1998: 233) This was followed in 1972 by the publication of the report, *Learning to Be*, which was based on two fundamental ideas; lifelong education and the learning society. (Smith, 1996: 5, [www.infed.org/lifelonglearning/b-life.htm](http://www.infed.org/lifelonglearning/b-life.htm)) It also stressed the fact that learning in both formal and informal contexts should be closely interrelated. (Eurydice, 2000: 7)

The focus has now moved from lifelong education to lifelong learning, placing the learner at the centre of the educational experience. Although it can be argued that this change in focus has placed greater emphasis on learner empowerment and opportunity, it also brings with it a sense of individual responsibility: individuals must now ensure that they continue to participate in organised learning throughout life in order to ensure their employability. (Ibid: 8) It has been noted that lifelong learning is a truism (Tight, 1998: 254); human beings continue to learn throughout their lives and would not survive if they did not do so. In recent times, however, particularly in terms of policy, it has come to mean primarily the participation in organised learning activities. This will be further explored below.

As has been noted, the learning society has existed as an idea since at least the 1970s when it was highlighted in *Learning to Be*. (Smith, 1996: 5, [www.infed.org/lifelonglearning/b-life.htm](http://www.infed.org/lifelonglearning/b-life.htm)) However, though it has a longer history in other countries, it is only recently that the concept has gained prominence in the UK and become the subject of considerable debate. (Hughes and Tight, 1995: 296) Both the previous Conservative government and the Labour administrations of recent years have placed great emphasis on the development of a culture of lifelong learning and a learning society. The Kennedy (FEFC, 1997), Dearing (DfEE, 1997) and Fryer (1997) reports were all concerned with aspects of lifelong learning and the Green Paper, *The Learning Age* (DfEE, 1998) set out the government's plans to transform the UK into a learning society. The Dearing report, *Higher Education in the Learning Society*, (DfEE, 1997) argued that learning was fundamental to the well being of society. (Brophy *et al*, 1998: 24) It stated that higher education should encourage and enable all students (Ibid: 24) and placed emphasis on widening participation particularly for under-represented groups. (Ibid: 25) The Kennedy report (FEFC, 1997), *Learning Works: Report of the Committee on Widening Participation* which was also published in 1997, also expressed concerns with widening participation. (Brophy *et al.*, 1998: 28) The Fryer report, *Learning for the Twenty-First Century* (Fryer, 1997) emphasised the need to develop a culture of lifelong learning for all:

“Above all, a vision of a learning culture will envisage learning as a normal, accessible, productive (if demanding) feature of everyday life for all people, throughout their lives....Lifelong learning can change people's lives, even transform them.” (Quoted in Brophy *et al*, 1998: 28)

It is argued that learning should be available in times and locations to suit individuals and groups to ensure that all can benefit from learning opportunities. (Ibid: 28) In *The Learning Age*, the government's response to the reports mentioned above, the Prime Minister states that education is "the best economic policy we have", but it has been argued that the vision goes beyond economic concerns. (Ibid: 32) Again, the need to widen participation is stressed as well as the importance of flexibility in providing learning opportunities. (Ibid: 33-34) In the White Paper, *Learning to Succeed*, (1999), which was the basis of the Learning and Skills Act 2000, the learning society is viewed as having two important consequences: creating a more efficient economy able to compete on a global scale and bringing about a fairer, more equitable society, combating social exclusion:

"Our vision of the Learning Age is to build a new culture of learning and aspiration which will underpin national competitiveness and personal prosperity, encourage creativity and innovation and build a more cohesive society. We want everyone to benefit from the opportunities that learning brings both in personal growth and in enrichment of communities." (DfEE, 1999: para. 1.7)

These two main strands are echoed throughout the literature on lifelong learning and the learning society. It is viewed in largely economic or humanist terms (Edwards and Usher, 1999: 262) although it has been argued that, in terms of policy, the economic discourse dominates. (Hunt, 1999, *passim*, Edwards, 1997: 11) The ESRC's definition of the learning society covers both the economic and social democratic aspects:

"A learning society would be one in which all citizens acquire a high quality of general education, appropriate vocational training and a job (or series of jobs) worthy of a human being while continuing to participate in education and training throughout their lives. A learning society would

combine excellence with equity and would equip citizens with the knowledge, understanding and skills to ensure economic prosperity and much more besides... Citizens of a learning society would, by means of their continuing education and training, be able to engage in critical dialogue and action to improve the quality of life for the whole community and to ensure social integration as well as economic success." (Quoted in Hughes and Tight, 1995: 296)

The economic discourse relies heavily on the view that education represents investment in human capital on the part of both individuals and the state. The concept of human capital was developed in the 1960s, building on Adam Smith's contention that investment in education and the development of skills is as important for economic growth as investment in physical plant and equipment. (Schuller, 1998: 11) However, the issues of who pays for such an investment and who benefits from it and how such investment and its returns can be measured are problematical. Human capital is notoriously difficult to measure; it can be assessed by the number of years spent in education or qualifications achieved but neither provides an accurate measure of benefits accrued from investment in human capital. (Ibid: 17)

"The narrowness of its measures of input and output and its temporal one-dimensionality arguably have a distorting effect on real investment patterns. In particular, it concentrates on individuals, since it is individuals who spend the years in school and to whom qualifications are awarded, and to the extent that it does, it ignores the wider social context within which much learning takes place." (Ibid: 17)

Moreover, it also ignores the fact that education can be valuable in its own right without bringing any obviously measurable returns; learning activities which do not bring a quick return in terms of measurable outcomes can be difficult to justify when using a human capital model. (Ibid: 17) The emphasis is on skills, formal



training and wages or rates of return. (Baron *et al*, 2000: 50) Its concern is with the results of learning, rather than the process of learning itself.

Schuller argues that education should be viewed as a social activity, embedded within a social framework and, as such, is more effectively assessed using the notion of social capital. (Schuller, 1998: 19) The definition of social capital is still under debate. (Field and Spence, 2000: 34) As described by Coleman, it involves trust, information channels and norms and sanctions. (Schuller, 1998: 18) Individuals are part of social networks and relationships built on trust and reciprocity; they share information and are governed by socially determined values and norms. (Ibid: 19) A high level of social capital leads to social cohesion and a correspondingly high level of human capital. (Ibid: 18) Putnam, too, views social capital as involving networks, norms and a shared sense of trust. (Field and Spence, 2000: 34) In essence, it is the capacity of a society to share in collective learning, leading to collective activity and resulting in stability and prosperity. (Ibid: 35) It also, however, penalises those who do not cooperate. (Ibid: 35) Contrary to Coleman's viewpoint, Schuller contends that human capital can increase whilst social capital falls, as individuals concentrate on participating in education for individual reasons, gaining more and more qualifications but having little concept of the social value of learning. (Schuller, 1998: 19) The tendency to view education solely as investment in human capital ignores the wider benefits that participation in learning can bring, suggesting that those advocating this view of education have no interest in the social benefits of learning. They would rather

squash these wider benefits because they cannot be controlled. The often subversive nature of adult education represents a challenge to the status quo and thus is of little interest to policy makers.

Bourdieu views social capital as social obligations and connections which can be transformed into economic capital. (Bourdieu, 1997: 47) Those of a higher social class have greater social capital and can use it for economic gain. According to this viewpoint, social capital is as important as economic capital in reproducing unequal social relations. (Riddell *et al*, 1999: 56) Riddell and colleagues discuss the concept of social capital in relation to the education of adults with learning difficulties. They argue that the functionalist theories of social capital, such as those put forward by Coleman, have negative implications for people with learning difficulties. (Ibid: 62) It is suggested that those who are unable to share and contribute to the common good will be censured and that those who cannot return help that is given to them will be seen as social pariahs, “excluded to strengthen other people’s sense of belonging or to act as a warning of the consequences of social deviance.” (Ibid: 62) On the other hand, the view of social capital as put forward by Bourdieu, plays an important role in highlighting the structural barriers that prevent people with learning difficulties from sharing and contributing to social capital. (Ibid: 62-63) I will show that this analysis can be used in relation to other groups who are oppressed and unable to participate in the mainstream of society such as adults with mental health difficulties. It is argued that education for adults with learning difficulties which concentrates on skills for employment or

investment in human capital or the teaching of social skills, therefore the development social capital, are doomed to failure. It is only through recognising a variety of social capitals, in this case “learning difficulties social capital” that education can succeed in improving the lives of those who participate. (Ibid: 63) They advocate the creation of a protected space in which people with learning difficulties can develop an understanding of their position and an ability to engage with other social capitals. (Ibid: 63) I will present evidence that membership of a user group can enable adults with mental health difficulties to develop their own social capital by learning on their own terms and thus challenge the stigma attached to mental distress.

Baron and colleagues argue that, using social capital theory, the learning society can be viewed as “networks of cooperating individuals sharing knowledge to achieve some common purpose.” (Baron *et al*, 2000: 51) However, in this sense, the common purpose is primarily economic and excludes those who have different goals or who are seen as less competitive. (Ibid: 52) As a result of their research into supported work placements for adults with learning difficulties, they suggest that the learning society should incorporate a vision of social capital as social solidarity “both inclusive and pluralistic, with the acceptance, or celebration, of difference as a primary organising principle rather than profitability.” (Ibid: 52)

An interesting connection between social capital and adult learning is made by Field and Spence. Following their research into attitudes to adult education in

Northern Ireland, they argue that high levels of social capital are linked to low levels of participation in formal adult learning opportunities but correspondingly high levels of informal learning through family, the community and work. (Field and Spence, 2000: 35) They found that, in Northern Ireland, though attainment in initial education is high, usually an indicator of a high participation rate in adult learning as found in surveys into adult learning (e.g. McGiveney, 1997), participation in formal learning opportunities was low. (Ibid: 33) They argue that this is a consequence of the high levels of social capital in Northern Ireland which means that people rely on informal networks and learning, rather than formal training. (Ibid: 38) There is a danger that the informal learning taking place may not be recognised by wider society and it “may legitimate inequalities that arise from an unequal access to (recognised) knowledge.” (Ibid: 40) However, I will argue that through the development of their own social capital, excluded groups can challenge the power inherent in some discourses and knowledges and, can collectively develop their own discourses to influence social change.

The learning society has been called an “inherently contestable concept” (Strain and Field, 1997: 141) and has been described as lacking conceptual clarity. (Alheit, 1999: 66) It brings with it a variety of different interpretations and meanings. At the same time, to policy makers, it has become a largely unchallengeable idea, an unquestionably worthwhile concept that will eventually lead to a better, richer and fairer society. Various attempts have been made to conceptualise, define or frame the learning society and a number of different

interpretations put forward. Sand uses S.J. Ball's typology to frame the contradictory views and positions on lifelong learning. Modernisers emphasise the economic relevance of lifelong learning, which will bring about greater flexibility and a more skilled workforce, whilst progressives view lifelong learning as leading to a more democratic society and cultural restorationists stress the importance of traditional educational values and standards. (Sand, 1998: 18) These three strands echo those of Williams who, writing in 1961, identified three types of adult educator: the old humanist who views education as transmitting certain values which need to be preserved and not extended too far, the industrial trainer who believes that education should provide people with the skills they need for work and the public educator who emphasises education's role in creating a fairer, more democratic society. (Williams, 1961: 226-228) Edwards has argued that these three strands are still in evidence today. (Edwards, 1997: 64) He goes on to give his own description of three different perceptions of the learning society. He describes a modernist view of the learning society, which he terms "an educated society" whose proponents are concerned with participation, personal and social development and active, responsible citizenship. (Ibid: 176-177) In contrast to this, he identifies "a learning market" which is more postmodernist in tone, concerned with the economy, creating a marketplace of learning opportunities in which individuals are responsible for their own learning and where self-interest dominates. (Ibid: 178) He argues that this perpetuates inequalities. (Ibid: 180) In response to these perceptions he advocates learning networks, arguing that there is no one society but that globalisation has led to society's boundaries being redrawn,

interests are “local, national, regional, global” and that learning should be viewed “as an activity in and through which individuals pursue their heterogeneous goals.” (Ibid: 184) In contrast, Barnett identifies four versions of the learning society which are evident in policy and in the literature; the economic approach, an emphasis on enhancing quality of life, the democratic approach and the emancipatory approach, the latter being concerned with creating a self-reflexive, self-learning society. (Moreland, 1999: 161)

As has been shown, there is no one definitive definition of the learning society and most discourses identified above can be seen to be evident in government policy. Sand has argued that the Dearing, Fryer and Kennedy Reports all present varying aspects of the learning society and that *The Learning Age* has no consistent vision, referring to progressive ideas about personal development and a fairer society but being dominated with concerns about the economy. (Sand, 1998: 27) Moreland quotes Ainley, who argues that:

“To the Conservative and succeeding New Labour governments, as well as the CBI, a ‘learning society’ is one which systematically increases the skills and knowledge of all its members to exploit technological innovation and so gain a competitive edge for their services in fast-changing global markets.” (Moreland, 1999: 162)

She goes on to claim that *The Learning Age*, though based mainly on the economic approach, does included aspects of Barnett’s democratic and quality of life approaches and suggests that this is an attempt to include all versions of the learning society so as to gain as much widespread support for the idea as is possible. (Ibid: 162) The different interpretations sit alongside each other in policy

and the discourses interweave. (Edwards, 1997: 184) However, there is a need to acknowledge the tensions which exist between the different approaches (Moreland, 1999: 165) and to recognise the fact that “not all discourses are equal...the power embedded in them seeks to construct certain discourses as more valid, ‘truer’ than others.” (Edwards, quoted in Mayo, 2000: 24)

Critics of the learning society have argued that concerns with the economy dominate to the detriment of attempts to bring about a fairer, more just society. It has been noted that the visionary ideal put forward by the Secretary of State for Education, David Blunkett in the forward of *The Learning Age* has been lost with the publication of *Learning to Succeed* with its concentration on the individual, the economy and personal prosperity. (NIACE, 1999: 3) Hunt goes as far as to contend that lifelong learning, as defined by policy makers, should be renamed “worklong learning ... an activity whose sole purpose is economic and located within an occupational framework”. (Hunt, 1999: 198) Using the analogy of the visual trick showing a candlestick and faces, she argues that the economic discourse has obscured other views of the learning society and uses research into Community Education Councils in Derbyshire to show that lifelong learning should be viewed “as a vital element in progressive social and political change.” (Hunt, 1999: 199) This study will show that learning plays an important role in enabling mental health service users to bring about change within the mental health services and society in general.

Another aspect of the learning society which has been identified is the emphasis placed on individuals to bring about the learning society and to be responsible for their own learning. Coffield argues that this tendency to blame the victim prevents change and maintains the status quo in the interests of powerful groups. (Coffield, 1997b: 84) Hughes and Tight contend that the “myth” of the learning society blames individuals for their failure to get on. (Hughes and Tight, 1995: 301) The burden is placed on the individual to succeed, to undertake more and more learning in order to become more flexible and more employable. (Ibid: 301) I will argue that this aspect is evident both in policy and educational practice; educational institutions appear to place the blame on the lack of participation by people with mental health difficulties on individuals themselves, rather than finding any fault on their own part. Furthermore, as participation in learning becomes more and more necessary in the eyes of policy makers, those who do not participate will be pathologised, blamed for their own inability to improve their lives and prospects.

It has been claimed by both Tight (1998) and Coffield (1999a) that participation in learning has become compulsory. Tight argues that there is now a compulsion to learn; to find and keep employment it is now necessary to participate in learning activities. Using the results of a survey into the learning activities of employees of various organisations in the West Midlands, he argues that “the dominant view seems to portray lifelong learning as either a part or extension of work – something which is effectively unavoidable – or as a form of work in its own



right.” (Tight, 1998: 262) Coffield quotes Alan Tuckett, Director of the National Institute for Adult and Continuing Education and vice-chair of the government’s National Advisory Group for Continuing Education and Lifelong Learning who admits to considering compulsory adult education. (Coffield, 1999a: 489) As noted above, those who cannot or will not participate will increasingly be seen as social pariahs.

This predominant aspect of the learning society places emphasis on the importance of vocational, accredited forms of learning. Other kinds of learning have been effectively ignored by policy makers. Coffield argues that informal learning is an important aspect of lifelong learning but policy and academic discourse emphasise formal education. (Ibid: 493) Tight questions the type of learning that counts in the eyes of policy makers and stresses the need to value different sorts of learning. (Tight, 1998: 260) He argues that only vocational forms of learning are viewed as valuable and that “other forms of learning engaged in by adults, particularly those adults who are judged to be not worthy of much further education or training, remain marginal and unconsidered.” (Ibid: 262)

It has been argued that the learning society is being advocated as the sole answer to the complex problems of society, (Hughes and Tight, 1995: 290) and that “lifelong learning is a wonder drug or magic bullet which, on its own, will solve a wide range of educational, social and political ills.” (Coffield, 1999a: 479) Hughes and Tight view the learning society as a myth, a self-evident reality “for

the rest of society to follow.” (Hughes and Tight, 1995: 291) The authors argue that this myth has been accepted without question by an alliance of different power groups, educators, employers and politicians. (Ibid: 302) However, no country has succeeded in creating a learning society; a substantial proportion of the population remains excluded and there is a “vast disparity between the rhetoric and present reality.” (Ibid: 300)

Strain and Field provide a critique of the viewpoint of Hughes and Tight, arguing that the latter confuse myth with ideology, “the exploitation of self-evident ‘realities’ masquerading as truths.” (Strain and Field, 1997: 143) They view the learning society in a more positive light. It will lead to new forms of learning and to the “establishment of a moral and socially equitable foundation for human existence” and has broader and more transformative aims than those put forward by Hughes and Tight. (Ibid: 153)

Strain and Field refer to the concept of a ‘risk society’, a society of “institutionalised reflexivity”, a process of questioning and scrutiny, which is dominated by the new technologies and argue that the learning society should be considered in this light. (Strain and Field, 1997: 150) Edwards and Usher argue that this society of ‘risk’ is also a “society of signs” and has given rise to a multitude of different information, which individuals find troubling, leading to a state of ambiguity and uncertainty. (Edwards and Usher, 1999: 266) They contend that there is now “a multiplication of signs, texts and discourses” to make sense of.

(Ibid: 266) They emphasise the importance of information and communications technologies in the learning society which give “different possibilities for making sense of what is available.” (Ibid: 268) This essentially postmodern view of the learning society also stresses the necessity of the teaching and learning of new skills, both to cope with the new technology and also for the re-learning, re-reading and re-interpreting which are necessary in such a society. (Ibid: 270) The authors link these ideas with Edwards notion of learning networks; “A learning society becomes or needs to become an exploration of communities of difference where difference signifies varying forms of creolisation rather than complete separateness” (Ibid: 270)

Others have argued that this postmodern slant ignores any consistent social purpose adult education may have (Martin, 1999: 184) and denies the “legitimacy or possibility of universal values or goals” (Allman and Wallis, 1995: 251) Coming from a tradition of radical, social purpose education, which is concerned with social and economic reality and the collective interests and experiences of ordinary people, Martin contends that current discussion of lifelong learning and the learning society makes no reference to the material values of ordinary people’s lives. (Martin, 1999: 184) He argues that lifelong learning should be viewed as “part of the common cause of liberation, the advancement of collective interest and the political project to create a more just and egalitarian social order.” (Ibid: 184) Historically, the radical tradition of adult education has been concerned with learning in order to change reality, to create a different kind of life. (Ibid: 183) It

acknowledges inequality and strives to challenge it. In light of the unequal and polarised nature of modern day British society, the radical tradition still has an important role to play in ensuring that the lifelong learning agenda engages with economic and social reality. (Ibid: 182) Martin advocates stretching the discourse to include the traditions of radical, social purpose adult education in present day conceptions of the learning society. (Ibid: 189)

The varying different interpretations of the learning society have one common concern, the questions of who participates. All with an interest in the learning society stress the need to widen participation. As aforementioned, Hughes and Tight argue that few people do participate in the learning society and McGiveney has shown that those who do participate are likely to be well educated and of higher social class. (McGiveney, 1997: 130) Those who have traditionally not participated remain unlikely to do so. She quotes Tuckett and Sargant: “the UK is increasingly two nations: one convinced of the value of learning, participating regularly and planning to do more; the other choosing not to join the learning society.” (Ibid: 130) Others present a different viewpoint. Using US figures, Strain and Field argue that there has been “a general rise in learning in adult life.” (Strain and Field, 1997: 149) Tight refers to Tough’s research in the 1970s and 1980s, which found that the majority of people were engaged in learning activities, though these were not usually of the formal, organised kind. (Tight, 1998: 260) He argues that recent national surveys do not take into account the mass of informal, unaccredited learning that people undertake and that it is vital that the

learning society places value and recognition on both formal and informal learning. “Both surely have a place within a culture of lifelong learning.” (Ibid: 261) Moreland highlights the results of the Campaign for Learning survey of 1998, which found that the majority of respondents were involved in non-taught learning in the past year and would like to be involved in non-taught learning in the next year. (Moreland, 1999: 171-2) Brookfield discovered, in his study into self-directed learning, that a great deal of unorganised, informal learning was taking place:

“These independent adult learners are a submerged dimension of educational activity: encounters and exchanges were taking place without accreditation from, or recognition by, professional adult educators. It was as if the town in which most of the subjects lived contained a parallel educational universe alongside the official provision of schools and colleges.” (Quoted in Moreland, 1999: 165)

It has also been suggested that surveys do not provide all the information necessary to ascertain who participates and who does not and the reasons for participation and non-participation. What is needed is a more in depth analysis into the learner’s perspective, qualitative approaches which give a deeper understanding into issues of participation and non-participation. (Harrison, 1993: 12)

Although the 1990s saw a growing development of educational initiatives for adults with mental health difficulties, research has shown that they remain largely excluded from the world of adult education. The Tomlinson report found that people with mental health difficulties were under-represented in further education

