

Health and Safety and Adult Learners in the Learning and Skills Sector

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of interest to managers and practitioners working with younger learners and apprentices as well as adult learners in learning providers and student teachers.

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This booklet underlines the Learning and Skills Council's commitment to the very highest standards of health and safety. It can be used as a guide and basis for staff training and development by managers, and directly by practitioners to improve their health and safety, and general, practice.

The approach is focused on practitioners rather than management processes and systems. The booklet has relevance to managers and practitioners working with younger learners and apprentices as well as adult learners in learning providers throughout the learning and skills sector. It may be useful for people studying for teaching qualifications.

 For information

Acknowledgement
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Introduction

- 1 This booklet underlines the Learning and Skills Council's commitment to the very highest standards of health and safety, at the heart of which is doing as much as possible to eliminate accidents and 'near misses'. It is intended to supplement other work we have undertaken to support the health and safety of younger learners, including apprentices and those on Entry to Employment (E2E) and other learning programmes, and the work of other agencies such as the Standards Unit of the Department for Education and Science (DfES), which has produced a high-quality framework for teaching and learning based on the theme of health and safety for young learners in the construction industry.
- 2 Whilst focusing firmly and uncompromisingly on high standards of health and safety, the Learning and Skills Council (LSC) echoes concerns amongst policy makers that we need to keep the balance in proportion between risk and the potential damage it can cause. We need to maintain a focus on common sense and encourage learners (and others) to be 'risk aware' rather than overly 'risk averse'. We cannot eliminate all risk, and we should not be paralysed by the 'mystique' of health and safety that inhibits activity. Good health and safety practice is about inclusion and facilitating activity, not prevention.
- 3 The booklet reviews our current emphasis on young adult learners and the concept of the safe learner. What applies to young adult learners applies equally to adult learners. However, the LSC recognises that there are differences between these two categories of learner that make adjustments in approach to health and safety appropriate for those providers who work exclusively with adults or who have large numbers of adults pursuing learning opportunities with them.
- 4 Following an exploration of the nature of adult learners and adult learning and the consequences for health and safety, there are sections on health and safety in relation to particular groups of adult learners: those with disabilities; those with mental health difficulties; and older learners undertaking physical exercises. The rationale behind this focus is to provide insights into health and safety when linked with other LSC core values such as equality and diversity, and to give attention to particular areas of concern highlighted by the Adult Learning Inspectorate (ALI) amongst others.
- 5 After these sections is a key discussion of risk management, and a number of principles for achieving high standards of health and safety emerge. How to embed them in practitioners' work so that health and safety practice is liberating and inclusive rather than restricting and exclusive is the next stage. We show how this might be achieved for adult learners and their tutors, lecturers, trainers (referred to throughout as practitioners) and their managers.
- 6 Given that good practice in health and safety is complex and that we intend this booklet to be accessible and succinct, we cover general practices rather than give detailed advice and guidance. The approach is focused on practitioners rather than management processes and systems, and on practitioners 'doing' health and safety practice rather than 'having it done' to them. We include many references to where further information can be obtained. This booklet has equal relevance to managers and practitioners working with adult learners in learning providers throughout the learning and skills sector. It can be used as a guide and basis for staff training and development by managers, and directly by practitioners to improve their health and safety, and general, practice. It may be useful for people studying for teaching qualifications.