(FEFC, 1996: 58-60) and research by Mind showed that that people with mental ill health were denied places on further education courses. (Wertheimer, 1997: 4-5) Results of a further survey showed that only 14% of colleges and LEAs mention mental health difficulties in their strategic plans or disability statements. (Ibid: 4) In addition, a small-scale survey of users of mental health services found that they were unlikely to participate in mainstream educational opportunities. (Moore, 1998: 46) In contrast, a recent study found that adult students at a college in Oxford were experiencing high levels of mental distress. Hughes argues that, as adult educators are encouraged to work with previously excluded groups, more and more individuals with mental health difficulties will enter the world of adult education. (Hughes, 1999: 101) Hughes contends that mental distress is associated with social and economic exclusion and that disadvantaged students are experiencing greater levels of mental ill health. (Ibid: 102) She found high levels of mental distress amongst students at Ruskin College, Oxford (Ibid: 104) and argues that those working in adult education must increase their understanding of the causes and effects of mental ill health in order to create positive educational experiences for those with mental ill health. (Ibid: 115)

The last decade has seen a growing awareness of the opportunity for educational providers to play a part in the lives of adults with mental health difficulties. As early as 1990, Lavender was writing about the opportunities the proposed Care in the Community Act presented for providers of adult and continuing education and the dangers of missing this opportunity. (Lavender, 1990: 174) Bee and Martin

have noted that there has been a growth of interest in education for adults with mental health difficulties. (Bee and Martin, 1997: 128) Articles have appeared describing various initiatives targeting this under-represented group. However, there has been a tendency to concentrate on the technical aspects of the work and little attempt has been made to develop a conceptual framework to underpin educational provision for adults with mental health difficulties. (Ibid: 128) In recent years publications have been concerned with the characteristics of students experiencing mental health difficulties, the benefits of, and barriers to, participation and means of overcoming such barriers. (SFEU, 1994 and Skill/SFEU 1994, Wertheimer, 1997) Although this work is important in itself, it does not address the underlying issues of what constitutes educational activities and what educational values and purposes should inform work with people with mental health difficulties. (Bee and Martin, 1997: 128) Bee and Martin argue that much work carried out in mental health service environments has an educational dimension but that this is seldom recognised. (Ibid: 128) They refer to Alan Tough's 'learning iceberg', arguing that much work of educational value is invisible and that it is important that such work is recognised and acknowledged. (Ibid: 128) Only then can a framework be developed for educational work with adults with mental health difficulties. (Ibid: 128)

Empowerment is viewed as a significant aspect of this framework by Bee and Martin and is recognised as important by others writing about educational provision for adults with mental health difficulties. (Ruddock and Worrall, 1997,

Hunter, 1997, Bee and Martin, 1997, Wertheimer, 1999) Wertheimer argues that user or student involvement in the planning and delivery of learning opportunities is vital and can be a means of redressing the disempowering effects of experiencing mental ill health. (Wertheimer, 1999: 33) The curriculum too can be empowering; subjects such as assertiveness and confidence building can raise self-esteem and thus empower students. (Ibid: 38-39) However, the contestable nature of empowerment has been identified; it can mean anything from providing information to complete user control. (Ibid: 33) Arnstein's 'Ladder of Citizen Participation' shows the various degrees of empowerment that can be offered in different situations and at different times; starting at the bottom rungs of manipulation and therapy, it moves up through information, consultation, placation, partnership, delegated power and finally to user control. (Bee and Martin, 1997: 130, Mayo, 2000: 25)

Empowerment is also emphasised in the literature on user involvement in social services; Taylor and others argue that empowerment involves giving more power to users over decisions and therefore taking decisions away from service providers. (Taylor *et al*, 1992: 3) They use Quayoom's ladder of participation to show that participation can involve high or low levels of empowerment; at the highest level, users have the authority to make decisions whereas at the bottom rung of the ladder, information is given about decisions already made. (Ibid: 3) Mayo argues that empowerment has different definitions. The consensual model views empowerment as a process whereby those who are most powerless can come to



share power with those who have already achieved it without significantly challenging the social order. In less consensual terms, empowerment involves challenging the interests of those with most power in society and can be a collective process, leading to the empowerment of less powerful groups. (Mayo, 2000: 25) Others have argued that those on the Right view empowerment in individual, economic and consumerist terms whilst, on the Left, empowerment is understood within the context of inequality and in collective terms. (Usher *at al*, 1997: 38) This emphasis on collectivity conflicts with the individualistic nature of the predominant conception of the learning society.

Education can have an important role to play both for individuals with mental health difficulties and for the collective development of groups. (Bee and Martin, 1997: 130) Ruddock and Worrall (1997) and Hunter (1997) identify the benefits to both individuals and groups of involvement in learning activities. Involvement in groups, in collective activity, can be a route to self-development. (Hunter, 1997: 213) Hunter, who used a life history approach to investigate the experiences of members of user and carer groups, found that involvement enables individuals to work together to bring about social change. (Ibid: 213) Involvement in groups can also lead to the empowerment of the group as a whole; Bee and Martin argue that service user groups enable people to find their own voice and to gain the confidence to challenge stigma and educate wider society. (Bee and Martin, 1997: 130-1)

Moreland (1999) and Mayo (2000) have both undertaken research which is relevant to this study, finding evidence of informal learning taking place in voluntary and community groups and through participation in community development schemes respectively. Research has shown that voluntary and community groups are involved in providing learning opportunities. Elsdon found learning to be a major feature of voluntary organisations and Percy and others discovered that both intentional and unintentional learning was occurring in such organisations though those involved did not recognise the learning taking place. (Moreland, 1999: 165) Moreland conducted research into the learning opportunities provided by a variety of different organisations in Northern Ireland, surveying formal, non-formal and informal learning organisations. (Ibid: 167) She found that, contrary to the findings of Percy and others, the majority of community and voluntary organisations did perceive themselves to be providing learning activities. (Ibid: 167) 70% of voluntary groups and 84% of community groups stated that learning was one of their main functions. (Ibid: 167) This primarily consisted of issue based education, concerned with raising awareness of issues and problems. (Ibid: 169) Moreland argues that this represents a shift in the education paradigm; organisations other than formal educational institutions recognise that they have the knowledge, skills and experience to provide learning opportunities. (Ibid: 171) They are responding to a new learning challenge and providing issue-based, learner-centred education with a democratic and emancipatory outlook. (Ibid: 175) The learning taking place outside the formal education system must be recognised and valued. (Ibid: 175) Otherwise, there is a

danger that the vision of the learning society put forward by government will concentrate solely on formal, accredited learning, ignoring the vast array of learning that takes place informally:

“If... the current UK government is serious about its strategy for lifelong learning, then it needs to adopt a definition of learning much wider than the acquisition of accredited skills and knowledge for increasing employment prospects.” (Moreland, 1999:176)

Mayo, too, argues that voluntary organisations and community groups can play a vital role in providing learning opportunities, in this case, in developing education for active citizenship. (Ibid: 23) In her research into participation in area regeneration schemes, she found that those involved experienced informal learning. (Mayo, 2000: 29) She argues that not only are education and training necessary for effective participation in such schemes but that education actually results from participating. (Ibid: 23) Participants were learning informally through their reflection on the experience of being involved. (Ibid: 29) They gained increasing self-confidence, practical knowledge and skills, discovered new ways of working in order to develop their own groups, developed an increased understanding of where power lay and learnt to network and build alliances to bring about change. (Ibid: 30)

The characteristics of informal learning are examined in the literature. It is incidental and tacit and is often the result of experience. (Foley, 1999: 3) However, it is the utilisation of that experience that can bring about effective learning. (Jeffs and Smith, 1990: 11) Writers have highlighted the importance that

conversation or dialogue plays in informal learning; it enables individuals to work collectively to reflect on their experiences, plan action and thus bring about change. (Jeffs and Smith, 1990, Smith, 1994, Foley, 1999, Wolfe, 2001, Gilchrist, 2001, Freire, 1970) Individuals are able to link theory to their own experiences and construct new understandings of their situations, a process termed conscientisation by Freire. (Gilchrist, 2001: 117) They are then able to use the knowledge of theory they have developed to plan future action, this combination of theory and action being labelled praxis in the literature. (Jeffs and Smith, 1990) The importance of collective working in these processes of conscientisation and praxis is also emphasised; by working together individuals can bring about social and political change. (Payne, 2001: 191)

Discourse is also emphasised as an important element in emancipatory learning. (Foley, 1999: 14) Discourse consists of written and spoken language, which can be analysed as both a linguistic or social phenomenon. (Ibid: 15) It plays a role in constructing and changing ideologies which hold society or a group together. (Ibid: 14) Like social capital, ideology consists of social practices and relationships, and is used by dominant groups to wield power over others. (Ibid: 14) Foley links ideology with Gramsci's concept of hegemony which constructs and reproduces the power of dominant groups. (Ibid: 15) Following Foucault, he contends that discourse controls people through the use of institutions such as prisons, hospitals, workplaces and schools. (Ibid: 16) Those who are excluded and marginalised internalise the dominant discourse and so do not question dominant

values. (Preece, 2001: 203) The ability to challenge the dominant discourse and the development of resistant discourses is an important aspect of gaining power and overcoming subjugation. (Foley, 1999: 14) Through learning, individuals and groups can reflect on their experiences, to develop an understanding of power, question their assumptions and have their voices heard. (Preece, 2001: 204-205)

The literature on user involvement in services, including mental health services, is primarily concerned with issues of power and levels of participation. In common with the literature on adult education, empowerment and degrees of power are considered to be highly significant. (Taylor *et al*, 1992: 3, Forbes and Sashidharan, 1997: 482) The origins of user involvement are traced back to the influence of two competing ideologies, usually referred to as consumerism and self-advocacy. (Croft and Beresford, 1989: 5 and 1990: 8, Forbes and Sashidharan, 1997: 484-485) Consumerism is provider led and concerned with improving efficiency. Its roots lie in the development of the mixed economy of care and the introduction of the market system in health and social care. (Croft and Beresford, 1990: 18) The preferred methods of involvement include information seeking and consultation. (Ibid: 18) The self advocacy model takes its impetus from liberation movements and is concerned with empowerment and gaining a direct say in services. (Ibid: 18, Forbes and Sashidharan, 1997: 485) These two different approaches often clash, leading to ideological and political conflict. (Smith, 1988: 6)

The NHS has now recognised the value of involving users in services. One of the guiding principles of *A National Service Framework for Mental Health* is to “involve service users and carers in planning and delivery of care.” (DoH, 1999: 4) The necessity to involve service users is repeated throughout the document but little detail is given on the mechanisms of such involvement. A local NHS document also stresses the Trust’s commitment to the involvement of “patients, carers and the public in the future planning and provision of high quality local health services” (Tees and North East Yorkshire NHS Trust, 2000: 1), claiming that it should be an “integral part of everything the Trust does.” (Ibid: 9)

The educational value of user involvement receives little attention in the literature although Beresford and Croft found that participants in citizen involvement gained skills from the experience of being involved and from learning from others. (Beresford and Croft, 1993: 68) There is emphasis on the need for training to enable individuals and groups to participate effectively and the part users can play in providing training for staff. (Smith, 1988: 14-15, Beresford and Croft, 1993: 67-69)

Barker and Peck provide a link with the traditions of adult education when they highlight the relevance of the theories of Paolo Freire to user empowerment. (Barker and Peck, 1987: 2) Freire’s concerns with oppression and the means of overcoming it through dialogue, coming together to discuss common experiences, to challenge and change the world and achieve liberation are ones that have

resonance for the users of mental health services. (Ibid: 2) Being a member of a group of people with similar experiences can enable individuals to gain an understanding of the world and work collectively to challenge the authority of those who have power over them. (Ibid: 2)

It has been shown that various different interpretations of the learning society are put forward in the literature and that these different interpretations interweave and overlap in policy. However, in terms of policy, the economic, human capital discourse of the learning society dominates to the detriment of those in society who are marginalised and disempowered. This economic discourse is primarily concerned with the individual, whereas much literature on informal learning emphasises the collective nature of such learning. The importance of the social benefits of learning and the relevance of social capital theories to the study of the education of socially excluded adults will be considered in following chapters. I will argue that there is a need to examine the mass of informal learning that takes place, which is often ignored by those with power. The government presents the learning society as unproblematic, as something which will be beneficial to all members of society. I will show that, the vision of the learning society as encapsulated in policy, is far from the panacea for all ills and that, at the present time, it does little to respond to the needs of those who are socially excluded.

## Chapter 2

### **The learning society - policy and practice**

My literature review showed that there are many different definitions of the learning society and various competing meanings, and that these interweave and overlap in government thinking and policy. In this chapter, I will examine the government's vision of the learning society as encapsulated in *The Learning Age* (1998) and *Learning to Succeed* (1999) and examine how this vision has been translated into policy. I will investigate how this policy relates to people with learning difficulties and/or disabilities and specifically to adults with mental health difficulties. It will be argued that two main conceptions of the learning society are evident in policy – an economic imperative, concerned with the employability of individuals and the competitiveness of the nation, and a more humanistic perspective, preoccupied with social cohesion and exclusion. However, it will be shown that the means by which social exclusion can be overcome are couched almost without exception in economic terms. Despite the fact that the government professes to be concerned with adult learning which has a broader focus than simply skills and employability, I will argue that, in its policy and initiatives, it is this emphasis on economic issues which dominates. Although the government claims to want to increase participation in education for previously excluded groups, this emphasis on employability, skills and the economy will, I contend, further exclude those with mental health difficulties. It will be shown that an approach which takes into account the wider benefits of learning and recognises the difficulties people with mental health difficulties face in accessing and



participating in education, is more appropriate when considering a learning society which includes those who have been excluded for so long.

Drawing on the Dearing, (1997) Kennedy (1997) and Fryer (1998) Reports, *The Learning Age: a renaissance for a new Britain* set out the government's agenda with regard to lifelong learning and was published in 1998. In the forward to the document, the then Secretary of State for Education and Employment, David Blunkett outlined his vision of a learning society in which learning not only builds human capital and enables the United Kingdom to compete in the global marketplace, but also brings wider benefits. It "enables people to play a full part in their community and strengthens the family, the neighbourhood and consequently the nation." (DfEE, 1998a: 1) He states that "we value learning for its own sake", and in so doing, emphasises the importance of non-vocational, unaccredited learning. (Ibid: 1) It is clear that, the wider social and personal benefits of learning, and hence the benefits in terms of increased social capital, are being given some credibility. In the Green Paper, the word skills is given a broad and wide-ranging definition; not only are the skills of the engineer, the scientist or the doctor considered important, but also the skills of the artist, the poet and the writer. (Ibid: 2) As well as being considered important in the development of work related skills, participation in learning also, it is argued, leads to increased imagination and creativity. (Ibid: 2) These, however, can also be seen as work related skills, as a continuation of the Government's ambition to create a nation

that is innovative and cutting-edge, a nation in which business is imaginative and successful.

Furthermore, the social and economic benefits of education are often linked together; “Lifelong learning means the continuous development of the skills, knowledge and understanding that are essential for employability and fulfillment.” (Ibid: para. 6) It is implied that there cannot be one without the other; to be fulfilled, you must be employed; this has negative implications for adults with mental health difficulties who may be unable to find and retain employment. It represents a very narrow definition of fulfillment and also a very limited conception of the social benefits of learning. In addition, this also contradicts the commitment to artistic skills and represents a limited definition of work, negating the value of unpaid work, whether in the home or as a volunteer. Lister has argued that this view runs through New Labour’s social welfare agenda. (Lister, 1998a: 221)

This is because the reasons given for, and the impetus behind, the need to develop a learning society are understood almost exclusively in economic terms. The United Kingdom must respond to the changes evident in global economics to succeed in the global marketplace. Technological changes have brought about new opportunities and the necessity for new skills. (DfEE, 1998a: para. 1) The nature of employment has changed and, with it, the skills needed by today’s employers. (Ibid: para. 2) It is argued that, to compete in the changing global

economy, Britain needs new knowledge and skills and “the best educated and best trained” workforce. (Ibid: para. 6) On an individual level, to find and retain employment, people must have the skills that employers need. (Ibid: para. 6) A concern with skills levels is emphasised again later in the Introduction, as the United Kingdom's weaknesses are highlighted in relation to other countries' levels of skills. (Ibid: para. 21-22) This concern with skills is not value-neutral; despite the wide definition of skills given in *The Learning Age*, it is evident that the government's priorities with regard to the skills of the country are very narrow. The initiatives which the government had already put in place at this point were primarily aimed at reducing unemployment, increasing employability and improving the economy, designed in order to develop the skills considered necessary by business and policy makers. These included the New Deal and the University for Industry. (Ibid: para.18)

The government's preoccupation with the changing global economy is again demonstrated in the White Paper, *Opportunity for all in a world of change*. In the summary document, the government again places great emphasis on the need for Britain to develop a highly skilled workforce and innovative, forward thinking businesses. (DTI, 2001: 1). It highlights the business representation on the LSC (Ibid: 2) and outlines its intention to introduce initiatives to increase the vocational skills, including literacy and numeracy and information and communication technology, of the population. (Ibid: 3)

Yet, in *The Learning Age*, the government states its aim as being to change the culture, to foster a love of learning and self-improvement. (DfEE, 1998a: para. 24) It wants a learning society which is universal and in which everyone will benefit. (Ibid: paras. 5 and 25) A high priority is placed on community, adult and family learning which are said to be "essential in the Learning Age." (Ibid: para. 4.18) It is suggested that these forms of learning can play an important role in improving skills and economic regeneration and also in the development of individuals, groups and communities. (Ibid: para. 4.18) Though it might not have immediate economic benefits, such learning can provide a first step into education and can promote self-help and active citizenship. (Ibid: para. 4.18-19) However, these benefits are not promoted for their own sake. Such learning is viewed as having instrumental value. Nevertheless, in contrast to the emphasis on learning for skills and employment earlier in the Green Paper, there is, here, an awareness that learning can have a broader definition and can take place in a variety of settings and in different ways, such as tenants' and residents' groups and environmental organisations. (Ibid: para. 4.19) This definition of learning organisations would include groups such as Surge. However, because of its underlying assumptions, the government has a limited view of the nature of such organisations, their purposes and the context in which they operate and therefore, important issues are not addressed that impact on learning. It appears that learning taking place in such groups is viewed as valuable only in that it can play an important role in attracting people back into education where they can gain qualifications and so find employment, contribute to social and economic regeneration and overcome their

own exclusion. This shows the government's narrow view of the causes of exclusion, which are seen again primarily in economic terms. (Preece, 2001: 201)

The more complex aspects of exclusion will not be addressed if attempts to overcome it are based only on urging or compelling the excluded to participate in accredited learning. Moreover, the emphasis on social cohesion that is evident in the government's lifelong learning agenda shows an acceptance of social capital theory and its incorporation into policy. However, this is social capital as conceptualised by theorists such as Coleman and Puttnam, cited by Schuller (1998), with the aim of creating a society governed by norms where dissent is discredited and difference discouraged.

The government states in *The Learning Age* that it wants a learning society which is universal and in which everyone will benefit. (DfEE, 1998: paras. 5 and 25)

However, the paper offers little in the way of ideas when it comes to increasing participation amongst people with learning difficulties and disabilities, a category that includes people with mental health difficulties. The section in the Green Paper on people with learning difficulties and disabilities is woefully short and lacking in ideas. (Ibid: para. 4.36) It makes no mention of ideas and initiatives designed to involve more people with disabilities in learning and there appears to be little concept of the sort of learning which would be relevant to the lives of people with disabilities. It does, however, make reference to the New Deal for Disabled People, an initiative which was principally conceived to encourage those on incapacity benefits into work.

The government followed up consultation on *The Learning Age* with publication of the White Paper, *Learning to Succeed: a framework for post 16 learning* in 1999. This forms the basis of the Learning and Skills Act 2000. Though this paper is primarily concerned with issues of economics, skills levels and employability, again the government attempts to strike a balance between a view of the learning society with mainly economic benefits and one that brings about wider, social rewards for both individuals and communities:

“Our vision of the Learning Age is to build a new culture of learning and aspiration which will underpin national competitiveness and personal prosperity, encourage creativity and innovation and help build a more cohesive society. We want everyone to benefit from the opportunities that learning brings both in personal growth and the enrichment of communities.” (DfEE, 1999: para.1.7)

It aims to respond to the needs of “individuals, businesses and their communities” (Ibid: para. 2.12), a phrase which is repeated throughout the document in a variety of different ways. This may indeed express the ideals of the government and policy makers. Unfortunately, as this thesis will argue, there is little to encourage realisation in reality.

Economic issues undoubtedly dominate the White Paper, together with concerns about skills levels and employability. It has been noted that some of the visionary aspects of *The Learning Age* have been lost in *Learning to Succeed*. (Taubman, 2001: 10) David Blunkett’s speech on announcing the white paper placed great emphasis on skills, training and competitiveness. (Blunkett, 1999) He stressed the need for a highly skilled workforce which is essential for “prosperity and social

cohesion.” (Ibid: 1) He explained the challenge faced as economic and the government’s response in terms of investment in human capital, which, he claimed, will reap benefits both economically and in terms of a more cohesive society. (Ibid: 4)

The challenge described in *Learning to Succeed* is primarily economic; for the nation to succeed in the new global economy new skills are needed. (DfEE, 1999: para. 1.1) Again, there is a focus on skills and employability. (Ibid: para. 1.2) The development of the learning society will also tackle social exclusion but this is viewed completely in economic terms. It is accepted that, the more people who are encouraged or forced to take up employment, the more cohesive society will be. It will be argued that this in itself is problematic. This is the impetus behind schemes that the government has developed which are highlighted in the White Paper, such as Welfare to Work and New Deal. (Ibid: paras. 1.12 and 1.25) Individuals must “develop the skills they need to be effective in the labour market.” (Ibid: para.1.12) The onus is placed on the individual to be responsible for their own learning and therefore their employability. (Ibid: para.1.16) With the New Deal, the element of choice in regard to participation in education is taken away: those who are targeted must take up employment, education or training or lose their benefits. As both Tight (1998) and Coffield (1999a) argue, learning is becoming compulsory and it is the individual who is blamed and punished if she refuses the opportunities the government puts her way. This typifies the present government’s approach to social welfare: “irresponsible” people who do not fulfill

their duties or meet accepted patterns of behaviour will lose their entitlement to benefits. (Dwyer, 1998: 494) Ellison describes this as a “partnership – where the state provides opportunities for employment, education and so on that individuals are effectively obliged to take up.” (Ellison, 1998: 41)

Throughout the document, the needs of businesses and the labour market dominate. The government aims to give employers a “substantial stake” in shaping provision and to create an education system which “meets the needs of local, regional and national labour markets” which will apparently lead to increased employability. (DfEE, 1999: para. 2.12) Employers make up the largest single group on both the national and local Learning and Skills Councils (LSCs), which were set up to take over the functions of the Training and Enterprise Councils and the Further Education Funding Council. (Ibid: para: 3.24) 40% of members are from the business community, evidence of a view of education concerned primarily with economics. This skew towards business does little to encompass the diversity of adult learning. (Taubman, 2000: 11) Local Learning and Skills Councils will be required to respond to the skills and learning needs of local labour markets. (DfEE, 1999: paras. 3.20 and 3.24) They must support the regional economic strategies developed by the Regional Development Agencies (RDAs) (Ibid: para. 3.22) and identify skills shortages in local labour markets. (Ibid: para. 3.17)



In contrast to *The Learning Age, Learning to Succeed*, places great emphasis on the necessity to include people with learning difficulties and disabilities in the learning society. It aims to “give everyone access to education, training and skills opportunities.” (DfEE, 1999: para. 2.12) Systems should be equitable and inclusive and funding arrangements should take account of the extra costs of meeting the needs of those from “the most vulnerable groups.” (Ibid: para. 2.12) It hopes for flexible and innovative approaches to dealing with such groups of learners and states that equal opportunities should be mainstreamed “throughout policy making, implementation and delivery.” (Ibid: para. 2.12) Planning and funding arrangements should ensure adequate support for students with special needs (Ibid: para. 4.13) and the LSC:

“will have a particular duty to address the needs of learners with disabilities or learning difficulties, including consulting with voluntary and specialist organisations and representative and user groups on how best to make suitable provision available and then drawing up appropriate funding and planning arrangements.” (Ibid: para. 4.15)

The LSC’s remit states that it must “fulfill the duty to encourage participation into learning.... by reaching out and drawing into learning those who were previously economically inactive.” (DfEE, 2000a: 2) It should “put clear and robust arrangements in place to help people with learning difficulties and/or disabilities have access to suitable provision and adequate support.” (Ibid: 2) John Harwood, chief executive of the LSC stresses that priority will be placed on the needs of people with learning difficulties and/or disabilities, which will be met “effectively and sensitively” by the Council. (DfEE, 2000b: 29)

Economic issues dominate the LSC's remit. It states that it will have a "real labour market focus" and contribute to "local economic development". (DfEE, 2000a: 2) It will be concerned with competitiveness and inclusion and the updating of skills and aims to attract those who are economically disadvantaged into learning. (Ibid: 2) Within this emphasis on inclusion, it is implicit that those who, at present, are unlikely to participate in adult education, such as people with mental health difficulties, will be encouraged to take part in vocational learning opportunities and so improve their employment prospects, just as Welfare to Work aims to encourage this group of people to take up employment, paying no regard to the fact that their illnesses or disabilities may mean that they are unable to find meaningful employment.

The LSC will also, it states, work with disadvantaged communities to help meet the needs of local businesses. (Ibid: 2) It stresses that learning that does not lead to qualifications is valuable but only such learning that "offers value and progression". (Ibid: 2) How learning will be assessed for its 'value' is not made clear. It implies that learning that does not have opportunities for progression on to accredited courses has no role to play in the learning society. The removal of the artificial divide between formal and informal education, the ending of the distinction between Schedule 2, that is accredited courses, and non-Schedule 2 provision, is highlighted, a move welcomed by many commentators. (Taubman, 2000, Taylor, 2000, Hughes, 2000, Davey, 2000) This, arguably, means that both forms of learning, the formal and the informal, provision that leads to

qualifications and that which does not, are to be considered of equal importance but it remains to be seen, as the LSCs distribute their funds, if this is to be the case.

The tensions and ambiguities in government policy are clearly highlighted in *Individual Learning News* (Autumn 2000), a DfEE publication. In an interview, Derek Grover, Director of Adult Learning at the DfEE identifies the two aspects of the lifelong learning agenda noted in this thesis, the economic and the social. (DfEE, 2000c: 4) He says that they are linked and “mutually supportive”. (Ibid: 4) People need skills both to get and retain employment and to “play a full role in family and community life”. (Ibid: 4) He asserts that the “Cinderella areas” of adult and community learning are being brought into the centre stage and that the LSC has a clear duty to support such learning. (Ibid: 5) He believes that a consensus must be developed that recognises the importance of adult and community learning; “I think it is a rapidly developing consensus and it is something to which Ministers attach real importance.” (Ibid: 5) In contrast to this, later in the same publication, John Harwood, Chief Executive of the LSC gives his view of the primary goals of the Council as being the “increasing of the skills and employability of individuals and securing the competitiveness of business.” (Ibid: 29) It appears that, despite the words of Derek Grover, that both the national and local LSCs are primarily concerned with the employability of individuals and the needs of business, and that learning for its own sake continues to play the poor second cousin to learning that brings instantly recognisable, quantifiable returns.

This priority is shown in the initiatives that the government has so far developed to bring about a learning society. The University for Industry (Ufi) is primarily concerned with providing vocational learning opportunities, designed to answer the needs of business and increase the employability of individuals. It “aims to put individuals in a better position to get jobs, improve their career prospects and boost business competitiveness.” (Ufi, 2000: 1) The impetus behind the development of the Ufi is given, in *The Learning Age*, as the necessity to respond to the challenges presented by the global marketplace. (DfEE, 1998: 1.6) The Ufi developed learndirect service provides opportunities which are open to all, but the subjects available to study are all job related, developed in response to the needs of business and industry. These include courses in basic skills, business and management, environmental services and technology and retail and distribution.

Another initiative, the introduction of Individual Learning Accounts was designed to encourage people back into learning by providing a grant towards the cost of undertaking learning. This initiative showed the government’s preoccupation with ensuring that individuals felt a sense of ownership, and therefore responsibility, for their own learning. There were restrictions on how the money could be used and the type of course the money could be used for. The largest discounts were for information technology or maths courses, indicating where the government feels the skill shortages of this country lie. It transpired that this scheme was open to abuse and Individual Learning Accounts were abruptly withdrawn when claims of

fraudulent use of the accounts were made. It remains to be seen whether the government will reintroduce the scheme or not.

The government's *Skills for Life* agenda provides further evidence of this administration's preoccupation with skills. (DfEE, 2001c) The low level of Basic Skills, that is literacy, numeracy and language skills, amongst the population is undoubtedly a cause for concern. Low levels of these skills can mean that individuals are excluded from many everyday activities and are severely disadvantaged in many arenas. However, the government's concern is less with the individual than with the needs of the economy. Pilot schemes to aimed at improving participation in Basic Skills provision have included the withholding of benefits from individuals who refuse to attend literacy and/or numeracy classes, hinting at the compulsion that may be placed on people, particularly benefits claimants, to participate in learning activities. (Ibid: para. 25) Additionally, the targets set by the government echo the targets aimed at primary and secondary schools. The government aims for 750,000 people to have improved their Basic Skills by 2004. (Ibid: para. 87) This improvement will be measured by the number of qualifications achieved by students, a further indication of the accreditation culture of present post 16 education. This target shows the government's disregard for the many other benefits of participation in Basic Skills provision and is indicative of the pressure inherent in the world of adult education for providers, teachers and students.

The language used by the government in its thinking and policy on the learning society points to a predominately economic perspective; many of the terms used, such as *Learning to Succeed*, the University for Industry and Learning and Skills Council hint at an agenda that is primarily concerned with economics and competitiveness. The title of the White Paper, *Learning to Succeed* presents some ambiguities. To succeed in life can mean many things and can undoubtedly have a broad definition. However, I would argue that, to most people to succeed in life means having a good job, a good standard of living, money and status. Thus, the meaning that would most commonly be ascribed to the term *Learning to Succeed* would be learning to secure employment or promotion and financial reward which are considered to be the means of having a more successful life. In addition, the government's initiative to involve more people in learning has been named the University for Industry, which is unambiguous in its aim to respond to the needs of business and employers. It leads to the conclusion that this is undoubtedly an initiative which has the needs of the economy as its main priority. However, the government appears to have moved away from this narrow definition; perhaps becoming aware that the name University for Industry could be off-putting, with many people feeling that it has nothing to offer them, the government has named the network of on-line services created by Ufi, 'learndirect', which, it is hoped, will have a broader appeal.

The name given to the new body set up to fund adult and further education, the Learning and Skills Council shows the emphasis the government places on skills.

The argument is that the country needs skills to compete with other countries, to build successful businesses and this is where the impetus for the government's plans for adult and further education lies. Its main priorities are to enable people to gain the skills needed to find and retain employment and to increase the competitiveness of business. Although, it could be said, the word learning covers all types of education both formal and informal, vocational and non-vocational, the government obviously felt that it was necessary to place emphasis on skills. Alan Tuckett argues that the word 'skills' has replaced lifelong learning in government rhetoric: "The term "skills" is used in a more or less decontextualised way, but clearly carries the smack of purposeful learning about it: the ratcheting up of the competitive capacity of "UK plc"." (Tuckett, 2003: 55)

In light of the emphasis on employability, skills and competitiveness highlighted above, it is unsurprising that the government is primarily concerned with the employability of people with learning difficulties and/or disabilities, ensuring those who can work, do work. The New Deal for Disabled People, which at the moment is voluntary, has the aim of enabling those dependent on incapacity benefits to gain employment. It is evident that the government's priority on including those with learning difficulties and/or disabilities in the learning society is primarily to ensure that the "economically inactive" become economically active, that is, in paid work. This is indicated by the emphasis in the Learning and Skills Act on vocational learning which has been highlighted by some concerned with the education of adults with learning difficulties and/or disabilities. The

Disability Consortium on Post 16 Education and Training has stated that vocational learning is prioritised at the expense of non-vocational learning, which, it is argued, can play an important role in the lives of people with learning difficulties and/or disabilities. (Disability Consortium, 1999: 3) Moreover, no mention is made in the Act of representation by disabled people on LSCs which leaves them without a voice on the body with responsibility for funding all post 16 provision. (Ibid: 4)

In addition, it remains to be seen how the needs of people with mental health difficulties will be incorporated in the new system. Historically, this is a group that has traditionally been excluded from the world of adult education. The *Inclusive Learning* Report found that adults with mental health difficulties were under-represented in further education. (FEFC, 1996: 4) It also stated that social service departments showed a lack of awareness of the benefits of participation in education for this group and that there was “fear and ignorance” on the part of those working in the further education sector. (Ibid: para. 4.38) In a survey of colleges and Local Education Authorities, it was found that only 14% of those surveyed made reference to people with mental health difficulties in their strategic plans and only 23% mentioned people with mental health difficulties in their disability statements. (Wertheimer, 1997: 4) The LSC’s duty to pay particular regard to the needs of people with learning difficulties and/or disabilities echoes the duties placed on the FEFC (Disability Consortium, 1999: 6) and, under that



system, the needs of people with mental health difficulties were largely ignored. It remains to be seen if this will continue to be the case.

In addition to the Learning and Skills Act 2000, another piece of legislation relating to the education of adults with mental health difficulties is the Special Educational Needs and Disability Act 2001. This is an amendment to the Disability Discrimination Act of 1995 which exempted providers of education from Part III of the Act which outlawed discrimination of disabled people by providers of goods and services. The Act simply placed a responsibility on educational institutions to produce a disability statement but did not require them to make any changes to meet the needs of disabled students. The Special Educational Needs and Disability Act 2001, however, makes it unlawful for educational institutions to treat a disabled person “less favourably” than they treat, or would treat, a non-disabled person. (Cortlett, 2001: 1) The definition of disability is the same as for the Disability Discrimination Act 1995: “a physical or mental impairment which has substantial and long term adverse effect on a person’s ability to carry out day to day activities. People who have a disability, and those that have had a disability, are covered by the Act.” (DfEE, 1997: 2) This definition could exclude some disabled students from coming under the auspices of the Act. Though their impairment may not effect their day to day activities, a problem such as difficulty concentrating for long periods of time, may cause them to be at a disadvantage in an educational setting. (Skill, 2001: 3) In addition, there has also been concern expressed over the issue of disclosure. The responsibility to

disclose a disability is placed entirely on the individual student. In the case of a student with mental health difficulties, this could prove difficult in light of the stigma surrounding such difficulties. Research has shown that students with mental health difficulties are justifiably concerned about the reactions of others, both fellow students and teachers, and that this causes them to be fearful about being open about their difficulties. (Moore, 1998: 48) Skill suggests that the onus should be on the institution to have sensitive procedures, allowing individuals to disclose a disability with the confidence that confidentiality will be assured. (Skill, 2001: 3)

The benefits of participating in education for people with mental health difficulties have been identified by a range of writers. These include increases in confidence and self esteem, taking on the more valued role of student rather than mental health patient or service user, playing a more active role in the community, gaining new skills and knowledge, meeting new people and providing diversion from the anxieties, worries and distractions that are characteristic of mental ill health. (Wertheimer, 1997: 11, Moore, 1998: 46-47, Ruddock and Worrall, 1997: 279, Hunter, 1997: 213) Research into the strategies people develop to cope with mental ill health found that activities often provided by adult education organisations such as sport and physical exercise and artistic and creative activities were helpful. (Tidyman, 2000: 8) The benefits of such activities included relaxation, distraction, providing a sense of achievement, being part of normal everyday activities, getting out of the house and gaining access to social support.

(Ibid: 8) Adult education classes were also seen as beneficial by some, giving respondents a sense of purpose, something to do and a reason to get up in the morning. (Ibid: 8) However, research into the experiences of nominees for Adult Learner Awards also highlights some 'dis-benefits' of participation in learning, the most common being, significantly, stress, anxiety and mental ill health. (Aldridge, 2000: 10) These negative outcomes are particularly pertinent when considering educational opportunities for adults with mental health difficulties. If participation in learning brings with it pressure to achieve, to attend, to reach targets, then it will more than likely be counter-productive for individuals with experience of mental ill health. Current concerns with the results of learning, rather than the process of learning itself only serve to increase the pressure on adult learners and militate against the inclusion of users of mental health services.

Although, undoubtedly, for some people with mental ill health, employment and career enhancement are important reasons for participating in learning, they are certainly not the only reasons and are often secondary in importance, and, in some cases, irrelevant. The benefits of participating in learning are more wide ranging than simply the acquisition of skills and greater employability. The government's emphasis on a human capital model of the learning society means that such wider benefits are ignored or considered peripheral. Indeed, this emphasis may put further pressure on those who are least likely to be able to cope with the extra stresses associated with a society whose members are preoccupied with acquiring more and more skills, more and more qualifications and better jobs. It is more

appropriate when considering lifelong learning and people with mental health difficulties, to adopt an approach to the learning society which takes into account social capital and the wider benefits of learning.

This approach has been taken up by some of those working in the field of lifelong learning and a growing awareness of the wider benefits of lifelong learning is evident in the literature and in research topics. A conference organised by the Standing Conference on University Teaching and Research on the Education of Adults in 2000 explored the wider benefits of lifelong learning, focussing generally on the non-economic aspects of learning. Research is ongoing into learning and citizenship, crime, health, active ageing and families. A NIACE survey of nominees for Adult Learners' Week Awards in 1998 and 1999 found evidence of the benefits to both physical and mental health that participation in learning can bring. 89% of respondents had experienced emotional or mental health benefits from taking part in learning. Again, increases in confidence, distraction, new friends and contact with other people were cited. (Aldridge, 2000: 10) In response to these findings, NIACE has developed a project, as part of a learning and health strategy, which involves a Learning Advisor being placed in surgeries and health professionals prescribing learning, in recognition that "there is great potential for learning activity to both maintain and increase mental and physical well-being." (Lavender, 2000: 7) Those who have accessed learning through the scheme have found the experience has impacted positively on their

health; gaining hope, reduction of suicidal thoughts, positive thinking, confidence and mixing with people were all cited as benefits. (James, 2001: 22)

The government's white paper, *Saving Lives: Our Healthier Nation* shows that the government recognises the relevance of learning to good mental and physical health; it states, "Education is vital to health." (quoted in James, 2001: 20) As shown above, learning can have a positive impact on the mental health of all, including those experiencing mental distress. However, the government's lifelong learning strategy runs contrary to this, being overwhelmingly concerned with education which has quantifiable outcomes, increasing the skills and employability of those involved. Wider benefits are considered of secondary importance. The learning society, as envisaged by the government, allows little room for the needs of learners with mental health difficulties, for whom the gaining of employment may be an unrealistic or unwished for goal. Funding regimes are often dependent on quantifiable outcomes and schemes for learners with mental health difficulties often have outcomes that not easily measured, such as the benefits mentioned above. Waters states that college staff have found that funding systems have meant that there are problems providing the flexible approach which is necessary when planning provision for people with mental health difficulties. (Waters, 2000: 9) Funding requirements which depend on minimum attendance and accreditation are not conducive to providing education for people with mental health difficulties, who may be unable to attend on a regular basis and find the stresses of producing work for accreditation too much to cope with.

Although people with mental health difficulties are not a homogeneous group and have the same range of intelligence, skills and interests as the general population, they do have certain characteristics in common, which can make accessing and participating in education difficult. They are likely to be lacking in confidence, self esteem and assertiveness and to be economically disadvantaged and socially marginalised. Psychiatric treatment and the social stigma attached to mental ill health can exacerbate the problems they face. A small scale study of users of mental health services who had participated in learning found considerable barriers to learning. (Moore, 1998: 47-48) These included low self esteem, a lack of confidence and the effects of the stigma associated with mental ill health. Respondents found difficulties with deadlines, punctuality and attendance. (Ibid: 48) In addition, experiencing mental health difficulties and the effects of drug treatments can lead to poor concentration and problems coping with over-stimulating environments and stressful situations. (Foster, 1992: 83) Sometimes, anxiety, depression, persistent thoughts and fears can mean that the ability to concentrate in class or on studying can be affected, and the inconsistent nature of mental ill health, with people experiencing good days and bad days, can mean that the traditional structures of educational institutions are unable to cope with the needs of students with mental health difficulties. (Moore, 1998: 48)

Although recent years have seen a growing awareness of the benefits of participation in education for people with mental health difficulties and the need to provide learning opportunities for this under-represented group of people, the initiatives described in the literature are usually small in scale and confined to

certain localities. In general, mainstream educational institutions still appear to offer little for potential students with experience of mental distress. As will be argued in the next chapter, there remains a great deal of ignorance about this issue in the lifelong learning sector as a whole. Nevertheless, those schemes described in the literature do pay due regard to the wider benefits of learning and it remains to be seen how they will fit into the government's version of the learning society. Furthermore, there is still a failure to recognise the educational aspects of mental health work and the learning opportunities available in mental health service environments as Bee and Martin have noted. (1997) Evidence has shown that activities of educational value do take place in mental health service environments, but whether these will be recognised as being part of and as having significance in the learning society appears unlikely. At present, the learning society as envisaged by the government has little to offer adults with mental health difficulties.

As has been shown, an examination of the government's policy on lifelong learning indicates that their vision is value-laden, framed within a discourse which is predominantly economic. The aim to use policy on lifelong learning to increase the skills levels of the nation, so enabling the UK to succeed in the global marketplace, is explicit. However, there is evidence of a secondary, dependent discourse and a hint that the wider benefits of learning are recognised. There is indication of an awareness that learning can bring about more than just higher levels of skills and employment; it can also lead to greater individual fulfillment and the enrichment of communities and can be instrumental in bringing about

social cohesion and overcoming social exclusion. Although lip service is paid to the notion of learning for learning's sake, this has become lost in policy. Learning without obvious outcomes in terms of accreditation is viewed as valuable only in that it can lead to progression, enabling the socially disadvantaged to climb the ladder to more education and ultimately employment. According to this dominant discourse, individuals can only succeed and be fulfilled by gaining skills and therefore, employment. The government has accepted, and incorporated into policy, this blinkered view of learning, and contrary to expectations, this vision of the learning society will only serve to leave many people, already on the margins of society, further excluded.



## **Chapter 3**

### **Methodology**

Others have noted that adults with mental health difficulties are under-represented in further education (Wertheimer 1997: 20, FEFC, 1996: 58-60) and my own experience has shown that users of mental health services are unlikely to participate in mainstream learning opportunities. However, previous research has shown that many people who use mental health services participate in learning, albeit in ways that are not immediately recognisable as educational or fit into the vision of the learning society as espoused by policy makers. (Moore, 1998) A wide range of organisations which offer post 16 education were surveyed for this study, in order to examine whether the situation highlighted by Wertheimer (1997) and Tomlinson (FEFC, 196) was still accurate. At the same time, to evaluate the learning which takes place in an arena not immediately identifiable as educational, a small scale study of a mental health service user group, Surge, was undertaken.