The Learning and Skills Council and Health and Safety: An Overview

- 7** The health, safety and welfare of learners is a fundamental value of the LSC. All learners are entitled to learning that takes place in a safe, healthy and supportive environment. Our policy statement summarises our approach (LSC, 2004a).
- 8** Our two main objectives are raising standards and seeking assurance. Within these two objectives there are three connected themes or areas of health and safety on which the LSC focuses:
- the safe, healthy and supportive environment
 - the 'safe learner' concept
 - health and safety management' (LSC, 2004b, paragraph 4).
- 9** This booklet does not deal directly with health and safety management in relation to adult learning as there are other good sources of information. A general, widely adopted model, known as HSG65, is provided by the Health and Safety Executive (HSE) (HSE, 2003). Ewens (2003) gives a clear and comprehensive overview of this model applied to adult and community learning (ACL), and this model is relevant to other parts of the learning and skills sector.
- 10** Dealing with 'seeking assurance' first, the approach is that higher risks require more assurance, and conversely that lower risks require less, though not in the sense of a 'lighter touch'. The process of 'seeking assurance' will itself 'identify actions for improvement in learner health and safety and will therefore contribute to the raising of standards (LSC, 2004b, paragraph 11). Raising standards includes two aspects: the concept of 'the safe learner' and 'working in partnership'. LSC, 2004b, paragraphs 11 and 12, outline in more detail the concept of the safe learner. The key sentence in paragraph 11 is:
- The LSC wants all learners, through the quality of their learning experience, to gain an understanding of the importance of health and safety ... to help them identify and control risk and assume responsibility for their own health and safety and that of others – that is, for learners to take a positive and practical perspective on health and safety from their experience.*
- 11** We explore the concept of the safe learner in relation to adults in more detail in paragraph 19.
- 12** In our twin aims of seeking assurance and raising standards, we are committed to working in partnership to support good practice, ensure consistency of approach and reduce bureaucracy. We operate in clear and well-defined ways at local office, regional and national level within the LSC to achieve these aims. We work with external agencies such as the HSE, Qualifications and Curriculum Authority (QCA), qualifications awarding bodies and Sector Skills Councils to achieve our aims. Our National Learner Safety Partnership Group is a major and active consultation forum for advancing our work.
- 13** The LSC undertakes a considerable amount of practical activity in support of its objectives, often with a focus on young learners. The LSC procurement standards reflect the main health and safety legal requirements for use in assessing organisations that receive learners. These standards are summarised below.
- 14** The employer:
- has a health and safety policy
 - has assessed risks, eliminated them or put in place control measures to reduce them to an acceptable level
 - has made adequate arrangements for dealing with accidents and incidents, including the provision of first aid
 - provides employees with effective supervision, training, information and instruction
 - provides and maintains suitable and appropriate equipment and machinery
 - has made arrangements for the provision and of personal protective equipment and clothing suitable for the individual
 - has fire precautions and has made arrangements for other foreseeable emergencies
 - provides a safe and healthy working environment
 - manages health and safety.
- 15** Box 1 gives an example of how a local authority (LA) complies with LSC health and safety requirements.
- 16** Our emphasis on young learners is shown in a further standard, 'Manages learners' and young persons' health, safety and welfare', with details of risk assessment specifically for young learners, control measures, prohibitions and restrictions, supervision, induction and personal and protective equipment. There are references in this standard to 'inexperience and immaturity' in making risk assessments (LSC, 2004c, page 6). The 'Pocket Guide to Supervising Learner Health and Safety' (LSC, 2003) is an earlier publication designed to 'highlight some of the main health and safety considerations when taking a new young person into the workplace' (LSC, 2003, page 2). That the young learner is considered different is shown by the view that sources of harm can include 'psycho-social' pressures such as peer pressure and that what may be considered safe for an experienced adult may not be safe for the younger employee.

Box 1: Complying with LSC health and safety requirements.

Suffolk County Council Adult and Community Learning

As part of its commitment to good health and safety practice, the service issues a 'Health and Safety Pack' to tutors, consisting of a number of sections.

How to use the pack (to be used flexibly and as a working tool)

A table identifying forms, when and how to use them, who should use them and who should have a completed copy.

Health and safety checklist (for venues)

A table identifying safety responsibility and who should undertake it for Suffolk County Council and other premises, dealing with all aspects of premises from fabric and cleanliness to first aid equipment.

Individual and general risk assessment forms

Risk assessment – tutor checklist

A form covering building safety, equipment safety, learning support, fitness of learners, fire exits, fire evacuation, emergency communication (including mobile phone and signal), register details, complete first aid box, risks to personal safety.