A variety of different research methods, both qualitative and quantitative, were used, as appropriate to the area under investigation. So that as large a range of educational institutions as possible could be surveyed, a postal questionnaire, with relatively low costs in terms of time and finance, was used. The aim was not an in-depth analysis of the attitudes of the staff at these organisations but to gain an overview of the situation as regards mental health service users and access to mainstream learning opportunities. In depth investigation was reserved for the main focus of this study, members of Surge, whose thoughts, feelings and

meaning-making were essential to the understanding of the experience of using mental health services and being a member of a service user group. In this instance, the argument that “the best option will always be for a dialogical use of a combination of qualitative and quantitative methods” seemed fitting. (Brown and Dowling, 1998: 83) The use of both was necessary to fulfill the aims of this research project.

A questionnaire (see Appendix B) was designed and distributed to organisations providing post 16 education in Stockton on Tees. The questionnaire used for the Further Education Development Agency (FEDA) research (Wertheimer, 1997: 162-177) was adapted and simplified for my own research purposes. By making use of the similar questions, I was able to ascertain whether the situation had changed in the years between the FEDA research and my own study. Many of the questions in the FEDA questionnaire were not included as they were not relevant to my research needs and required a lot of detail. I was aware of the many demands on the time of potential respondents and the low priority they might place on the research interests of an individual student. Thus, to maximise the number of replies received and increase the likelihood of respondents completing it, the questionnaire was short and simple. Both open and closed questions were included, in order to ascertain attitudes and also to obtain quantitative data. Enclosed with the questionnaire was a covering letter, explaining the subject and purposes of my research and also providing a definition of mental health

difficulties. (A copy of this letter and the reminder letter can be found in Appendix B.)

The questionnaire was distributed by post to all organisations that carry out education and training in the borough that I was aware of. I used contacts in the field, knowledge of the area and the Yellow Pages to identify as many such organisations as possible. Where possible I addressed the questionnaires to a named person in the organisation. In larger institutions this was usually the member of staff responsible for disability and access issues, in smaller organisations, they were addressed to the manager. Twenty-five organisations were surveyed including the LEA, further education colleges, a university college, voluntary and community organisations and training agencies. It is likely that not all organisations involved in the education of adults were included but those surveyed represent a good sample of the range of institutions offering education and training in the borough. The response rate was fairly good; 18 completed questionnaires were received from 15 different organisations, encompassing most of the main providers of adult and further education in the town and a range of different agencies. Two of the organisations surveyed replied that they no longer carried out education or training.

Although distributing questionnaires by post has its limitations, including a usually low response rate, (Brown and Dowling, 1998: 68) this was deemed the most appropriate way of carrying out this part of the research. As large a sample as

possible could be surveyed in a relatively short time frame and without too much expense. There were some disadvantages in using this method. As well as the likelihood of a low response rate, there was also the danger of respondents misunderstanding the questions which would mean that responses may have been difficult to compare. It meant that I was unable to offer help, explain questions or correct misunderstandings. In order to account for this to some extent, I did include my telephone number and did speak to some respondents to offer clarification. One organisation requested that I visit them to explain the questionnaire further, which I did and was able to provide help completing it.

Nevertheless, some parts of the questionnaire did cause problems, notably my use of the term mental health difficulties. Although I provided a definition in the covering letter, this term caused some confusion. Two respondents apparently confused mental health difficulties with learning difficulties whilst others commented that they did not completely understand what I meant by the term and therefore could not measure numbers. This is a common problem; anecdotal evidence suggests that many people still confuse mental health difficulties with learning difficulties, and many others find the term vague and ill defined. A survey of 215 people by Mind in 1996 found that only 52% were “able to distinguish correctly between learning difficulty and mental illness.” (Darton, 2002 [www.mind.org.uk/information/factsheets/P/attitudes/Public Attitudes to Mental Distress](http://www.mind.org.uk/information/factsheets/P/attitudes/Public_Attitudes_to_Mental_Distress))

These misunderstandings affected the validity of my results, meaning that I could not get a completely clear picture of the number of students with mental health difficulties participating in learning at these organisations, as I could not be sure how respondents were defining the term mental health difficulties. However, they also highlighted a very important point. Whilst there remains a lack of understanding of mental health difficulties, then there can be no monitoring, no accountability, no pressure to respond to specific needs and no development of interagency working. If those working in the field do not understand the particular needs and characteristics of adults with mental health difficulties, then appropriate provision will never be made available.

Although questions were phrased in order to prevent bias, I believe that, in hindsight, the question, “Do you consider the issue of students with mental health difficulties an important one for your institution?” could be construed as a leading question. Considering the subject matter of the questionnaire and the fact that I obviously thought the issue was of importance, unintentionally, most respondents, eager to please, will have been likely to agree with me. This meant that, despite evidence to the contrary, with most respondents offering little for students with mental ill health, my findings suggest that the majority of educational institutions do find this issue important. Alternatively, it could be argued that many working in post 16 education are aware of the importance of enabling more adults with mental health difficulties to access their provision, but because of the structures of

their organisations, the difficulties in defining and understanding the terms and/or their own lack of power, they are unable to act on this.

The inherent subjectivity in all methods of research was highlighted by results obtained by different respondents from the same organisation. Due to a logistical error, and to one organisation's good intentions, three organisations returned more than one questionnaire. The marked difference in answers from people working for the same organisation was startling. Even closed questions such as the one asking whether the organisation had a disability statement produced different answers, and there were wide variations in the numbers given of students with mental health difficulties at some institutions. This again shows the problem of definitions and the difficulties in researching a topic such as this. It also signifies an absence of institutional policy, training and co-ordination on this matter. Because the boundaries between mental health and mental ill health are blurred, it can be difficult to ensure that all respondents are interpreting a term in the same way. As noted above, this has important implications for the organisation of learning opportunities for adults with mental health difficulties.

For the main part of my research, an investigation of the mental health service user group, Surge, I aimed to follow a user/survivor research model. Arising out of the user/survivor movement and drawing much from participatory and emancipatory research theory, this model places mental health service users at the centre of the research process. Experiencing mental distress and using mental health services

can be a disempowering experience. If an individual is considered mad, then any opinions they have can be discredited. Mental health service users are acted upon; control over their own lives is often taken out of their hands. In terms of traditional research, mental health service users are usually the subjects or objects of the research; the power “to interpret, to know” has remained in the hands of the ‘expert’ researcher. (Mental Health Foundation, 1999a: 2) As Everitt and others have noted, some knowledges have more power than others and this has had a detrimental effect: “Professional ways of knowing in our society have served to objectify and control others.” (1992: 18) The knowledge of the mental health service user has been rejected, adjudged to be somehow flawed and invalid.

User/survivor research values the experience and knowledge of the service user. Users, who have so often been silenced, are enabled to air their views and opinions. As another survivor researcher has noted, the direct experience of mental distress and the knowledge of disempowerment that that brings, serves to enhance the research process and the findings. (Beresford in Mental Health Foundation, 1999b: no page numbers) Although my own experiences are inevitably specific to me, my personal experience of using mental health services has given me an insight that other, external researchers (who do not have such experience) would not have. Furthermore, it means that other service users, who know my history, view me as an equal, who can understand and relate to their problems. This enables me to gain access to information that would not

necessarily be shared with other researchers and allows me to get nearer to the true feelings of other service users.

In addition, my own experiences directly impact on and influence my research. I make no claims to value-free objectivity and am explicit about my standpoint. All researchers are “speaking from somewhere: a position that bears testimony to the web of discourses through which research is conducted, a web that is neither unmotivated nor unmediated.” (Mental Health Foundation, 1999a: 2) The purpose of research and the values of the researcher are often hidden; claims of objectivity mask fundamental issues such as who controls the research and who stands to gain from it. All research, as a human activity, comes from a certain perspective and is value-laden. The claim to objectivity in itself implies a set of values, those of “empirical content, precision, testability, simplicity, elegance.” (Schatz and Walker, 1995; 122, quoting Albury)

In contrast, user research is concerned with personal experience and individual perceptions, and most often makes use of qualitative methods such as participant observation, focus groups and informal interviews. The social world is created and known through personal experience and perspectives and through interaction with others. There is no one objective ‘truth’. The process of research should incorporate the subjectivities of both the researcher and the researched. (Everitt *et al*, 1992; 104) The researcher is personally involved in the research process and brings to it his/her own personal concerns and experiences. It is necessary to be



open and explicit about these personal concerns, but, at the same time, to question motives and actions and to challenge biases and prejudices. (Schratz and Walker, 1995: 5 and 22) Throughout the research process, I have been open and honest about my motives and preoccupations. I have encountered events and situations which have shed doubts on my views and opinions and led me to question my taken-for-granted notions.

McNiff emphasises the centrality of the researcher in the research process through which s/he develops knowledge of the self. (McNiff, 1993: 38) Everitt and colleagues cite O'Hagan's study of psychiatric survivors' experiences as a "valuable reflection on researching personal experience, both that of users and the researcher" and describe it as a personal journey. (Everitt *et al*, 1992: 93) O'Hagan describes and analyses her own experiences: "After several interviews I realised that I thought through my experience as a psychiatric survivor more than most of the interviewees. It seemed a waste not to include it in the research data." (O'Hagan, 1986: 18, quoted in Everitt *et al*, 1992: 98) In contrast, although I have unambiguously stated how my own experiences have impacted on this study, my aim has not been to place myself at the centre of the work. Its focus is the learning experienced by users and former users of mental health services both within and outside formal educational structures, and, in particular, those who are members of Surge (which does include myself). It is not intended to be a personal narrative or confession. I have taken account of the criticisms directed at reflexivity, particularly self-reflexivity, made by Adkins (2002) and Skeggs (2002). Adkins

(2002: 346) asserts that, although reflexivity is becoming increasingly common in social life, it is unevenly distributed in regard to class, gender and other social differences. (Ibid: 346) As Skeggs has noted, it has become the preserve of the educated and cultured to play around with text and notions of the self and knowledge. (Skeggs, 2002:364) She argues that reflexivity is becoming used as a “cultural resource to authorise the self.” (Ibid: 368) By placing him/herself at the centre, the researcher legitimises his/her authority and importance. Although reflection on the research and one’s own subjectivity are vital components of the research process, reflexivity should ensure “accountability and responsibility in research”, not “self-formation and self-promotion.” (Ibid: 369) The purpose of research should be to shed light on the area under investigation, not on the life story of the researcher.

In its truest form, user research stems from the interests and preoccupations of service users and the whole research process is initiated, designed and controlled by them. Its purpose is to empower mental health service users, to challenge and change psychiatric services and improve the lives of people with mental health difficulties. Ideally, users should be involved across the whole research process, designing, planning and carrying out the research and analysing and disseminating findings. (Mental Health Foundation, 1999a: 1) However, it has been pointed out to me that user research has the potential to be abusive. My initial reaction was to strongly refute this, but, on further thought, I acknowledge that this could be the case. Surge has been involved in research into the care programme approach to

mental health care, involvement which was requested by the service provider. The amount of work involved led members of the group to question the purpose of their involvement. It may be the case that the group was used to undertake unpaid work for the mental health services so that the service provider could take the credit for involving service users. These issues will be further discussed in Chapter 8.

In practice, user research is a continuum with different levels of user involvement. (Beresford in Mental Health Foundation, 1999b: no page numbers) In this instance, I, as a former service user, have planned, designed and carried out the whole research exercise but I have not involved any other member of Surge in this process. In addition, as well as having used services, I am also a teacher and a student and thus have a range of motives. Nevertheless, I am constantly feeding my findings back to other members of Surge and using the insights and the knowledge I have gained to impact on and improve my work with Surge and as an adult education tutor. I have shared my knowledge of research skills so that the group could be involved in other research projects and my findings have influenced the group's organising of learning opportunities for other service users.

I used a combination of participant observation and semi-structured interviews to investigate Surge members' experiences of learning. My aim was to examine "the ways people construct, interpret and give meaning" to their experiences. (Gerson and Horowitz, 2002:199) Observing the workings of the group gave me the

opportunity to examine events as they happened, to watch members' actions and interactions and to identify issues relevant to this study. The observation enabled me to highlight the most significant issues, which could be further examined during the interviews, which were held at a later stage. A combination of the two methods meant that I was able to back up my own observations with the opinions and thoughts of group members. As has been argued, "Taken together, both methods provide a richer, more complete and more complex view of social life than either can offer on its own." (Ibid: 221)

Horowitz states that the site chosen for participant observation should help to explore gaps in theory. (Ibid: 202) However, questions of expediency often arise; the choice of site may depend on availability and ease of access. (Ibid: 202) Additionally, personal interests may play a part; Horowitz explains that she chose to examine a Chicano community not only because of its relevance to the research question but also out of her own "fascination with Hispanic cultures." (Ibid: 202) For the purposes of this study, the site was chosen because of my own membership of the group. Indeed, in some ways, the site chose itself. It was through my membership of the group that I became aware of the issues that underpin this study. Moreover, I already had access to the group, was accepted by the other members and thus had a research site which was open and accessible and which did not involve taking up more of my already limited time. Conveniently, this site also enabled me to examine gaps in theory and investigate an under-researched area.

After explaining the subject and purposes of my research, I gained permission from other group members to make a record of Surge meetings and activities and to write about my findings in this thesis. I had access to all activities and meetings that Surge members were involved in between May 2000 and December 2002. It was not possible to take notes during meetings, as this would have prevented me from playing a full part in events, but they were made as soon as possible afterwards. As May states, it is impossible to write down everything that happens, (1997: 144) but I made notes on events, relationships and my reflections on them, as well as issues and questions to be considered. During the period of the observation, there were many opportunities to have informal conversations with Surge members and with staff. Indeed much of value has been uncovered during these conversations and they have added to the richness of my findings.

Traditionally, the process of participant observation includes an initial period of gaining intimacy, becoming familiar with the workings of the organisation and gaining the acceptance of those observed. (Ibid.: 142) As I was already a member of the group, I did not have to undergo this process. I was aware of the structure of the organisation and relationships within the group. However, I had to come to the situation with fresh eyes and re-evaluate some of my taken-for-granted notions. This was a valuable process which often enabled me to view events in a different light.

Because I was an existing member of the group, my presence did not affect the group or its dynamics nor did the research alter my relationship with other members or my position within the group. Whether I was undertaking this research or not, I would have been regularly attending meetings, and, after my request to use the group as a focus of my research, I did not discern any changes in members' attitudes towards me. Therefore, one of the most commonly cited limitations of participant observation, that of affecting the situation being studied, has been avoided. (Ackroyd and Hughes, 1981; 119)

I began the observation with a general question: Is learning occurring in this group? As the observation progressed, new issues emerged and new categories of phenomena were developed which had to be explored. (Gerson and Horowitz, 2002: 208) I initially set out to identify situations that resulted in learning and examine how this learning occurred. However, the data collected threw up new areas of investigation and these were then categorised and further explored. The most significant categories identified, which led to the findings described in this thesis, were the development of a distinctive discourse and the engagement with other discourses, group dynamics and group learning, personal development and individual learning and the levels of involvement in the planning and delivery of services.

The experience of being both a full participant and an observer was sometimes difficult. Being fully involved in the activities of Surge, at times I was unable to

stand back and observe and thus probably missed some significant moments. Additionally, the process of doing research gave me a particular perspective on the group. As well as being a member, I was also an observer and, in being alerted to educational issues through the observational frame, my research did impact on my input to the group. Furthermore, in the process of discussing my research and interviewing members, I undoubtedly made them more aware of issues around learning, which affected their perception of the group. Involvement in the research process led one member to analyse some of the issues related to education and mental health service users and to identify the role Surge members could play in changing the situation

To complement my observation of meetings, I also carried out semi-structured interviews with past and present members of the group and with the User Involvement Worker. I approached each interview as “a site of knowledge construction” in which the interviewer and interviewee are co-participants. (Mason, 2002: 227) Rejecting the idea that an interview is “a special type of conversation in which one person asks the questions and another gives the answers” (Oakley, 1981: 36), I aimed for a non-hierarchical relationship between interviewer and interviewee. (Ibid: 41) This was easier to achieve than it could have been; as I was known to all the interviewees and am a fellow member of Surge, I was already considered an equal. Although, I undoubtedly had some power as the interviewer who set the questions, I aimed to account for this by approaching each interview as a conversation which I allowed to develop as

naturally as possible. I also found some problems judging how much I should voice my opinions during the interviews. It was difficult not to become involved in the conversations taking place; when discussing issues about Surge, interviewees would normally expect me to express my views and this was no different during interviews. However, I was aware of the dangers of leading the interviewees and affecting their answers. Other researchers have encountered similar problems. Oakley found, when interviewing new mothers, that it was impossible not to become personally involved in the interviews; she was asked for, and gave, advice and her own opinions on issues concerning motherhood. (Ibid: 47) Ryan approached the participants in her interviews, some of whom she knew already, as equals and expressed her views during interviews, while being careful not to dominate the situation. (Ryan, 2001: 76) The creation of relaxed informal conversation was balanced with the necessity to keep the expression of my own views to a minimum.

Five present members of Surge, one former member and the User Involvement Worker were interviewed between October 2001 and July 2002. One member of Surge refused to be interviewed, a situation that I found difficult to handle. Gerson highlights the possibility of rejection when arranging interviews, (Gerson and Horowitz, 2002: 209) and it was difficult not to take this rejection as a personal slight. The individual would not give reasons for not wishing to participate in my research and was not open to persuasion. Alternative ways to provide me with information were all rejected. Ultimately, I had to accept the



individual's decision not to take part. Former members of Surge also proved difficult to access. Some were no longer in touch with the mental health services and so could not be contacted. Others had left the group due to stress and their illnesses and I felt that it was inappropriate to add to their stress by asking them to be interviewed. This highlights the difficulties of accessing this difficult to reach group, even by an insider such as myself. One member of Surge commented that service users were "all surveyed out", having been asked for their opinions on a large number of issues recently. Having little power or control over the questions asked and rarely seeing anything concrete result from these surveys, service users are disheartened with the research process.

Despite these problems, the interviews allowed me to gain access to individual thoughts and feelings and enabled respondents to elaborate on issues and events. Each interviewee provided me with a wealth of material for analysis, and, thus, although the sample was small, the interviews did shed light on a wide range of issues relevant to this study. I developed interview schedules (see Appendix A) to ensure that I obtained all relevant information from each interviewee but this was flexible in order to leave room for the unexpected and unknown. (Gerson and Horowitz, 2002: 204) Following Gavron's technique of 'non-directive' interviewing, I allowed each conversation to develop naturally and informally, finding that many of the topics arose spontaneously. (Gavron, 1968: 158-9)

The interviews were held in environments familiar to the respondents and were as relaxed and informal as possible. Interviewees were aware that they could stop the

interview at any time and did not have to answer any questions that they did not feel comfortable with. I also assured them of confidentiality, that nothing they said would be shared with any other member of Surge and that they would not be identifiable in the finished work. I aimed to create “a space outside the ‘real’ world in which disclosure and insight can proceed.” (Ibid: 210) The first interviews undertaken were recorded, after gaining the permission of each interviewee. However, it soon became evident that this was not necessary and may have intimidated and increased the stress of interviewees. I dispensed with the tape recorder and found that, in subsequent interviews, I gained enough information by taking notes and that this did not affect the flow of the conversations.

I was concerned that, as I am a fellow member of the group, interview respondents would not be entirely honest with me so as not to influence my opinion of them or relationship with them in the group. However, interviewees shared some contentious and controversial thoughts with me, suggesting that they trusted me and my assurances of confidentiality. I came to know when an interviewee was about to disclose sensitive information; these disclosures were invariably preceded by requests for confidentiality to be guaranteed. Respondents shared information with me that they would not have shared with an outside researcher or paid member of staff. Service users feel safe in talking to other service users; they know that what they say will not influence the care and treatment they receive. It has been shown that, when interviewed by other service users, users express a

lower level of satisfaction with the service providers. (Sathyamoorthy, Ford and Warner, 1997: 33) This is presented as a drawback of user research. However, I would argue that this shows that respondents feel secure in reporting dissatisfaction, and in expressing their true feelings and opinions, with other service users, knowing that their use of services will not be affected.

My position as both a member of the group and a researcher caused some problems on a personal level. I became privy to a great deal of knowledge not available to other members. Although this could have put me in a privileged position, in reality, I found this situation difficult. Through my interview with the User Involvement Worker and other informal conversations with staff, I became aware of sensitive information which it may not have been appropriate for a member of the group to know. In addition, interviewees had disclosed information to me and expressed opinions which they would not have wanted to have become known to the group as a whole. This meant that I had to be constantly aware in meetings of the danger of breaking confidences. At times this proved to be quite a stressful experience.

In spite of these negative effects on my membership of the group, the research process also had some positive benefits for those taking part. As Oakley found the women she interviewed gained from their involvement in her research, which had led them to reflect on their experiences (Oakley, 1981: 50), I also discovered that my interviews provided space for individuals to reflect on and articulate their

learning and to make sense of some issues affecting the group. The User Involvement Worker commented that the issues I was investigating were important ones for the group and that the raising of these issues could provide important opportunities for members to think carefully about the organisation and hopefully bring about change.

The combination of methods used in the research process enabled me to investigate both mainstream educational institutions and the experiences of members of Surge simultaneously, in order to build up an overall picture of the learning undertaken by adults with mental health difficulties. Although the data is specific to one time and place, I would argue that it elucidates the issues surrounding the participation of people with mental ill health in the learning society. Observing the actions and interactions of Surge members and listening to their thoughts and opinions has enabled me to link real life experience to abstract theory. The study of the minutiae of daily life in small organisations can have implications for the structure of power. (Gerson and Horowitz, 2002: 220) The following chapters will show how the experiences of a small group of people relate to the large-scale policies of government and the state.

## **Chapter 4**

### **Mainstream learning opportunities – learning for all?**

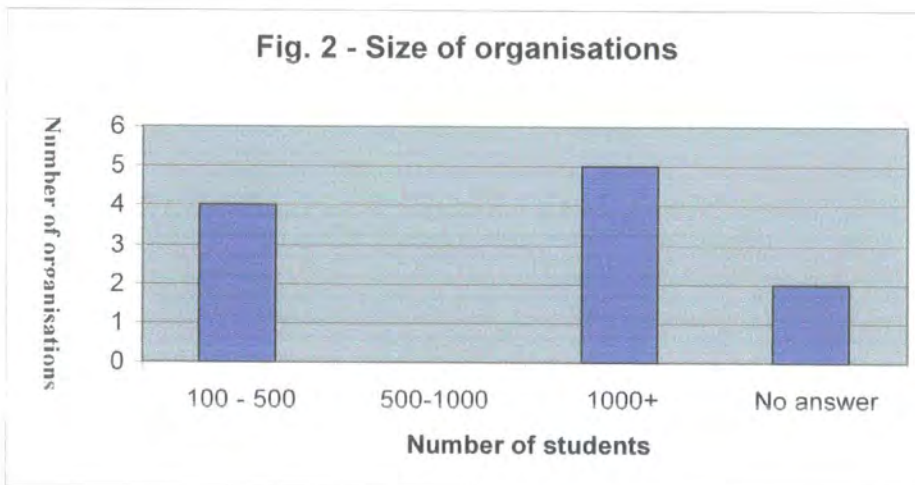
In order to investigate how the learning society currently responds to the needs of adults with mental health difficulties, a survey was undertaken of learning organisations in the borough of Stockton on Tees. The results shed some light on the post 16 sector's approach to students with mental health difficulties and echo some of the findings of the research by NIACE and FEDA, cited in the previous chapter, which was carried out four years previously. In this chapter I will analyse the results of my survey. It will be shown that, although there are some signs of an understanding of the problems adults with experience of mental ill health may face when accessing and participating in education, in general, it appears that organisations do little to enable people with such problems to take part in education and that there is little awareness of this issue.

Eighteen different responses were received from fifteen organisations, representing the range of agencies offering learning opportunities to adults in Stockton, from major educational institutions with large numbers of students to small voluntary agencies, which, in some cases, only had a handful of students. The range and size of the organisations surveyed is given in Fig. 1 and Fig. 2 below.

**Fig. 1 - Range of organisations**



**Fig. 2 - Size of organisations**



As indicated in chapter 2, the term mental health difficulties was problematical and raised some concerns. Although I defined 'students with mental health difficulties' in the covering letter as "all those who have experienced emotional distress as well as those who have used mental health services", the term still caused difficulties for some respondents. One respondent showed that she had made the common error of confusing people with mental health difficulties with those with learning difficulties when she referred to a group from a local centre for

adults with learning disabilities. Another felt that he was unable to measure the number of students with mental health difficulties at his institution “ without a definition of parameters”. Others expressed concern with the phrase, claiming it was too specific and widening it to include those with stress and other emotional problems:

“What do you mean “mental health difficulties”? Many of our students suffer discrimination relating to their mental well-being which is affected by low income, alcohol abuse, drugs, low self-esteem, lack of employment, poor housing, poor health, etc. None are “officially” suffering from “mental health difficulties”.”

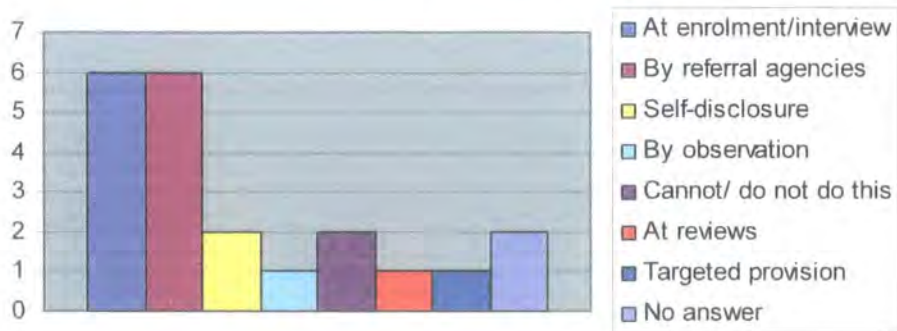
Such students would come under the definition of those experiencing emotional distress and, although they might not define themselves or be labelled as having mental health difficulties, a learning society which responds to the needs of those “officially” said to have mental health difficulties would be more able to fulfill the needs of all those experiencing mental distress.

In spite of the difficulties of definition, overall, results from the questionnaire suggest that institutions in Stockton do little to respond to the needs of students with mental health difficulties and there was evidence of limited knowledge of the best way to deal with this under-represented group. Of those organisations which have disability statements, only two make reference to people with mental health difficulties, in line with the findings of the NIACE/FEDA survey and showing a lack of concern or interest in the needs of potential students with experience of mental health difficulties. Six institutions claimed to have other policy documents relating to students with mental ill health. These included equal opportunities

policies, health and safety policies and a Positive about Disabled People Award. Whether and how these documents refer to people with mental health difficulties is a matter of debate and could be highly subjective; responses from one organisation gave three different answers to this question, two saying that they do have written policy, one saying they do not and the two who answered that they do citing different policy documents. Another respondent stated that he had written policy relating to his department but that these had never been adopted by the institution as a whole, showing that, although individuals may be concerned about the issue, institutions in which they work may still not view the issue as of importance.

When asked how the organisation attempts to identify students with mental health difficulties, respondents were most likely to mention self-identification by individual students or by referral from another agency. Detailed results are shown in Fig. 3 below.

**Fig. 3 - Identification of students with mental health difficulties**



Three respondents admitted that they had no procedures for identifying students who might be experiencing mental ill health; in one case, this was done “by



observation at best – sadly.” The most likely time for information to come to light was at enrolment or initial interview, for example through questions on forms relating to learning difficulties or disabilities. This squarely places the responsibility on the individual to admit to a problem, something which may prove difficult to do considering the stigma attached to mental health difficulties. One respondent was aware that individuals may find it difficult to admit to problems and that information may not be revealed immediately. She said that students were identified as having mental health difficulties “mostly by getting to know students, as most individuals do not want to disclose information straightaway.” Respondents also mentioned that information about mental health difficulties may come to light at reviews or through mentoring procedures. An example of how identification could be made in what sounds like an unthreatening and understanding situation was given by one respondent:

“students are recruited by dedicated Advice/Guidance and Development Workers by personal contact where issues relating to potential barriers are explored which has and does include mental health issues.”

The finding that adults are under-represented in further education from the research undertaken for the *Inclusive Learning* Report was reflected in my research, results of which suggest that adults with mental health difficulties are not participating in organised learning opportunities offered by mainstream education and training institutions in Stockton on Tees. Nine institutions claimed to have no students with mental ill health or said that they had no way of measuring the numbers, highlighting the failings of their methods of identifying such students. An organisation with 17,000 students claimed to have none with mental health

difficulties, whilst another stated that adults with mental ill health represented less than 0.04% of their student body. Considering that it is estimated that one in four people will experience a mental health difficulty at some point in their lives, it is highly unlikely that there are so few students with mental ill health at these institutions. However, with no means of identification and thus no means of support, such students are liable to experience difficulties and may not complete their course of study. These findings should be of great concern to those working in lifelong learning. If these figures are accurate, why are so few people with mental health difficulties participating in learning and what can be done about it? If my supposition that there are learners with mental ill health at these institutions is correct, why are they and the problems they could be facing hidden?

Those institutions which did have students with mental health difficulties were a neighbourhood centre and two community centres suggesting that smaller, more intimate venues are better suited to the requirements of learners with mental ill health and are more able to respond to their needs. Smaller centres are also likely to be less hostile and friendlier than larger institutions and thus individuals may feel more comfortable disclosing any problems they may have. Students at these centres were mainly participating in part time mainstream courses, though one centre provided a discrete course specifically for adults with mental health difficulties.

There is a distinct lack of specific provision for adults with mental health difficulties in Stockton. Five organisations claimed to have specific provision but one of these was referring to the support available and one was referring to provision in the past. Only one community centre had “special classes” for students with mental health difficulties currently taking place. Another organisation said that discrete classes can be provided “if requested”, implying that, if the demand was there, they would offer such provision. A training organisation claimed that “All provision is shaped according to individual needs. We don’t have specific programmes that people have to fit into.” Another organisation claimed that this would vary from case to case. This highlights the ‘blame the victim’ culture evident in much thinking on lifelong learning. The responsibility for non-participation is held to be with the learner, not the provider. (Preece, 2001:202)

Nearly all organisations surveyed claimed to have support mechanisms in place to enable adults with mental health difficulties to access and participate on courses although two organisations admitted that they had “very little” to offer in the way of support, one said it had “nothing specific” and another said that it had no experience or expertise in these matters. Help offered by those who claimed to offer support included support in class, one to one tuition, advice and guidance and individual assessment. The help and guidance of outside agencies was also mentioned; one respondent talked of a “network of counsellors, community police, doctors”, whilst another claimed, “We often team up with family, Disability

Employment Advisors, doctors, community mental health workers to agree the sorts of support necessary.” Two respondents showed an understanding of the issues facing students or trainees with mental health difficulties. A training agency offers return to work schemes, introducing clients with stress related problems back to work on a part time basis. An adult education organisation mentioned, “Flexible, relaxed attitude and atmosphere for learners. No rigid timescales. No pressure to gain accreditation. Introductory confidence building classes”, thus effectively identifying some of the problems lifelong learning may present for students with mental health difficulties and some of the ways of overcoming them.

In light of the findings mentioned above, that seem to suggest that adults with mental health difficulties are either not participating in provision offered by mainstream educational organisations or who remain hidden and unidentified in the system, it seems likely that this principled support offered is not often put into practice. If participation is as low as the figures suggest then organisations must ask themselves why this is the case. It appears that there is either a lack of awareness of those using and working in the mental health services of what lifelong learning organisations can offer or that these organisations are not going out of their way to attract learners with mental health difficulties. It could be argued that what is being offered by these organisations does not respond to the requirements of adults with mental health difficulties. One respondent stated that “All students can access the college” but only if “there is an appropriate programme and support relevant to their needs.” There appears to be no desire on

the part of institutions to change their provision to better answer the needs of adults with mental health difficulties. They simply offer support to access the provision already available. Very few respondents seemed to have any real understanding of the barriers facing adults with mental health difficulties and how these could be overcome. Whether this situation will change in light of the Learning and Skills Act 2000 and its requirement to open up learning to those previously excluded, and the Special Educational Needs and Disability Act 2001, which puts a duty on educational organisations not to treat disabled students “less favourably” than they do other students, remains to be seen. If the learning society is to be inclusive, answering the needs and expectations of all sections of the community, then there has to be a growth in awareness of the particular requirements of adults with mental health difficulties.

The majority of those surveyed claimed that the issue of students with a mental health difficulty was an important one for their institution, although four respondents answered no or “not at this time”. However, it could be argued that this was a leading question; respondents may have been more likely to answer yes as they knew, from the subject matter, that this was an important issue for me. One respondent said that they had never considered the issue before and another claimed that they “had not come across this as yet.” Those who do not see the issue as important appear to assume that they will never encounter a student with mental health needs which is highly unlikely when one considers the prevalence of mental ill health. A lack of understanding of the incidence of mental health

difficulties, which can affect anyone regardless of status, was shown by one respondent when she stated, "Our client group is unlikely to be diagnosed as having mental health issues and we feel capable of dealing with the usual mental stresses that are placed on and suffered by the Senior Managers we deal with." This tendency to view people "diagnosed as having mental health issues" as somehow set apart from 'normal' people denies the fact that mental health and mental ill health are part of a continuum and that mental ill health covers a wide range of different conditions. Nevertheless, it is arguable that those experiencing poverty and economic exclusion are more likely to suffer from mental health difficulties and, as Hughes has argued, as lifelong learning is opened up to previously excluded groups, it is likely that those working in the field will encounter more and more people experiencing mental ill health. (Hughes, 1999: 101) One respondent showed some awareness of this; "as an organisation that works in disadvantaged areas characterised by high unemployment/poverty, there are a lot of emotional/depressive illnesses experienced by lone parents, unemployed people."

Although the majority of organisations seemed to believe that they were equipped to cope with learners with mental health difficulties, some respondents accepted that their organisations were unable to respond to the needs of students with mental ill health. One admitted, "We do not have the expertise to work with people with mental health issues." Another stated that they had "nothing specific for students with mental health problems." A respondent from a training agency



said, "Sadly we do not have adequate knowledge of the specific issues we may encounter for people with mental health issues. This is probably the first time we have looked at the issue."

My research has highlighted the lack of awareness and understanding of the needs of learners with mental health difficulties by those working in the field of adult learning. There appears to be little knowledge of the experience of having mental health difficulties, what it means to be mentally ill and how best to respond to potential students with such problems. The problems encountered over the definition of mental health difficulties by respondents show that this is a difficult issue. It is a tenuous term covering a wide range of experiences. Some people who have mental health difficulties may find it relatively easy to cope with an educational environment whilst some may struggle through without ever admitting to a problem. Others may not be aware that the troubles they are facing can be labelled mental ill health. However, the problems faced by people with varying levels of mental health difficulties and the response of learning organisations shed light on some of the issues that those concerned with the learning society have yet to respond to. Will the learning society in its present form answer the needs of those previously excluded as the government intends? How can excluded groups be persuaded to participate?

Evidence above suggests that the learning society which currently exists in Stockton on Tees does not meet the needs of adults with mental health difficulties.

If this is the case, then are people with mental health difficulties playing no part in the learning society at all? What sort of learning is best suited to their needs?

The rest of this study will be concerned with an example of a learning environment which does not appear to fit into the government's conception of the learning society and is outside the field of traditional adult learning. It will be shown that, despite the fact that mainstream educational organisations have little to offer people with mental health difficulties, some with experience of mental ill health do take part in learning activities which are more appropriate and responsive to their needs.



## Chapter 5

### Learning beyond the barriers

Others have highlighted the existence of adult learning outside mainstream educational environments, occurring in a variety of settings and in many different ways. (Tight, 1998: 260, Moreland, 1999: 171-172) This learning is in danger of remaining unidentified and unrecognised and its significance to the development of a learning society ignored. In this chapter, I will show that one section of society, adults with mental health difficulties, who are frequently identified as being 'difficult to reach' are, in fact, often engaged in regular learning activities, supported by the evidence I have gathered of Surge members' experiences of learning in the group. After explaining the context of Surge, I will present an overview of my research findings, illustrating the relevance of models of informal learning to this study. The learning experienced by members of the group will be shown to be experiential; through reflection on experience and discussion, and as a result of struggle, they have found a voice. This chapter will also consider a range of different issues, which emerged from the research and have affected the group and impacted on the learning taking place. I will particularly highlight the significance of relationships within the group and conflict between members, as well as issues around user involvement.

Surge, an organisation formed to enable service users to have a say in the way local mental health services are provided, was established in 1998 and became fully constituted in 1999. The size of the group has varied but at the time of

writing, there is a core membership of seven, all of whom have been members for over a year. The make up of the group was, therefore, relatively static during the research period. All members use or have previously used mental health services, having experienced hospital stays or attended outpatient appointments or day centres, and have a history of severe mental ill health. Nevertheless, in spite of this common experience, members are all very different, coming from a wide variety of backgrounds and having different levels of educational achievement.

Within Stockton, the Integrated Mental Health Service, a partnership between the Tees and North East Yorkshire NHS Trust and the local authority's social services department, provides mental health services. When reference is made to the 'service provider' in the rest of this study, it relates to the Integrated Mental Health Service. Within that service, managers employed by either the Trust or social services hold positions of power and are responsible for planning, budgeting and the provision of services and are referred to as 'management'. 'Staff' are employed by the Integrated Mental Health Service and include nurses, day centre workers and healthcare assistants with little power over the running of the service.

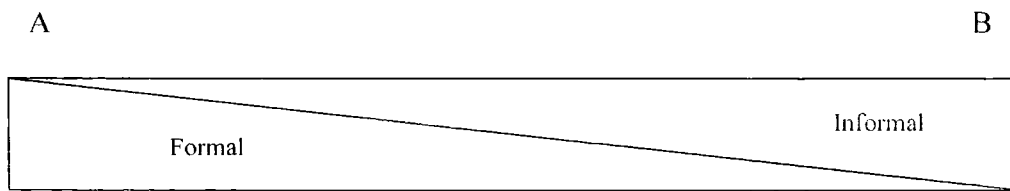
Since it was established, Surge has had the support of a User Involvement Worker, employed by the Integrated Mental Health Service, who has helped to facilitate the group and encouraged the group's development. The group is supported and receives much of its funding from the Mental Health Trust and thus, is not fully independent. It was established at the instigation of managers in the service,

initially to support service users who were representing other clients at a range of planning and development meetings, part of the growing movement towards greater user involvement in the NHS and social services. However, since that time, Surge has developed far beyond that and moved in different directions. In interview, the User Involvement Worker described early meetings when it was obvious that members had issues that they considered important and were keen to develop their own agenda. These issues, she claimed, related directly to their own experiences of using mental health services and stemmed from a desire to make a difference to the lives of other clients by effecting change to improve the service. Activities undertaken have ranged from involvement in preparing medication checklists cards for service users to interviewing prospective staff, as well as providing training for staff members and learning opportunities for other service users. It will be shown that the group has been at its most successful when it has worked on issues important to its members rather than when it has acted on the requests of managers in the service.

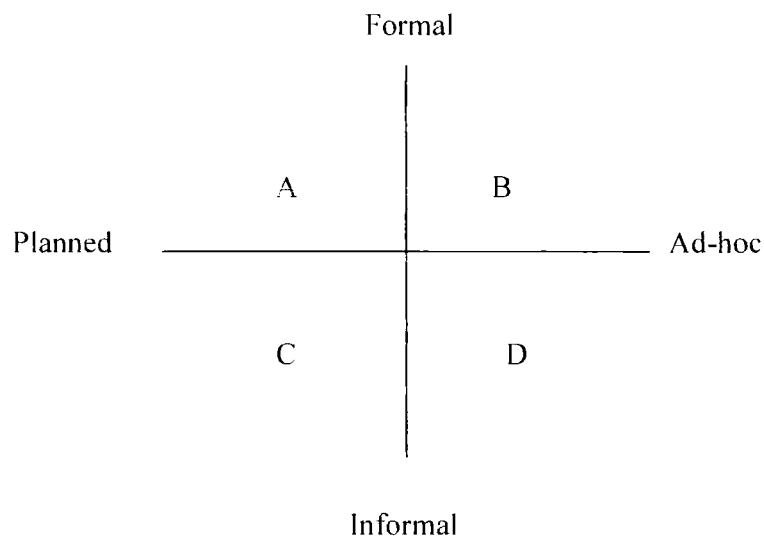
Evidence of learning has been witnessed throughout the period of the research and has been largely informal in nature. Informal learning is most often defined in relation to formal learning. (Jeffs and Smith, 1990: 1) Writers often use the typology of formal, non-formal and informal to distinguish between different forms of learning, concentrating on the environment where learning takes place. (Ibid: 3) Thus, formal education takes place in educational institutions, non-formal learning occurs outside the formal system but during organised educational

activities and informal learning is taken to mean all other forms of learning, taking place in social interactions. (Ibid: 3) However, as Jeffs and Smith have noted, there is more to informal learning than simply the setting in which it takes place. (Ibid: 4) It is often incidental, tacit and not identified as learning by the participants. (Foley, 1999: 3) Education is not one of the objectives of Surge and those that join do not do so with the primary aim of learning. Evidence has shown that learning has occurred as a result of other activities or in preparation for planned events. It takes place in a setting which is non-educational, has no defined timescale and is largely under the learners' control. (Jeffs and Smith, 1994: 6-8) Nevertheless, learning will be shown to be an essential element of being a member of an organisation such as Surge; members have had to acquire a range of knowledge and skills in order to carry out the work of the group and have had to learn quickly in response to events and situations.

Jeffs and Smith have argued, in relation to informal education, that practitioners will often combine formal educational approaches with the informal. (Ibid: 13) Learning in Surge has occurred in both formal and informal situations. Learning can be shown graphically as a continuum; at A the learning will be formal, at B it will be completely informal but, as the diagram below shows, the majority of learning takes place somewhere between the two points, incorporating both informal and formal learning methods and activities (Ellis, 1990: 94):



Additionally, both formal and informal learning can be planned or can occur in an ad-hoc fashion or at all stages in between, shown by the diagram below. (Payne, 2001: 196)



Thus, at A, the learning will be planned and formal, at B, ad-hoc and formal and so on. (Ibid: 196) It will be shown that Surge members have experienced a variety of different forms of learning. They have participated in learning activities such as committee skills training which were formal in structure, learning which was more informal in nature but which was planned and structured and a wide range of ad-hoc learning, in response to events and situations that have arisen.

Much informal learning results from experience but, as Jeffs and Smith have noted, not all experience is educational. (Jeffs and Smith, 1990:11) It is how experience is utilised that is important. Kolb's model describes experiential learning as being cyclical; after a concrete experience, learners must then reflect on that experience. This reflection then leads to abstract conceptualisation, that is, the building of theory, which, in turn, leads to active experimentation. This experimentation then becomes a concrete experience and, thus, the process begins again. (Blacker, 2001: 86-87) In this way, learners experience an event, reflect on this event, make connections with theories and understandings that they already possess and, if necessary, develop new theories, and then act on these theories. (Ibid: 87) In an organisation such as Surge, individuals are able to undertake this process as a group, reflecting on events together and planning action. Through reflection, members of the group are enabled to link their experiences to theory and to act on this theory.