Risk assessment – learner checklist

Safe working practices aide-memoire

Health and safety guidance for CEOs and line managers (for induction)

Health screening information form (for learners) with guidance (for tutors)

17 Another LSC publication, *Be Safe! An introductory guide to health and safety* (LSC, 2004d), is designed specifically for the young learner, reporting on the second page that in 2004 'approximately 945 young people were injured and 5 killed on work-based learning'. The booklet covers in plain language all the basic aspects of health and safety and implicitly advances the philosophy of 'the safe learner'. The increased numbers of learners under the age of 16 coming into the learning and skills sector has led to the issue of *LSC Guidelines for FE Colleges Providing for Young Learners* (Leacan 14+, 2004). Part 2e covers health and safety, child protection and work experience issues and offers detailed guidance.

18 The LSC's concentration on the health and safety needs of young learners has been shaped by the high degree of accidents and incidents, some fatal, to this group. However, the imperative to 'seek assurance' from providers about the quality of health and safety they provide and to raise standards, interlinked with the themes of safe and healthy environments, the 'safe learner' and management of health and safety, applies to adult learners as well as younger ones. The next section explores the nature of adult learners and learning and how this may affect approaches to the LSC's principal health and safety objectives and themes.

The Adult Learner and Health and Safety

- 19** In general, what applies to young learners in terms of health and safety also applies to adult learners. Adult learners need to be able to undertake their learning in a healthy, safe and supportive environment. They need to be introduced to the fundamental principle of the 'safe learner' so that they can identify and control risk and assume responsibility for their own health and safety and that of others (LSC 2004b, paragraph 11). The hazards they face are the same as those faced by younger learners: slips, trips and falls; dirt and contact with chemicals; machinery; incorrect lifting and carrying; working at heights; electricity; hand tools and knives; working with computers; fire; personal safety.
- 20** However, in important respects adult learners have different characteristics from younger learners and pose different problems. Tuckett (2005, pages 2–3), discussing adults in further education where they constitute colleges' core business, outlines some of these characteristics. Adult learners predominantly study part time. A significant proportion of adult participation is for personal fulfilment and community development, the need for which will grow. The rationale for this is economic as well as for social justice. Many adults are alienated from structured education and training. Their learning is 'untidy' (Tuckett, 2005, page 3) in that it fits in with other demands. They may study in short bursts, drop out and return to different institutions. Their progression is often more akin to moving up, round and down a climbing frame rather than vertically up a ladder. They have more and wider experience and their motivation is complex. Exploring these differences will inform various approaches to health and safety and health and safety management.
- 21** Another way of considering adult learners and their characteristics, in comparison with younger learners, is through an 'andragogical' model put forward by Knowles et al. (1998). This model proposes a set of principles that characterise adult learning generally. Andragogy was presented as a contrast to 'conventional education' – in broad terms, approaches to education appropriate to children and younger learners. This 'conventional education' generally assumed that teachers control what will be learned, when and how it will be learned and if it has been learned. It assumed that 'learners only need to know that they must learn what the teacher teaches ...' and that 'the teacher's concept of the learner is that of a dependent personality' (Knowles et al., 1998, page 62). In practical terms, of course, the distinctions between principles for adult learning and the learning of young people are becoming more blurred in the 21st century, and what applies to adults increasingly applies to others, but some are still important. Andragogy is explored by Tushing and Barton (2003, pages 19–22) in their review of models of adult learning. Despite some reservations, the concept is very useful as a basis for exploring health and safety in adult learning contexts.
- 22** Core andragogical principles are as follows (adapted from Knowles et al., 1998, page 4):
- learner's need to know (why, what, how)
 - self-concept of the learner (autonomous, self-directing)
 - prior experience of the learner (resource, mental models)
 - readiness to learn (life-related, developmental task)
 - orientation to learning (problem-centred, contextual)
 - motivation to learn (intrinsic value, personal payoff).
- 23** These principles partly emerged from the earlier 'key assumptions' of Lindeman (in Knowles et al., 1998, page 40):
- Adults are motivated to learn as they experience needs and interests that learning will satisfy.
 - Adults' orientation to learning is life-centred.
 - Experience is the richest source for adults' learning.
 - Adults have a deep need to be self-directing.
 - Individual differences among people increase with age.
- 24** The core principles of the andragogical model are presented as 'transactional'. That is, they are not necessarily concerned with the specific goals and aims of adults who are learning, and they do not preclude the effects of individual learning differences and differences in particular learning situations. They can be applied as overarching principles.
- 25** This section explains the core principles in more detail, based on Knowles et al. (1998, pages 64–68). 'Need to know', the first core principle, is about adults knowing why they need to know something before starting their learning.
- 26** Adult learners generally have a self-concept of being responsible for their own decisions and their own lives (the second core principle). They need to feel that they are autonomous and self-directing. When adult learners are ready to return to learning, they often don't want to be reminded of school, their previously directed experiences and 'required dependency' – unless they have benefited from this approach and made a successful journey to autonomy. If they have not, they may well withdraw from learning situations.
- 27** The third core principle is about the role of adult learners' experiences, which is more than and different from younger learners'. Groups of adult learners will be more diverse in terms of background, learning style, motivation, needs, interest, aims and purposes. Groups of adult learners constitute a rich resource and experiential learning methods are generally guaranteed success. However, it has also been recognised that the experience of adult learners can have negative effects, since habits, biases and suppositions close minds to new ideas and alternative ways of thinking. Teachers of adult learners need to develop sensitivity in tackling resistance to change, especially when rejecting prior experience can be construed as rejecting people themselves.