A particular form of discussion, termed dialogue or conversation, has been identified by a number of writers as playing a significant role in informal learning. (Jeffs and Smith, 1990, Smith 1994, Foley, 1999, Wolfe, 2001, Gilchrist, 2001, Freire, 1970) Although the writers use a variety of different terms to describe the process of talking, they have much in common. For those who are disempowered and excluded from society, this process can play a critical role in enabling them to overcome their disempowerment. Dialogue enables individuals to think critically and to relate their personal experiences to theory and wider social issues. (Foley,

1999: 51) In a group situation, individuals can discuss their experiences, reflect on what has happened and plan action. They are able to share ideas and develop new ways of thinking (Wolfe, 2001) and thus develop their own discourse by creating shared meaning and finding a voice to articulate reality as they experience it. This process has been termed conscientisation by Freire; through the course of developing critical dialogue, individuals are able to construct new understandings of their situations. (Gilchrist, 2001: 117) Through dialogue, I would argue, Surge members have become politicised. They have related their own personal experiences to theoretical issues and to the position of people with mental health difficulties in society; “transforming private troubles into public issues is the key to social change.” (Ibid: 110) In particular, discussions on empowerment and levels of involvement have resulted in members questioning the role of Surge and the commitment of management to user involvement.

The conscientisation process involves the development of discourse. Some discourses and some knowledges have more power than others; “knowledge is never neutral.” (Gilchrist, 2001: 117) Everyone speaks from a certain position. Users of mental health services have been silenced for a very long time. Their voices have been ignored or discredited whilst the knowledge and opinions of the ‘experts’, professionals in psychiatric and mental health services, have been adjudged to be the only ones worth listening to. The struggle to be heard and the fight against oppression and the disempowering effects of using mental health services are the uniting force behind Surge. Members all agree that the primary

purposes of the group's existence are to enable service users to gain more control over their lives and to provide mechanisms whereby they can have a greater say in the way services are organised and delivered. This site of struggle provides experiences that prove to be valuable for learning, as people "struggle to make sense of what is happening to them and to work out ways of doing something about it" (Foley, 1999: 1-2) through the process of finding shared meanings and articulating them.

Working together as a group, presenting a united front, has important implications for struggle and for learning. Throughout history, individuals without power have united to form groups to fight against their oppression. The civil rights movement in America, the women's movement, those fighting for gay rights or against disability discrimination have all achieved success in challenging those with power and making their voices heard. By working together, people can bring about social and political change. (Payne, 2001: 191) In order to do this, participants must first find a voice, then engage with competing discourses to have that voice heard. This process involves conflict or struggle. They must develop skills, learn to work together, gain knowledge of the structures and organisations they are fighting against and, as mentioned above, acquire an understanding of theoretical and political issues. Working collectively, joining with others who have some of the same experiences and share the same concerns and the desire to bring about change, can reduce feelings of isolation, produce a sense of belonging and foster learning within a supportive, encouraging environment. (Payne, 2001: 191) Members of Surge have been involved in a wide variety of different activities



which have necessitated the learning of a number of different skills and the development of knowledge on a wide range of topics.

The relevance of social capital theory to conceptions of the learning society has been noted in the review of the literature. Theorists have argued that social capital effects and is affected by the learning participated in by members of a society. (e.g. Schuller, 1998: 19) Although, as has been argued, the concept is contested, social capital here means the norms, networks and trust within a society. (Ibid: 18) Increased participation in learning, it is claimed, leads to increased social capital. However, social capital can also be viewed in the same light as economic capital; those who have more have greater power in society. (Bourdieu, 1997: 47) Thus, individuals or groups who are marginalised in some way, such as people with mental health difficulties, are unable to develop social capital. (Ridell *et al*, 2000: 55) They are excluded from the norms of society. The experience of mental illness places an individual on the margins of society and can often mean the loss of employment, friends, family and sometimes even home. However, it will be shown that through membership of a group such as Surge, individuals can develop their own social capital, gain an understanding of their position and challenge a society that denies them the right to be heard and respected.

As mentioned above, Surge has had a large turnover in membership since it was established and has found it difficult to find and keep members. This significance of this for learning will be discussed later. However, at this point, it is worth

noting that the changes in the membership of the group have meant that the activities of Surge have varied greatly depending on the interests of the members involved. This has resulted in the learning of a wide variety of skills and knowledge. Though the membership at the present time is small, the group is now less ready to respond to the wishes of management and has developed its own activities based on members' priorities. Working together as a group has been beneficial to all members. It has reduced the isolation which is a common effect of experiencing mental health difficulties and has enabled people to work collectively to bring about change. (Payne, 2001: 191) Furthermore, members have been able to learn from each other, sharing skills, knowledge and ideas.

Relationships between group members have, on the whole, been good. Members have been supportive and encouraging of each other and respectful of other members' skills and qualities. This has significance for learning; people need to feel valued and understood to be receptive to learning. (Tiffany, 2001: 103) It has also been argued that, to participate in productive dialogue, individuals need to feel that they are treated with respect. (Jeffs and Smith, 1990: 10) Within Surge, there is an atmosphere of support and encouragement; an individual's strengths are recognised and used and their weaknesses accepted. When an individual has had particular success in a certain area, other members are eager to congratulate. In addition, there is an understanding within the group that a member can take on as much or as little as they feel able. There is no pressure put on members and an acceptance that mental illness can often mean that an individual is unable to attend

meetings or participate in an activity. Surge is not a support group but it does provide a safe, non-judgmental atmosphere in which people feel able to make mistakes and to work and learn at their own pace. Members know that others will understand if they are having difficulties and it has been known for the business of meetings to be suspended in order to deal with the immediate problems of an individual.

Nevertheless, in any group of people there will invariably be conflict and Surge has proved to be no exception. Conflicts have largely been quickly resolved but there have been difficulties when the interests of individuals have clashed with the best interests of the group as a whole. The tendency for this to occur within groups has been noted by Foley, who quotes Baton and Walker: "a person's individuality is both realised and restricted through participation in group life." (Foley, 1999: 63) Some areas of conflict have developed in the latter stages of the research period and have implications for the dynamics of the group. Questions of the use of power, responsibility and accountability have emerged. However, it as a result of conflict that much learning has taken place. (Ibid: 63) As well as conflict between members of the group, there have been many clashes with service providers over a range of issues. The ways in which the group handled these issues, how they resolved them, what they learnt from them and what effect these difficult situations had on the group will be discussed in the following chapters

All those interviewed said that they had grown as individuals in the time they had been involved in Surge. Participants have developed greater confidence, self-esteem and self-belief. After the disempowering effects of using mental health services, membership of the group allows members to feel valued, to play a useful role and 'make a difference'. Interviewees all claimed that they had become empowered since joining Surge, gaining the confidence to speak out, to disagree and to question those who have power. Two members have now joined other management committees and another member is hoping to begin training in basic skills teaching.

The input of the User Involvement Worker has been significant to the development of the group. She has provided support in a number of areas, writing letters and making telephone calls, supporting user representatives in meetings and fending off some of the many people making demands on members. She has also proved to be a valuable resource for learning, providing guidance on group development, the organisation of the service and in practical skills, such as computing. However, this role has been subject of some contention; the worker is employed and managed by the mental health service providers and, as such, is not completely independent. One interviewee expressed concerns about this situation, arguing that it brings into question the credibility of the group and affects its ability to act on issues relating to the service. However, members on the whole agree that the benefits this worker has brought to the group far outweigh the disadvantages.

Concern over the role of the User Involvement Worker is part of a larger debate over the amount of power Surge has over decision making within the mental health service and the level of involvement that Surge has been granted. Members believe that much of the group's involvement so far has amounted to little more than tokenism and that only limited progress had been made in bringing about change in the way that services are provided. Because the service provider is bound by the *National Service Framework for Mental Health* (DoH, 1999) to involve service users in decision making, there is a suspicion that Surge members are invited to participate in order that management are able to say that service users were involved. Tokenism can further exacerbate feelings of disempowerment; the experience of attending meetings where your views are not sought, you are given little opportunity to air service users' concerns and where the discussion, full of jargon and acronyms, can be difficult to understand can further reduce a user representative's levels of confidence and self esteem. In the face of the power of the dominant discourse, the service user voice is effectively silenced. The extent of Surge's involvement in decision making to date has largely situated on the bottom rungs of the ladders of participation. (Bee and Martin, 1997: 130, Mayo, 2000: 25, Taylor *et al*, 1992: 3) It has consisted primarily of information giving and gathering and consultation over relatively minor issues.

The representativeness of the group has also been an issue that has caused some concern. Membership is small and the group has had difficulties finding and

keeping members. Some areas of the service have no representation in Surge. It has been claimed by some that Surge members are the 'elite' of service users, those that are more well, more confident and more articulate than others. In its present form, Surge is not deemed, in the eyes of the service providers, to be representative of mental health service users in Stockton. Many former members have left because they became ill or because they found the involvement too stressful and efforts to recruit new members have been largely unsuccessful.

As well as experiencing learning themselves, Surge members have also been involved in teaching and training others. Members have facilitated workshops at a local university and internal training sessions on user involvement for a wide range of staff, including social workers, community psychiatric nurses and ward staff. In order to do this, group members had to develop skills in the planning and delivery of teaching sessions, and in facilitating workshops and giving presentations. These sessions also allowed Surge to challenge some of the stigma towards mental ill health and to transform the attitudes of staff, who were most likely to view mental health service users as patients, as passive recipients of care. Instead, they saw service users who were confident, capable and articulate individuals who delivered effective and successful training sessions. In so doing, Surge members were able to use their own learning to educate others and to begin to change attitudes towards people with mental health difficulties. (Bee and Martin, 1997: 130-131) They were able to communicate and articulate their shared meanings and understandings in opposition to the dominant discourse.

Surge has also developed a project to provide learning opportunities for other service users. An awareness of the difficulties those with mental health difficulties face in accessing education led to the development of a project to provide education by service users for service users. The experience of organising and delivering this learning highlighted some important issues with regard to learners with mental health needs. These, along with the other issues identified above, will be further discussed in the following chapters.

## **Chapter 6**

### **Developing discourse: Learning in Surge**

I have provided evidence earlier in this study that mainstream educational institutions offer few opportunities for users of mental health services and do little to answer their needs. In contrast to this, I argued, in the preceding chapter, that membership of Surge was a learning experience and I provided an overview of the learning that has taken place during the research period. In this chapter, I will enlarge on the topics covered previously, describing in detail the learning I have witnessed and showing how my findings can provide some indications of the most appropriate ways to provide learning opportunities for adults with mental health difficulties. I will highlight the significance of membership of a group and the use of experience, reflection and discussion in effective learning. It will be shown that the learning which results from participating in Surge is purposeful and relevant, enabling members to challenge those with authority, overcome stigma and develop their own discourse, asserting and articulating the knowledge that comes from the experience of using mental health services.

The results of my survey of educational providers in Stockton on Tees showed that there is a lack of understanding amongst workers in this sector of how best to attract this group and how to provide appropriate, responsive and effective learning opportunities. Despite many good intentions, little is done to target mental health service users or to work with users or mental health professionals to find a solution to this lack of participation. These findings echo those of other



researchers. (Wertheimer, 1997: 20, FEFC, 1996: 58-60) Research undertaken for the *Inclusive Learning* Report found that mental health service users were under-represented in further education and my own investigation showed that the majority of users of a mental health day centre had no recent experience of adult or further education. (FEFC, 1996: 58-60, Moore, 1998: 46)

In the time since these studies were carried out, great emphasis has been placed on the necessity to encourage those who do not participate in learning, particularly those deemed to be disadvantaged and excluded, to take up opportunities to learn and thus become part of the learning society. The White Paper, *Learning to Succeed* placed great emphasis on the need to give all members of society access to learning opportunities (DfEE, 1999: para. 2.12), an emphasis incorporated in policy in the Learning and Skills Act 2000. The Learning and Skills Council has a duty to enable those who have learning difficulties and/or disabilities to access education. (DfEE, 2000a: 2) In addition, as has been discussed earlier, the passing of the Special Educational Needs and Disability Act 2001 now means it is unlawful for educational institutions to treat disabled students “less favourably” than other students. However, despite the fact that mental health service users represent one of the most excluded and disadvantaged sectors of the community, and, in terms of education, are considered to have learning difficulties, there is scant evidence that progress has been made in changing the situation.

I have argued that, if excluded groups, such as users of mental health services, are to be part of the learning society then the thinking of those who create policy and hold the purse strings must be challenged. Alternative visions of the learning society must be included and incorporated in policy. The dominant discourse, which views learning largely as a means of improving the nation's competitiveness, does not address "the value of learning for personal transformation, unwaged work and for those who do not have the prospect of employment." (Preece, 2001: 203) Learning that does not result in obvious, quantifiable returns is not considered worthwhile. Despite stating an interest in 'social purpose' education, government policy has concentrated mainly on attempts to improve the skills of the nation and increase employability.

The evidence I have gathered through interviews of Surge members and observation of the group's activities shows that alternative forms of learning do exist and that many members of so-called excluded groups are participating in learning activities which are relevant and responsive to their needs. Mayo, writing in 1995, before the initiatives of the Labour administrations were introduced, argued that the fragmented nature of adult learning provides space for struggle and the potential for social transformation. (Mayo, 1995: 9) My literature review showed that there are other discourses, in addition to the dominant economic one, that are influencing thinking about the nature of the learning society. These discourses overlap, influence and compete with each other. (Ryan, 2001: 32) I will show that, despite the emphasis on skills and employability in

policy, there are spaces within the learning society where other discourses have influence and that there are still places where the struggle referred to by Mayo continues. This struggle is discursive; in the spaces mentioned above, there are groups in which people find a voice and the confidence to engage with competing discourses.

I have stated previously that institutional structures and procedures exclude users of mental health services from educational provision. This has been further exacerbated in recent years by the growing emphasis on outcomes and results, in terms of accreditation, and the pressure this has placed on institutions. Today, participation in the majority of learning opportunities can be a stressful experience for anyone; the obligation placed on institutions to meet targets is passed down to students who must meet deadlines, get results, attend regularly, all of which can place an extra burden on individuals living in an increasingly pressurised society. If an individual is already suffering mental distress, this pressure can be too much to bear or even contemplate. These 'disbenefits' associated with participation in learning have been highlighted in Chapter 4. The fear of undertaking a regular commitment can be very daunting for a person with mental health difficulties and the fear of failure can mean that they are unwilling to undertake such a commitment, knowing the stress that will accompany it. Furthermore, the nature of mental illness and its unpredictability can mean that an individual may feel unable to commit to a period of study and attend regularly. Of those interviewed for this study, three members of Surge had participated in educational activities in

the last three years. These activities included attendance at LEA or college provision. Two individuals found no problems participating in mainstream adult learning but the third had found the experience stressful, the college environment daunting and had had difficulties concentrating. Another member had gained a college place but was unable to take it up due to his illness.

Other reasons for the lack of participation by those with mental health difficulties lie in the attitudes of society in general, those working in education and mental health service users themselves. As highlighted in the Introduction, the stigma attached to mental distress, though it may be less evident than it has been in the past, still exists. People with experience of mental ill health face discrimination, negative attitudes and, sometimes, downright hostility. Individuals with experience of mental distress, particularly those who have used mental health services, are feared and reviled or pitied and patronised, considered to be either dangerous monsters or pathetic, weak individuals. Small wonder then that people with mental health difficulties often prefer the safety of mental health service environments where they feel accepted and understood rather than the hostile and intimidating environments of educational establishments. Furthermore, it has been argued that excluded people can collude in their own subjugation by absorbing the dominant discourse, accepting it as 'truth'. (Foley, 1999: 16) They do not question dominant values. (Preece, 2001: 203) They possibly have no means by which to do so; there is no alternative discourse available to the isolated individual. Users of mental health services often accept the opinions of professionals that they are

ill, unbalanced and incapable of making decisions or undertaking worthwhile activities, and the views of a society which labels them weak and unsound or mad and dangerous.

Nevertheless, participation in education can bring many benefits for mental health service users, as I and other writers have previously argued. (Moore, 1998, Ruddock and Worrall, 1997, Hunter, 1997) Research has shown that learning can be a positive experience and can improve both the physical and mental health of individuals. The growth in 'Prescription for Learning' projects shows that the health benefits of participation in learning are now being recognised. In Nottingham such a project has had positive outcomes; patients at a doctors' surgery who were referred to a Learning Advisor and undertook a programme of learning all found the experience beneficial to their health. (James, 2001: 21) James argues that many of the symptoms patients present with at GPs' surgeries are the result of social exclusion, and, I would argue, this is particularly true of the symptoms of mental distress, "and prescribing learning is proving to be a very effective treatment." (Ibid: 22) Those with mental ill health usually lack confidence and self-belief. The oft-cited benefits of participation in education in terms of increases in confidence and self-esteem are of even greater relevance to users of mental health services than to other potential learners.

Through membership of an organisation such as Surge, individuals can experience the benefits that learning can bring without the pressures and difficulties associated

with participation in traditional educational activities. Members learn at their own pace in an atmosphere that is supportive and understanding, in which all individuals feel valued and respected, fulfilling one of the conditions identified by Tiffany as being necessary for successful learning. (Tiffany, 2001: 103) The characteristics of mental illness are understood and accepted, as all members have experienced similar problems. There is no pressure to attend, and members know that they do not have to commit to more than they feel able. During interview, one member said that, although he had felt nervous at his first meeting, the small size of the group and the gentle introduction he had to the group's activities had helped him to grow in confidence. There is a great deal of flexibility; members attend as much as they can but absences are allowed for and understood. Another interviewee felt that it was easy to "take a back seat" when he was unwell. Due to periods of ill health, some members have been unable to attend for long periods of time but they are always welcomed back.

As a user-led organisation, all activities undertaken by the group are initiated and planned by members. Despite the demands and requests made by service providers, Surge has ensured that it works on issues important to members and the service users they represent. This means that all learning is deemed relevant and useful and has a clear purpose, that is to further the aims of the group and enable its growth and development. Members act on issues that affect those who use services and undertake learning, whether planned or unplanned, in order to best represent service users and to influence decisions made about the service they

receive. In this sense, the learning experienced as a result of membership of Surge is part of the radical tradition of adult education; it is concerned with the collective interests of ordinary people, is in response to their own experiences and aims to transform people's lives. (Martin, 1999: 184) Members make use of their experiences to make a difference, to help others in similar situations to themselves; echoing Mayo's findings, they learn informally through reflection on experience. (Mayo, 2000: 29) During interviews, all respondents said that they had joined Surge in order to make life better for other service users and to have a say in creating a more responsive service that more effectively answered individual needs. Interviewees said that dissatisfaction with certain aspects of the service and the desire to play a part in bringing about changes had led them to join the group. The learning they have experienced has resulted in 'really useful knowledge', enabling members to work effectively to bring about change.

In her study of participation in area regeneration schemes, Mayo found that community representatives learned both in order to participate effectively and as a result of their participation. (Mayo, 2000: 23) I also found this to be the case from my study of Surge. Much of the learning experienced by members has been instrumental in nature, that is, it has enabled the group and its members to function and achieve its aims more effectively. This learning has occurred in both formal and informal situations and has been both ad-hoc and planned, encompassing the whole range of educational activities as illustrated in Payne's diagram in the previous chapter. (Payne, 2001: 196) Planned learning has included formal

training in committee skills, provided by the integrated mental health service, after members had identified this as a particular need to enable the group to function effectively. Other planned learning activities have covered topics such as research methods and basic skills teaching, both of which were necessary in preparation for planned activities and in order to carry out the work of the group.

Nevertheless, the vast proportion of the learning experienced by the group has taken place in informal situations and has been largely ad-hoc and unplanned. It has occurred in response to events, difficulties and problems the group has encountered. During meetings, the group has worked together to make sense of their experiences and to plan further action. Members have developed an awareness of the issues surrounding user involvement and have related them to their own lives and experiences. As feminist theorists have long argued, the personal is political and membership of Surge has played an important role in enabling individuals to relate their own experiences to wider issues, illustrating Foley's point that dialogue enables individuals to think critically. (Foley, 2001: 51) Just as Mayo discovered in her study of participation in area regeneration schemes, members have gained an increased understanding of where power lies. (Mayo, 2000: 30) One interviewee claimed that he had learnt "how the system works."

During the research period, I observed members becoming aware of the limits of their involvement in planning services and the extent to which this involvement



amounts to tokenism. As one interviewee stated, having users involved enables managers to “tick the right boxes” and meet the requirements of the *National Service Framework*. During observed meetings, members expressed concern over the demands placed on the group by managers in the service and there was evidence of a growing awareness that the management was setting the group’s agenda. It was felt that, because the group spent so much time on these issues, that there was very little time to act on things considered important by members. In interviews and during observed meetings, members who sat on various panels and planning groups explained that they felt they played no active part in these meetings and that their presence was simply required so that the service could meet the requirements of the *National Service Framework*. Dialogue and collective reflection on their experiences led the group to making a number of decisions; to prioritise the issues that members considered important, set their own agenda, reduce the amount of planning meetings and groups that members attended and to not immediately respond to every request from management. The result of these decisions, and the action that followed them, is a more effective user involvement group, working on issues and activities identified by members as important, and no longer at the beck and call of service providers. In the preceding chapter, I showed how theorists have stressed the importance of using experience to develop theory and plan action. (Jeffs and Smith, 1990, Foley, 1999, Blacker, 2001, Gilchrist, 2001, Wolfe, 2001) It was through experience, the collective reflection on that experience through dialogue and relating abstract theories about

levels of user involvement to their experiences, that members were able to plan action to enable the group to function more effectively.

Often members have had to learn quickly in response to situations in order to swiftly resolve an issue. One such issue was a complaint about a breach of confidentiality made by one member of the group. Although the member had acted independently, Surge as a whole, by implication, was held to be at fault. A complaint was received from management and had to be responded to quickly. As a result of intense discussions, members were forced to re-assess their attitudes and assumptions and to face the fact that individual members did not always hold themselves accountable to the group. Procedures were reviewed, the role of a Surge representative was examined and agreement reached on action to be taken. The group successfully worked together to resolve a very difficult situation, again using reflection on experience to plan action.