Figure 1:
Core principles of adult learning and health and safety and health and safety management.

Principle	Effect on health and safety and health and safety management	Example
Adult learners' need to know why they need to learn something before undertaking to learn it		
Adult learners' self-concept	As self-direction is important to them, adult learners will resent and resist situations where an external will is imposed on them. Taking responsibility for their own health, safety and welfare will mean that they incorporate it into their learning.	Adult learners in a welding class will not just want to be told to wear personal protective equipment at all times. They will want to discuss why it is important and the inherent dangers of welding activity.
The role of adult learners' experience	This is probably the area of greatest challenge to managers, tutors, trainers and lecturers in learning providers. The wealth of experience diverse adults will bring to their learning may mean that some have got into habits, biases and mindsets that need sensitive challenge. Unfreeze poor practice, change to good practice and re-freeze is a desirable approach.	Adult learners on an NVQ joinery class may tell their trainer that they have always approached sawing wood in a particular way using particular equipment, and that it has served them well in the past. Why should it not do so in the future? If such an approach is against best safety practice, then they must be persuaded to learn new methods.
Readiness to learn	Adult learners, particularly those who have been away from learning for a long time, overcome considerable barriers to return to learning. Health and safety good practice should be approached in a way that makes it a natural and unthreatening part of induction and subsequent activities without compromising on standards.	New adult learners in a literacy class should not be bombarded with detailed, complex health and safety information, especially with a high printed-word content. Good practice should be conveyed by simple, accessible instructions and opportunities to demonstrate good health and safety practice or discuss case studies.
Orientation to learn	Health and safety must have a practical focus on life, tasks or problems. It should relate to situations adults can recognise.	An adult class following a Diploma in Nursery Nursing in a community centre in the Kent Weald will want to know about health and safety procedures for that learning situation and also about how health and safety good practice can be incorporated into their daily practice working with children.
Motivation to learn		

- 28** Readiness to learn, the fourth core principle, is when adults wish to know and be able to do things to cope effectively with real life. This is particularly applicable to adults with language, literacy or numeracy (LLN) difficulties. Practitioners, as well as information, advice and guidance (IAG) specialists and other agencies, can be important in the process of 'inducing readiness'.
- 29** The fifth core principle, orientation to learning, is about adults being life-, task- or problem-centred. Learning has a practical emphasis in life. Learning, whether to do with knowledge, understanding, skill acquisition, values and attitudes, is most effective in the context of being applied in real-life situations. Knowles et al. (1998, page 67) cite the example of 'illiteracy'. Modern approaches to LLN emphasise the importance of embedding LLN and addressing adults' motives and the contexts of their learning.
- 30** The sixth core principle is adult motivation. Knowles et al. (1998, page 68) argue that:
- While adults are responsive to external motivators (such as better jobs, promotions, higher salaries and the like), the most potent motivators are internal pressures (the desire for increased job satisfaction, self-esteem, quality of life, and the like).*
- 31** Motivation can be blocked by negative self-concept, inaccessibility of opportunities or resources, time constraints, or teaching that is inappropriate for adults.
- 32** Figure 1 suggests how these core principles might be applied to health and safety and health and safety management in the learning and skills sector.
- 33** Application of the core principles of andragogy to health and safety practice to some extent leads back to the LSC-supported concept of the 'safe learner', who takes responsibility for her or his own health and safety. The safe adult learner will, with guidance and support from tutors, lecturers or trainers, develop the skills of perceiving hazards, assessing risks, developing an appropriate and acceptable attitude to risk, and finally behaving in a way that reflects the attitude. A report on the 'Safe Learner' by Kerrin, Silverman and Thomson (2002) states that the literature reviewed 'emphasises a large role for management and supervisors in ensuring safe behaviour occurs or unsafe behaviour is prevented'. By extension this highlights the important contribution of practitioners and managers in achieving high standards for adult learners.
- 34** The impact of experience and age, knowledge, sense of control, and previous events and their consequences – those characteristics possessed more by adult than by young learners – may have a favourable impact on health and safety. Kerrin et al. (2002, page 3), in their LSC-sponsored report, introduce the notion of training transfer and the barriers to training being translated into changed behaviour, suggesting that organisational climate and supervisory support and behaviour (presumably poor in both cases) provide the 'weakest link' to transfer. For adult learners and health and safety, as for other learners, the message is clear. An organisational climate that emphasises both the importance of health and safety and strong supervision will achieve high standards.

Special Groups of Adult Learners and Health and Safety

35 From considering adult learners in general, we turn to specific groups. There are perhaps shortcomings in this approach. Characterising adult learners as having disabilities, or being older learners, or having mental health difficulties suggests that these are distinct categories with no overlaps. It might be more realistic to accept that adult learners can be disabled, have mental health difficulties (either on-going or episodic) and be over 50 in any combination – or fit into none of these categories. However, focusing on these 'categories' provides insights into adult learners and health and safety that can be generalised. The choice of specific groups has been influenced by concerns in learning providers and amongst learners themselves. We also believe that it is important to establish how health and safety practice is linked to themes like equality and diversity and inclusion. Focusing on these groups facilitates this connection.

Health and safety and learners with disabilities

36 Developments that make learning opportunities possible for learners with disabilities and improve those learning opportunities are strongly linked to good health and safety practice for all learners and employees. The connection between health and safety and equality and diversity has grown in importance. Our commitments in the area of health and safety complement our Equality and Diversity Strategy 2004/07 and vice versa. Our statement in our policy statement on learner health and safety that 'All learners are entitled to learning that takes place in a safe, healthy and supportive environment' (LSC, 2004a) is complemented by the opening statement in the Equality and Diversity Strategy: 'Crucially, we must make sure that the sector reaches out to groups of people who are not currently involved in learning, as well as working to enhance access to different types of learning. We must also improve learners' experience of the education and training they receive ...' (LSC, 2004e, page 1). Of the six strands our strategy identifies, the most relevant to health and safety and disability is strand 3, 'Supporting compliance'. Our goals in this strand are working in partnership to ensure changes to the law have the required impact in the sector and supporting providers' efforts to meet legal requirements.

37 We therefore work with providers and partners so that they comply with the Disability Discrimination Act 1995 (DDA 1995). For learning providers, new duties came into effect in September 2002 under Part IV of the DDA 1995 amended by the Special Educational Needs and Disabilities Act 2001 (SENDA 2001), requiring them to ensure that they do not discriminate against disabled people. The duty to provide auxiliary aids, through reasonable adjustment, came into force in September 2003 and since October 2004 they have had to make reasonable adjustments to the physical features of premises to overcome physical barriers to access.