Working and learning together as a group was identified in the previous chapter as an important characteristic of an organisation such as Surge. As I have already noted, those who use mental health services are disempowered and marginalised. They are often ignored and rarely have their voices heard. Membership of a group such as Surge allows individuals to have their say with the backing of others who feel the same way. They can share their experiences and develop their thoughts and ideas in a safe and trusting atmosphere. As one interview respondent stated, "I learnt that I wasn't stupid, that my opinion was worth something." Another

explained that she had joined the group in order that she could “challenge my voice in a collective sense”, showing an awareness that she could have greater power and be more effective as part of a group. This has benefits for the individual too: “The experience of being part of collective efforts towards change makes those who participate in it, more articulate, more confident and more aware.” (Mullender and Ward, 1991a: 4) In addition, the solidity of the group facilitates the development of discourse. “Discourses carry the content of subjectivity. They position individuals in relation to one another socially, politically and culturally, as similar to or different from; as ‘one of us’ or as ‘Other’.” (Ryan, 2001: 79) This has significance for those with mental health difficulties; the dominant discourse has long labelled them as ‘Other’, as different from the rest of society. A group such as Surge provides an opportunity for isolated individuals to come together and develop shared meanings in opposition to other, more powerful discourses.

Developing their own discourse allows users of mental health services to gain confidence and therefore power, to go out into wider society and challenge stigma. Preece argues that power, discourse and knowledge are linked. (Preece, 2001: 203) Drawing on Foucault, she contends that “dominant power systems define who has authority to know and who determines what is valuable knowledge. Only certain kinds of knowledge count as powerful and authoritative.” (Ibid: 204) Some discourses are more powerful than others. Those who use mental health services have traditionally had their opinions discredited; power and knowledge have been in the hands of the professionals. Membership of a user group enables service

users to reclaim some of that power and to develop their ideas. The development of a distinctive discourse facilitates the ability to speak with a united voice, to posit their knowledge as equally valid as that of the professionals. Participation in the group allows members, both individually and collectively, to develop an understanding of their situation and overcome their exclusion by challenging stigma. The “unlearning of dominant discourses and the learning of resistant discourses is central to emancipatory learning.” (Foley, 1999: 14) Surge members have learnt to challenge the dominant discourse of psychiatry and to question the assumptions, often held by themselves as well as by others, about what it means to experience mental distress. They have developed a resistant discourse, one that views mental health service users as capable human beings with an expert knowledge of mental ill health, who have the right to have their voices heard. It is in this site of struggle, the struggle to be heard and respected, that much learning and the development of discourse has taken place. Members have also built on the social capital they possess in the arena of mental health services to develop social capital in the community as a whole, a process identified by Riddell and colleagues as being a necessary objective of education for another excluded group, adults with learning difficulties. (Riddell *et al*, 1999: 63)

In order to do this, members have to learn to work together and to respect each other. On the whole, despite changes in membership, Surge members have worked together well, although there has invariably been some conflict. One interview respondent said that he had learned compassion and tolerance for other

service users through membership of the group and stressed the importance of being patient with other members. Others said that they had developed listening skills, learning when to keep quiet and allowing others the opportunity to speak. These skills are essential and have enabled the group to work together effectively, developing and sharing their ideas in a mutually supportive atmosphere. As others have noted, individuals need to feel valued and respected to participate in dialogue (Jeffs and Smith, 1990: 10) and this has been achieved in Surge. Even those who are more reticent and less articulate feel able to contribute their thoughts and ideas. On first joining, most new members are lacking in confidence, but this soon changes; as one interviewee respondent said, "Now, the others have trouble shutting me up." Members recognise themselves in the discursive practices of the group and have their identity affirmed. This gives them a voice to speak themselves.

As well as developing as a group, Surge members have also developed individually. As one member claimed, "Surge helps you reach your full potential." Interview respondents cited growths in confidence, self-esteem and positivity as benefits of being involved in Surge. All those questioned said that they had become empowered since joining the group; one said that he had gained the confidence to speak out and to disagree, another that he now felt he was able to question those who have power. This primarily consists of individual empowerment; all those interviewed felt that, although some progress has been made, the group as a whole still has very little power. It is organisationally subject

to more powerful bodies, that is the NHS and the Integrated Mental Health Service. This will be further discussed in the next chapter which is concerned with issues that affect learning.

Membership has also enabled individuals to overcome isolation and form friendships - "It does me good – gets me out of the house." - and to feel that they are helping other people and doing something worthwhile. Interviewees talked of playing a "useful part", "feeling valued", "doing some good" and "putting something back in". I found that members wanted to improve their own lives and those of other service users, using their experiences to help others, as Hunter also discovered in his research into user and carer groups. (Hunter, 1997: 213) Many felt that their skills and qualities were valued and recognised and used by the group as a whole. This was identified by one interview respondent as a particular benefit of being a member of Surge. For those who have so often felt worthless and useless, this is a very significant achievement. Interviewees described gaining the confidence to speak up in meetings and amongst large groups of people and to speak to and challenge those with authority. The User Involvement Worker noted that individuals had learnt to deal with responsibility, how to cope in stressful situations and how to deal with conflict. In addition, members have also developed a variety of other skills and knowledge; those identified included computer skills, research methods, interviewing skills, publicity techniques and teaching and training others. The User Involvement Worker claimed that participation in Surge has given members the chance to have new experiences and

opportunities they would not otherwise have had. Some of the positive outcomes for members include going on to other voluntary work and further study.

Individuals have also learnt from other members of the group. Members come from a wide range of backgrounds and bring with them a wealth of different life experiences and knowledge. One interviewee felt that the different and diverse backgrounds of Surge members was one of the positive aspects of the group, enabling access to a wide body of knowledge and skills. In addition, the input of the User Involvement Worker has been invaluable and she was able to pass on her experience and knowledge of group facilitation and negotiation to members.

Surge members have used their own learning and developing awareness to deliver teaching sessions to others, both to staff and to fellow service users. Three workshops on user involvement issues were planned and delivered by group members and were attended by a wide range of staff. Surge members worked together to plan the sessions. The knowledge and previous experiences of members were utilised to provide an interesting and informative learning experience for those who participated; as noted by the User Involvement Worker, members experiences were translated into learning material. Members took turns to facilitate the different activities included in the sessions, including games, groupwork, discussions and a final presentation. All three sessions were well received; participants appeared to enjoy the workshops and contributed enthusiastically.

The primary aim of these sessions was to raise awareness of user involvement issues but an additional outcome was the opportunity they gave Surge members to enable staff to see present and former service users as confident and competent individuals. In interview, the User Involvement Worker claimed that this had been an important learning experience for staff who often under-estimate the abilities of users of the service, seeing them only through their own all-embracing discourse of mental illness. The participants appeared to be impressed and surprised at the level of professionalism with which the workshops were planned and delivered. The role these workshops played in raising awareness and challenging the preconceptions of staff illustrated Bee and Martin's contention that involvement in a user group can enable members to challenge stigma and educate wider society. (Bee and Martin, 1997: 130) Through these workshops, Surge members were able to have their voices heard and to present an alternative discourse to that which dominates mental health environments. Another positive outcome was the sense of achievement felt by those who were involved in delivering the sessions, which led to increases in confidence and self-belief. In addition, the experience increased members' belief in the group, in their ability to work together and to achieve success. Working successfully as a team led to the group achieving a more cohesive structure.

As noted previously, Surge has developed a project to provide learning opportunities for other service users. Working in partnership with the Adult Education Service, the aim has been to provide education by service users for



service users. This project has utilised the skills and experience of Surge members to really make a difference to the lives of others with mental health difficulties. At the same time, it has enabled members to gain more skills and knowledge and raise the profile of Surge amongst those who use day services. Based on the premise that those who have experienced mental health difficulties have more understanding and empathy with others experiencing similar problems, and also that Surge members had skills in this area, the project's primary objective is to provide opportunities for users of the service to participate in educational activities. Ruddock and Worrall have stressed the importance of "a relationship of trust between tutors and learners in an equal partnership" when working with mental health service users. (Ruddock and Worrall, 1997: 277) It is hoped that, as those facilitating learning are fellow users of mental health services, that this relationship of trust is easier to develop. As Preece found, when planning learning for socially excluded groups, students were more comfortable working with tutors who shared their culture or experiences. (Preece, 2001: 209) Common meanings and shared understanding facilitate the development of relaxed environment in which to learn.

Working in partnership with the Adult Education Service has brought benefits as well as problems. It has meant that the project has gained more legitimacy. However, it has also caused some conflict. I have sometimes found my roles as both a Surge member and a paid tutor difficult to reconcile. I am bound by the policy and procedures of my employer which have sometimes conflicted with the

ideas of others involved in the project. Surge members expressed concerns about the group retaining control over the project and were determined that the project must respond to users' needs and not to the wishes of the Adult Education Service. Some of the problems that arose highlight the difficulties in attempting to organise learning opportunities for excluded groups. The structures and procedures inherent in adult learning organisations can, and did, militate against the informal atmosphere the group had aimed for. An example of this was the necessity for all participants to complete enrolment forms which did give the sessions a formality that was hoped could be avoided.

It was decided that the initial focus of the project should be Basic Skills. This had been identified as a need by the staff in the day centres and was an area in which some Surge members had experience and knowledge. In addition, the government's *Skills for Life* strategy meant that a great deal of emphasis was being placed on increasing participation in Basic Skills provision, thus enabling access to funds. Stress was being placed on providing learning opportunities for those with learning difficulties and/or disabilities, including publication of *Access for All*, which provides guidance on working with learners with a variety of needs, including mental health difficulties. (DfES, 2002c)

Taster sessions with a Golden Jubilee theme, a topic with universal appeal, one on which most people have something to say, whether they are pro- or anti-monarchy, were planned and delivered by Surge. Over the three sessions, approximately fifty

people attended for whole, or part of a session. The gender balance was relatively equal and the participants represented a wide range of age groups. The skills of those taking part also varied; some were prolific writers whilst others had very poor literacy skills. With advice from the staff in the centres, the sessions were planned for times when there would be a lot of people in each centre but when no other activities were taking place. This meant that optimum attendance could be achieved. Lunch was provided and the rooms in which the sessions were held were decorated with bunting, flags, pictures and royal memorabilia. Activities were light-hearted and fun and included discussions, games and a quiz. The intention was to create a fun and informal party atmosphere that was as far removed from school and people's perceptions of education as possible. All those who completed evaluation forms said that they had found the sessions enjoyable, useful and interesting.

The careful thinking and planning that went into the events, and the knowledge of service users by both staff and Surge members, contributed to the success of the sessions, illustrating the fact that listening to those on the ground and working in collaboration with individuals who are part of, or who have knowledge of, the target group, can result in successful learning activities which are relevant, interesting and appropriate for those they are aimed at. This highlights the importance of the emphasis in *Learning to Succeed* placed on the Learning and Skills Council to consult with user and representative groups when planning learning for under-represented groups. (DfEE, 1999: para. 4.15) It also provides

evidence to support Wertheimer's view about the importance of involving users in planning learning. (Wertheimer, 1997: 38)

The Golden Jubilee sessions were successful in arousing an interest in further learning by some of the participants. A majority of those who completed evaluation forms said that they were interested in taking part in other learning activities. However, a short course planned by Surge did not attract the interest of service users. This lack of success was a consequence of a number of factors, which provide indicators for anyone planning learning for users of mental health services. Due to the many pressures on the time of Surge members, a period of three months elapsed between the Golden Jubilee sessions and the beginning of the course. This meant that the momentum and the enthusiasm generated by the taster sessions had been lost. Some people who were interested in the course became too ill to attend, which is to be expected when working with individuals with severe and enduring mental ill health. In addition, the course was planned to run in a venue that was outside mental health day services so was unfamiliar to many. It was intended that users from the three day centres would all attend one class but this meant that the course would be running in a strange environment with unfamiliar people in contrast to the safe, familiar surroundings in which the Golden Jubilee sessions were held. This has been identified as important issue when working with socially excluded groups by Preece, who found that the choice of learning location was significant. (Preece, 2001: 209) She argues that, for the community groups of whom she writes, the "environment gave them a sense of

place in their locality, contributing to their identity and motivation to learn.” (Ibid: 209) The fear of moving away from mental health service environments is a big issue for those who use such services, but, if we are to challenge stigma and society’s preconceptions, it is important to encourage people to overcome this fear. It should be ensured that the move into community venues is introduced gradually when participants are feeling more confident. A project in Scotland achieved success by beginning a course for young people in a hospital setting and then moving into a mainstream college environment. (Main, 1994: 31)

It has been shown that an organisation such as Surge gives its members the opportunity to learn in ways that are appropriate and relevant to their lives. Members work collectively to develop their own discourse and to increase their confidence, skills and social capital enabling them to challenge stigma and their lack of power. This collective learning places Surge in the tradition of radical, social purpose education concerned with social change, as advocated by Martin (1999), in contrast to the individualistic nature of the learning society as envisaged by government and policy makers. Membership of Surge has enabled individuals to change not only their own lives but to affect other people’s too. Nevertheless, I am not offering up the Surge model as the complete answer to the shortcomings of the learning society; members have encountered a number of problems and difficulties which have impacted on and impeded the potential for learning. These will be discussed in the following chapter.

## **Chapter 7**

### **Issues that have impacted on learning**

I have shown, in the previous chapter, that members of Surge have experienced learning as a result of their involvement in the group and I have argued that this learning has been more appropriate and relevant than that offered by mainstream educational organisations. However, throughout the period of this study, Surge members have encountered problems and difficulties that have impacted on the learning experienced and the development of their own language and meaning and affected their ability to facilitate the learning of others. It is important that these issues are considered in order to make sense of the learning experienced by members. This chapter will, therefore, highlight and examine these issues, looking particularly at the development and dynamics of the group and difficulties that have arisen around user involvement. I will show how problems have been overcome and argue that, in many cases, the difficulties encountered have provided fertile ground for learning.

Group dynamics have had an important effect on learning. As I have stated earlier, relationships between members of the group have largely been good although there has invariably been some conflict. I highlighted in the previous chapter the empathy and understanding amongst members which has created a supportive atmosphere conducive to learning and the development of a distinctive discourse. One interviewee said that there was very little dissent within the group and that members worked together well. Another said that the group was very friendly and

made her feel welcome. When there has been conflict, it has usually been around the priorities of the group and has, more often than not, been resolved in one sitting through discussion. Nevertheless, some, often unacknowledged, conflicts have existed, simmering beneath the surface. Three interviewees mentioned that conflict existed and I was informed, in interview, by the User Involvement Worker that one person had left the group due to conflict. Problems have arisen when the interests of the individual have clashed with those of other members of the group. Each member has his or her own agenda and issues he or she thinks are important. As the group has developed, its focus has changed and the group has prioritised different issues. It was evident, at some points, that members felt that their power base was being threatened and that there would be no role for them in the new Surge.

Difficulties have arisen when the interests of individuals have conflicted with the interests of the group as a whole. As individuals have become empowered, issues of how that power is used and accountability have come to the fore. The User Involvement Worker highlighted the responsibility that comes with power and the danger that this power can sometimes be misused. On occasions, as related to me in interview, an individual has acted on his own initiative in the role of a Surge representative. This has meant that Surge has been held accountable for decisions made by one member. There has also been a tendency for some members to ostensibly be representing Surge, but to not report back to the whole group issues discussed at meetings attended and decisions made. One interviewee expressed

resentment at this and asserted that members are sometimes not given the opportunity to air their views or have a say on issues which affect them.

Although all members take part in group discussions and have been part of the development of discourse, it has been observed that some members are quieter and less articulate than others. There has been a danger that those who are more articulate have dominated discussions and that some members have felt sidelined. One interviewee felt that he did not have a role within the group although I would contend that, in the words of Brown, he was the “silent member”. (Brown, 1994: 128) As Brown has found, in my experience those who are quiet would usually like to be encouraged to be more vocal. (Ibid: 128) In this instance, I was able to use the knowledge I had gained through my interview with this member, to encourage him to be more involved in activities. In addition, others had also noted his silence and, with sensitivity, he has gently been encouraged to have his say in meetings. This situation has been resolved by members of the group themselves in a subtle way, without drawing attention to the ‘problem’ member.

The development of groups has been the subject of much study and has led to a number of models being put forward. Brown uses Tuckman’s model to describe the stages of group development, categorising them as forming, storming, norming and performing. (Ibid: 101) At the forming stage, individuals learn “how to function in the role of group member”. (Ibid: 101) The storming stage involves conflict over position and roles as issues over control and power arise. (Ibid: 104)



As these are resolved, the group enters the norming stage in which the culture and norms of the group are established. (Ibid: 106) Finally, the “group becomes a self-sufficient resource, using all the skills and potential of the members to achieve its aims and solve problems” as it reaches the performing stage. (Ibid: 108) These stages do not necessarily occur in a linear fashion. They are likely to be cyclical with setbacks and crises, giving the group a chance to review progress and take stock. (Ibid: 107)

Surge’s development has been subject to a number of setbacks; one worker who has been involved with the group has stated that the group’s storming stage was delayed due to the demands on the time of members by mental health service managers. During the early stages of my observation, there was evidence that managers were using the group for their own purposes. Requests were made for members to attend meetings and to become involved in activities and most business meetings were dominated by a visit from yet another manager who wanted the chance to meet with Surge. This gave the appearance of access to power but left little time for Surge members to work on issues important to them, to take time to develop their own agenda and to learn to work together. It was only when, through collective reflection and discussion, the group decided to cut back on the amount of time that they devoted to managers’ concerns that the group was able to continue with its delayed development and it was then that the group went through the storming stage. Issues of power and control came to the fore as members jostled for position and roles.

The departure of the User Involvement Worker was very difficult for the group but proved to be a valuable learning experience. She had been with the group from the beginning and had been instrumental in its formation and set up. There were fears that the group would not be able to deal with her loss and worry as to how they would cope without her support. However, this event proved to be significant for both collective and personal empowerment. Members learnt that were capable and could function without support. I believe that the group has been strengthened through this experience. The danger of dependency on one individual that can feature in groups has been avoided.

In addition, this situation also gave members the opportunity to be involved in the recruitment process. Surge requested that they had total control over the selection of a new User Involvement Worker and this was granted. Thus, members were involved in drawing up requirements for the post, shortlisting, interviewing and selecting a candidate. This was a very empowering process; as Surge was given full control over the recruitment process, members learned about recruitment procedures and interviewing skills and were totally in control of the selection process.

The group has also had difficulties with its development because of the many changes in membership of the group. Each time a new member joins, the group undergoes the process of re-forming as new roles are acquired. Brown has noted that in the forming stage of the group process, there is a tendency for members to

air personal problems and anecdotes. (Ibid: 102) This has been a recurring problem with Surge throughout the research period. New members have attended their first meeting, bringing with them their own problems, experiences and agendas. When these have not seemed to have fit into the agenda of the group as a whole, the potential member has not returned to the group. If an individual is not able to see a specific role for themselves in the group or cannot see how their preoccupations fit into the group's agenda, then they are not likely to become a permanent member of the group. Those members who have become regular participants have found a specific role for themselves in the group; they have realised how they can use the group for their own and other members' benefits. (Ibid:101)

There have been times, however, when the group has reached the performing stage. In the organising, planning and process of some activities, the group has worked as a whole, exhibiting a high level of trust and cohesion. This was particularly the case with the User Involvement training the group delivered and, to a lesser extent, the Golden Jubilee taster sessions. At these times the group worked together, with individuals all working to a common goal. The sense of satisfaction experienced after these events ensured that the individuals who made up Surge truly felt part of the group and were proud of its achievements.

Members have left the group for a variety of reasons; reasons cited by past members have included other commitments, stress, reoccurrence of illness and

difficulty accessing the building. However, the majority of those who have left have felt unable to cope with the added stress that participation brings. Membership of Surge can be a stressful experience. The User Involvement Worker stated that involvement in Surge could take over members' lives. Members have to deal with difficult issues and grapple with subjects they often have no previous knowledge of. They put themselves into situations they would not otherwise have to deal with such as talking to people in positions of authority and dealing with complex issues. As the worker noted in interview, for many, this stress can be too much, particularly when having to deal with the many other problems of day to day living. Although established members of Surge know that they do not have to take on any more than they feel able, it can be difficult to communicate this to new members who may feel that they would let the group down if they were not able to commit to a lot of work.

As well as finding it difficult to keep members, Surge has also found it difficult to attract new members. Throughout the period of this study, the concern over the small numbers involved in Surge has been a constant, appearing regularly in my observation notes. Despite a number of publicity drives, membership remains small, leaving the work of the group to fall on the shoulders of very few people. This creates problems, with the group being unable to carry out all the work members would wish. It also means that the group is not as powerful as members would like. Furthermore, it sheds doubt on Surge's claim that it represents all service users, means that service providers can question the validity of its

representation and enables them to put limits on Surge's involvement in planning services.

In interviews, the majority of respondents said that they had joined the group after having Surge recommended to them by a member of staff; throughout the research period, very few members have joined as a result of Surge's own publicity. Surge has found it difficult to recruit members itself. This could be down to a number of factors. Staff have more contact with a wider range of service users than members of Surge have and have more opportunity for in-depth discussions. They can identify users who would benefit from joining Surge, whose interests match those of the group or who have skills and talents which could be utilised through involvement with the group. There is no doubt that this has resulted in a knowledgeable and skilled membership. However, staff are likely to pick out service users whom they consider are more able and more articulate and may disregard others who could make a significant contribution to the group and gain a lot through membership.

Evidence suggests that there are many reasons for the lack of participation of service users in Surge, which could provide indicators for the organisation of learning opportunities for users of mental health services. Some members of Surge have pointed to the apathy that exists amongst users of mental health services. During observations, members have noted the reluctance to get involved in activities on the part of service users and the apathy that exists. Apathy is

undoubtedly one of the reasons for this, but this apathy, I would contend, is the result of years of use of mental health services, of being disempowered and of having little control over their own lives. Dominant discourses can be internalised by socially excluded groups; individuals accept the prevailing discourse and behave as is expected of them. (Preece, 2001: 203) This means that many mental health service users accept the notion that they are weak, pathetic individuals who are not capable of having a say in the way the services they use are provided. They totally define themselves in terms of mental health. Many service users think that involvement is not for them, that they do not have the skills or the capability to be a member of Surge and influence decision-makers. It is this belief that Surge members have to counteract, to show that Surge is for all service users, not just a privileged few. There is also a need to more successfully communicate what Surge is about. Many people using mental health services still have little understanding of the purposes of Surge. Surge members have noted that there remains a great deal of mystery and mystique surrounding Surge. Additionally, there is a danger that some users view Surge as ineffectual and lacking power; one user of services commented, "What is the point of a user group?" in response to Surge's inability to effect a decision made by the service provider.

The level of involvement that Surge has over decision-making processes has had a significant impact on learning. Except for the complete control given over the appointment of the new User Involvement Worker, Surge has been granted very little power to influence decisions in the planning and provision of mental health

services. Although Surge members have attended various planning meetings, those who have participated in these meetings have expressed the opinion that their attendance has been largely tokenistic and that they have been given little opportunity, or felt unable, to contribute. The majority of interviewees believed that, although Surge had some power and had made a difference to the service, but the majority felt that the group had little involvement in major decision-making processes: there are “times that they want us involved, other times they shut the door.” Participation consisted of “tokenism rather than meaningful involvement” in the words of one interview respondent. Another interviewee believed that, “We have somewhat of a voice but we are nowhere near reaching our full goals”, whilst another said that the group was “nibbling away at the edges” but had not had achieved any “big dramatic changes” in service planning or delivery.

As highlighted previously, members of the group have contended that service providers have used the group for their own ends, to fulfill the requirement to involve users as laid down in the *National Service Framework*. One example of this was Surge’s involvement in the Care Programme Approach Audit. There was evidence of resentment at the amount of work involved in rewriting and distribute a questionnaire, collating the results and writing a report on the findings. Members questioned the involvement of the group in this activity. It was felt that there was little benefit gained from involvement and that the service provider had simply invited Surge's participation in order to be able to show that users were

involved in the process and to pass a large proportion of the work on to the unpaid members of Surge.

Additionally, as I have shown previously, Surge members have felt under pressure to respond to the demands of management. This has been confirmed by the Commission for Health Improvement's inspection of the service which found that there was a heavy reliance on a small number of user groups throughout the Trust area. (CHI, 2002: 7) The report also argues that there is a lack of user involvement at strategic level, in clinical effectiveness and in information systems. (Ibid: 7) The User Involvement Worker claimed that Surge was not involved in major decisions; the group was "consulted but not at the heart of decision-making process." In addition, she believed that group members were at a disadvantage because they were not given access to all the information available to those who manage the service. The involvement as envisaged by the Trust, and by the NHS as a whole, is of the consensual model and owes much to consumerist notions of empowerment. (Mayo, 2000: 25, Usher et al, 1997: 38) It is largely concerned with providing information and facilitating consultation. It is not interested in giving users more power over decisions or in user control. This consumerist model of involvement conflicts with the aims of Surge members who want greater control over the service. The difficulties and problems this difference of opinion has created could have hindered learning if it had simply resulted in resentment. Instead, the situation has proved to be fertile ground for learning. It has led group



members to develop a greater awareness and understanding of power and their own position within the mental health services and society as a whole.

Surge as an organisation has encountered a number of different problems and obstacles, which have impacted on learning, the most significant of which has been the small number of people, involved in the group. The difficulties finding and retaining members have had a crucial effect on Surge's ability to influence decision-making and to undertake all the activities members consider necessary. It is important that group members learn from this and develop ways of attracting more members. At the present moment, only a minority of service users is experiencing the benefits of being involved in a user group. The group has attempted to overcome this by using the skills and knowledge they have developed to facilitate the learning of others, both users and staff.

Many of the obstacles that the group has encountered, such as conflict within the group and between the group and service providers, have served to increase the learning experienced by members, as they have developed methods to overcome these obstacles. Despite the problems encountered, membership of the group still provides an opportunity for users of mental health services with a space in which they can develop their own discourse and social capital and challenge their position within the service and in society as a whole.

## **Conclusion**

This thesis has highlighted the contestable nature of the learning society and shown that an examination of the concept of discourse is useful in making sense of the many different interpretations put forward by academics and policy-makers and in providing an alternative vision of a learning society. By investigating the attitudes of those working in the field of adult learning towards people with mental health difficulties, and through the study of the mental health service user group, Surge, I have analysed the impact the learning society, as it is currently conceptualised, has on the socially excluded and the potential it has for improving their lives. I have shown that the dominant discourse in policy and the literature on the learning society does not respond to the needs of mental health service users and that, as Martin (1999) has argued, there is a need to 'stretch the discourse' to include a wider range of learning in order to include all members of society.

I have argued that there are tensions and ambiguities in government policy and that a number of different discourses compete and overlap in policy. However, my research has highlighted the tendency in government thinking and policy to view the learning society primarily in economic terms. This dominant discourse relies heavily on a belief that the production of skills and increased participation in formal learning will mean that the nation is better equipped to compete in the global economy and, at the same time, enable individuals and groups to overcome social exclusion. This discourse also stresses the individualistic nature of lifelong learning. Others have emphasised the shortcomings of this perspective, as I have

demonstrated in the review of the literature. It has been argued that this limited view of the learning society does not respond to the needs of many in society and other discourses have been put forward as more relevant and appropriate. One such discourse is a concern with the social benefits of learning, social justice and the role learning can play in fostering greater social cohesion. However, as I have argued, this discourse, with its emphasis on social capital theory, also has its limitations. It is based on an assumption that members of a society have a common purpose, which, it has been argued, is about the good of the economy. (Baron *et al*, 2000: 52) This leads to the danger that those adjudged to be different and unable to contribute to the common good will be censured and further excluded (Riddell *et al*, 1999: 62)

A primary concern of both academics and policy-makers has been shown to be the levels of participation in adult learning. In particular, great emphasis is placed on finding ways and means of encouraging sections of the community, who have previously been unlikely to participate, to take up learning opportunities and become part of the learning society. I have shown that the government has made clear its priority to increase and widen participation and has incorporated this into policy, placing a duty on the Learning and Skills Council to encourage more people into learning. (DfEE, 2000a: 2) However, surveys into the rates of participation in adult learning have consistently shown that only a small minority of the population takes part in learning activities and particular groups in society have been shown to be unlikely to participate. (McGiveney, 1997, NIACE, 2000b)

The findings from my survey of organisations involved in the education of adults highlight some of the problems inherent in the drive to widen participation for under-represented groups. They suggest that there is a lack of understanding of the needs of people with mental health difficulties and very little provision designed specifically for them. Underlying this was the problem of definition. It was found that the term 'mental health difficulties' was problematical with many respondents finding it difficult to define. Whilst this lack of understanding remains, then the needs of adults with mental ill health in mainstream learning environments will continue to be unanswered.

Additionally, although the majority of respondents said that they believed that the issue of students with mental health difficulties was an important one, there appeared to be little desire on the part of those surveyed to take steps to encourage participation. There was evidence, as others have found, that the blame for the lack of participation was placed on the individual. (Hughes and Tight, 1995: 301, Coffield, 1997b: 84, Preece, 2001: 202) Responses to the questionnaire suggested that there is an assumption that organisations simply provide learning opportunities but it is up to individuals to access it. There is no indication that institutions should share the responsibility of widening participation by reviewing their structures and procedures or the provision offered to more effectively respond to excluded groups.

I have cited research that has found evidence of learning taking place in a variety of different environments (e.g. Moreland, 1999, Mayo, 2000, Hunter, 1997) and have argued that informal learning taking place outside traditional learning environments should be incorporated into modern day conceptions of the learning society. The evidence I have gained through my study of Surge has shown that members of this group have experienced learning that is relevant to their lives and relates to their own lived experience. As Preece has argued, the curricula available in mainstream education value a particular form of knowledge and do not take into account the knowledge and experiences of excluded groups. (Preece, 2001: 204) In contrast to this, the learning experienced by members of a group such as Surge is directly related to the knowledge and experience of participants and has relevance to their lives.

I have placed the learning experienced by members of Surge within the tradition of radical social purpose education and shown how it has many of the characteristics of informal education identified by other writers, especially those in the field of youth and community work. (e.g. Jeffs and Smith, 1990) Evidence has shown that the group has worked collectively to relate abstract theory to everyday reality, to utilise experience and reflection and to bring about change to improve their own lives and those of other people.

I have argued that discourse is about power and is used to control people and, as Preece has noted, that marginalised groups can collude in their own subjugation by

internalising the dominant discourse. (Preece, 2001: 203) This is of particular significance in relation to mental health service users who have little power over their own lives and who are defined and labelled by psychiatry and by the rest of society. Following Foley, I have demonstrated that learning plays a role in enabling disempowered individuals to develop shared meanings and understandings and their own distinctive discourse. This gives them a voice to challenge those who have power over them. (Foley, 1999: 14) Surge members have worked together to develop their own discourse, speak with a united voice and challenge stigma. They have developed social capital in the way advocated by Riddell and colleagues (1999)

This study was limited by the small number of people observed and interviewed. Due to the pressures of time and resources, and a wish not to add to the stress and anxiety of former members of the group, I was not able to interview as many people as I would have liked. Furthermore, the individuals who are members of Surge are amongst the more confident and articulate of users of mental health services in Stockton. I have stated that the majority of service users are not involved in the group and examined the difficulties the group has had in attracting more members. The problems encountered in encouraging service users to participate in learning opportunities organised by the group has also been highlighted. I have posited some reasons for this. However, what is needed is further research to explore individuals' experiences of and attitudes to learning. Time needs to be spent in mental health service environments getting to know and

gaining the trust of users, and to work with them to plan learning opportunities that they consider relevant, useful and interesting. As Harrison has noted, in order to better understand reasons for participation and non-participation, in-depth analysis is needed of the learner's, and, I would argue, the non-learner's, perspective. (Harrison, 1993: 12) Further research must concentrate on getting to know those deemed 'difficult to reach' in order to find ways to create a learning society which includes all members of the community.

This thesis has used the experiences of a small number of people who have used mental health services to examine the learning society and its implications for excluded groups. It has been shown that the narrow conception of the learning society evident in government policy, based primarily on an economic discourse, will not succeed in combating social exclusion or bring more people into organised learning. Despite the fact that this study is based on the experiences of a small group of people, my findings have highlighted a number of problems with the learning society and the experiences of those studied have provided indications as to the sort of learning which is considered of use and interest to those who are socially excluded. The development of a resistant discourse has been shown to be an important aspect of this learning. Until this learning is viewed as a necessary part of the learning society and as worthwhile as more formal learning, then large sections of the population will continue to be excluded. However, the challenge this learning presents to the dominant discourse and to the status quo means that a

government, which is not interested in alternative viewpoints and aims to quash resistance of any sort, is unlikely to ever accept it.



## **Appendix A**

### **Interview schedules**

Five members of Surge and one former member were interviewed between October 2001 and July 2002. Four of the interviewees were male and two were female.

The following questions were asked:

1. How long have you been/were you a member of Surge?
2. Why did you join?
3. What do you get out of it?
4. Have you learnt anything through being a member of Surge?
5. Have you found any difficulties being a member of Surge?
6. What do you think that Surge has achieved for people with mental health difficulties?
7. What does empowerment mean to you?
8. Do you feel that Surge has any power over decision making within mental health services?
9. What do you think of the relationships between members of Surge?
10. (For those who had left) Why did you leave Surge?
11. Do you take part in any educational activities?
12. Have you done so within the last three years?

A different set of questions was asked of the User Involvement Worker.

These were:

1. Could you give me some background information on Surge, i.e. how/why it began?
2. How do you see your role in Surge?
3. Have you experienced any difficulties or conflicts?
4. Have you learnt anything from your involvement with Surge?
5. Do you think that membership of Surge is a learning experience?
6. What do you think members have learnt?
7. What do you think members get out of membership of Surge?
8. Why do you think there is such a high drop out rate?
9. Do you think that Surge has achieved anything for people with mental health difficulties?
10. What does empowerment mean to you?
11. Do you think that Surge membership leads to empowerment?
12. Do you feel that Surge has any power over decision making in mental health services?
13. What do you think of the relationships in Surge?
14. How do you see Surge developing in future?

## **Appendix B**

### **Questionnaire and results**

This appendix includes:

1. The questionnaire sent to educational organisations in Stockton on Tees
2. A copy of the covering letter sent with the questionnaire
3. A copy of the reminder letter sent
4. Detailed results of the questionnaire.

## QUESTIONNAIRE

### STUDENTS WITH MENTAL HEALTH DIFFICULTIES

*When completing this questionnaire, please tick appropriate boxes and add additional information as requested.*

1 Does your institution have a disability statement?

Yes  No

2 Does your disability statement make specific reference to students with mental health difficulties?

Yes  No

3 Do you have any other written policy documents relating to students with mental health difficulties?

Yes  No

If yes, please describe.

4 How do you attempt to identify students with mental health difficulties?

5 What is the total number of students enrolled at your institution?

Full-time ..... Part-time .....

6 How many students have been identified as having mental health difficulties?

Discrete ..... Full-time .....

Mainstream ..... Part-time .....

7 Do you have any specific provision for adults with mental health difficulties?

Yes  No

If yes, please describe

8 What support can you offer students with mental health difficulties?  
Please describe.

9 Do you feel that the issue of students with mental health difficulties is an important one for your institution?

10 Are there any further comments you would wish to make?  
Please use the space below.

THANK YOU FOR TAKING THE TIME TO FILL IN THIS QUESTIONNAIRE

21 Welbury Close  
Hartburn  
Stockton on Tees  
TS18 5LJ

26<sup>th</sup> June 2000

Dear Sir/Madam,

I am a postgraduate research student at The University of Durham Stockton Campus studying for an MA in Lifelong Learning. My supervisor is Pat Whaley. I am investigating the learning society and how it applies to adults with mental health difficulties. In order to do this, I am conducting research into how learning organisations respond to students with mental health difficulties. I will also be investigating mental health service user groups and informal learning opportunities.

Preliminary reading has shown that little research has been done in this area and that there is a need for further in-depth research. The government's intention to transform the UK into a learning society involving all members of the community means that work must be done investigating under-represented groups, including adults with mental health difficulties.

Enclosed is a questionnaire which seeks to gather information on how learning organisations respond to students with mental health difficulties. I am aware that the term adults with mental health difficulties is a vague one, covering a wide spectrum. For the purposes of my research, it refers to all those who have experienced emotional distress as well as those who have used mental health services. The term discrete in question 6 refers to separate provision for students with mental health difficulties.

This questionnaire forms an important part of my research and will contribute much to my final thesis. I would be very grateful if you would take the time to fill it in and return it by 28th July. I enclose a stamped addressed envelope.

Thank you for your assistance.

Yours faithfully,

Sharon Moore

21 Welbury Close  
Hartburn  
Stockton on Tees  
TS18 5LJ

23<sup>rd</sup> July 2000

Dear Sir/Madam,

I am a postgraduate research student at the University of Durham Stockton Campus studying for an MA by thesis in lifelong learning. My supervisor is Pat Whaley. I am investigating the learning society and adults with mental health difficulties. A while ago, I sent you a questionnaire about students with mental health difficulties. As yet, I do not appear to have had a reply from your organisation.

The purpose of this questionnaire is to ascertain how learning organisations respond to students with mental health difficulties. It is a very important part of my research and I anticipate that the results will shed a great deal of light on this issue. I believe that this issue is an important one considering the emphasis the government is placing on involving all members of the community in the learning society, especially those who are currently under-represented in the world of lifelong learning.

I appreciate that there will be many demands on your time but I would be extremely grateful if you could take the time to fill in the enclosed copy of the questionnaire. It is fairly short and relatively easy to complete. Could you please return your completed questionnaire by Friday 4<sup>th</sup> August. I enclose a stamped addressed envelope. If you wish to discuss the questionnaire, I can be contacted on 01642 582703.

Thank you for your assistance.

Yours faithfully,

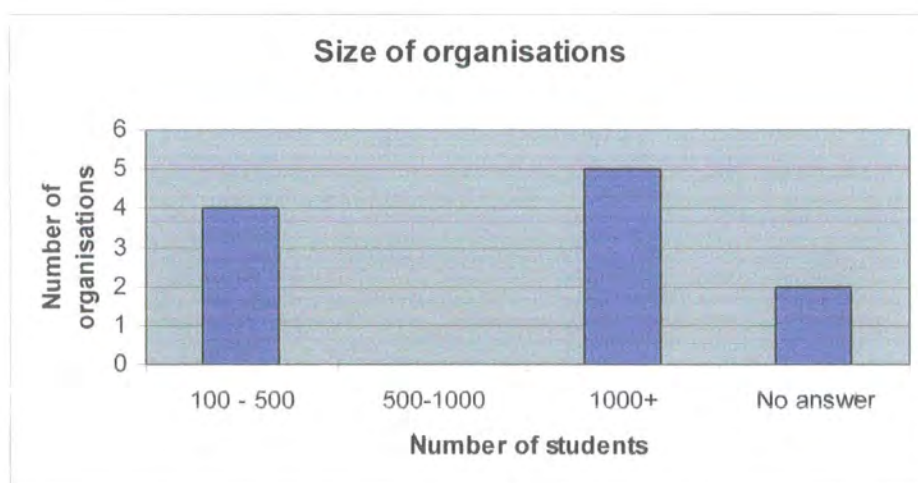
Sharon Moore

## Questionnaire Results

18 completed questionnaires were returned from 15 different organisations.

In the cases where more than one response was received from an organisation, if there was agreement between the responses, the result was included. If there was no agreement, the responses were not included in the results.

### Organisations surveyed



One organisation was not included in the chart above as two wildly different responses were received from the organization.

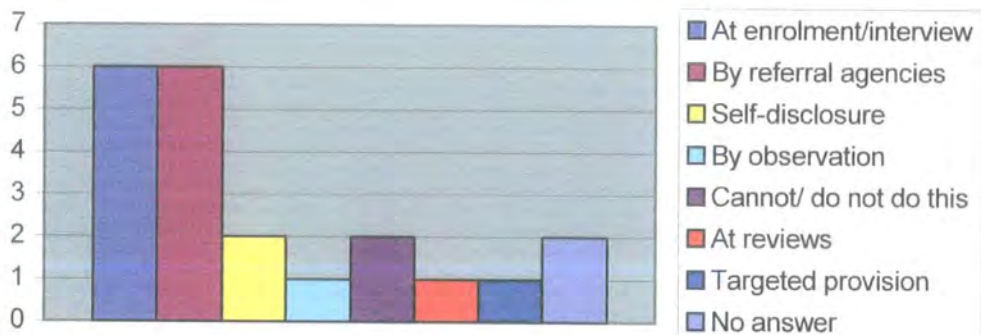




One organisation was not included in the chart because two respondents gave different answers to the question.



**Question 4 - How do you attempt to identify students with mental health difficulties?**

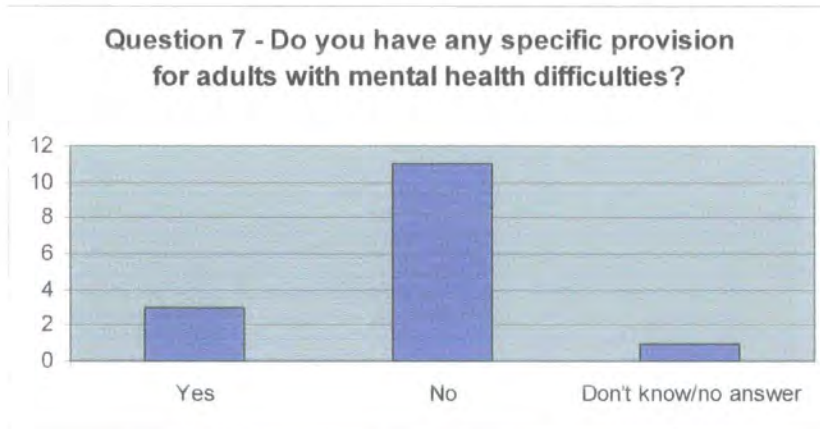


All responses were noted. Some respondents gave more than one answer.

**Question 8- What support can you offer students with mental health difficulties?**



Again, some respondents gave more than one answer and all responses are included.



Responses included:

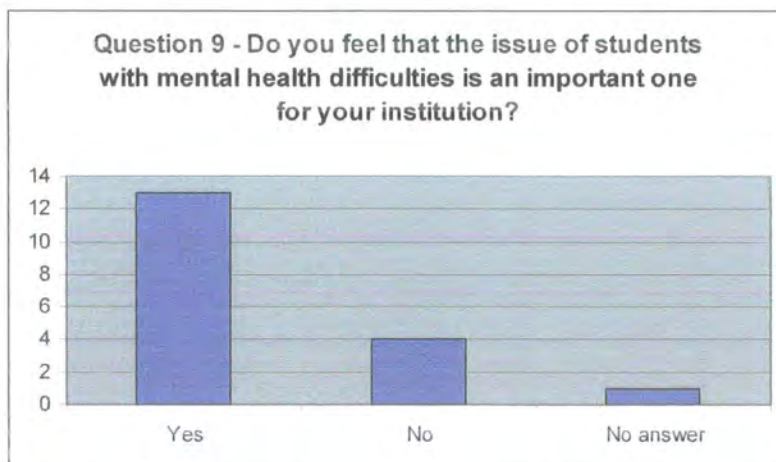
“We have run course in hospitals, outpatient facilities.”

“Special classes within Adult Education.”

“If requested, we provide discrete provision.”

“Student support – one to one if necessary.”

“They will vary from case to case and whether client is self-diagnosed or referred.”



(The responses to question 6 – How many students have been identified as having mental health difficulties? – are not included here because, due to problems defining terms, the responses were not reliable.)

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