38 Most recently, the Disability Discrimination Act 2005 (DDA 2005), amending the DDA 1995, is now law. Among the provisions of the new act which are of possible direct relevance to adults as learners or potential learners are these:

- a new positive duty on public bodies to promote equality of opportunity for disabled people
- protection for more people diagnosed with the progressive conditions of HIV, multiple sclerosis and cancer
- removal of the requirement that mental illnesses must be 'clinically well recognised'
- ensuring that all functions of public authorities are covered by the DDA and not just services as before
- coverage of bodies that award general qualifications (for example, GCSEs and A Levels).

39 There is some discussion of DDA legislation linked to health and safety in Ewens (2003, pages 5-6).

40 In terms of practical application, learners with disabilities have an equal right to learning opportunities in a safe, healthy and supportive environment. Adjustments learning providers are obliged to make under the DDA can be made without compromising a healthy, safe and supportive environment for all learners. In other words, good health and safety practice is not a concept that is, or could be, exclusive. It is about facilitating and enabling inclusion.

41 Box 2 describes how Bournemouth Adult Learning matches access for learners with disabilities and health and safety.

Box 2: Bournemouth Adult Learning.

Bournemouth Adult Learning's Head of Facilities writes:

... We have set ourselves a gold standard that if we can meet the access requirements for learners with disabilities then we can meet access requirements for all learners ... This is still a journey of improvement ... We work with regular updated access audits to inform Property Services and builders with specifications for change. We call upon disability user groups, usually informally, to apprise us of what we are doing right and what could be improved. We also work with local charities and voluntary agencies, representing different groups, to walk our premises and feed back suggestions ... In addition, we have health and safety and disability and diversity as a core training requirement for all staff and tutors ...

42 Useful, LSC-funded work has been done to integrate health and safety and disability issues. The Learning and Skills Development Agency (LSDA) published a project report entitled Risk Assessments for Including Learners with Disabilities (Rose, 2004b). The project worked with six providers to consider issues about carrying out 'effective and inclusive risk

assessment' for health and safety and disability discrimination purposes. The report explored the need for 'a balanced, measured and collaborative approach to risk assessment; how to ensure that there are effective mechanisms for identifying risk and producing effective policies; and procedures for carrying out risk assessments with learners with disabilities' (Rose 2004b, Executive summary). Learner involvement in risk assessment and related activities was also discussed.

- 43** The report made the point that disability discrimination legislation does not require people to be exposed to inappropriate risk, but health and safety factors must not be used as grounds to avoid making reasonable adjustments or providing appropriate support (Rose 2004b, Section 1). The project raised interesting points about risk assessment to protect institutions and to empower individuals. Embedding the concept of the 'safe learner' suggests that the latter approach, balanced by attention to institutional protection, will become more important in future, and in a number of sections the report emphasised the importance of learner involvement in risk assessment. Given what we have already presented about the nature of adult learners, of course all adult learners should be involved in hazard identification, risk assessment and hazard control, and not just those who are disabled.
- 44** The project (Rose, 2004b, Section 4.1) presented a number of perspectives influencing the process of risk assessment in a learning provider:
- risk to be avoided and reduced – with effective control measures
 - risk as part of everyday living, and which we take for much of the time anyway
 - risk as learner empowerment and therefore as an opportunity for personal development
 - risk as positive or negative for learners.
- 45** The report suggested taking a balanced and measured approach to the process of risk assessment, despite setbacks for providers such as improvement notices and high-profile court cases involving health and safety breaches.
- 46** It proposed a collaborative approach to risk assessment, including with the involvement of learners, and deals with issues of disclosure of information and the production of effective policies, procedures and processes. There is a useful and important insight into risk assessment based on medical and social models of disability (Rose 2004b, Section 4.5). The medical model focuses on 'the disability of the learner rather than the support or adjustments that can be offered'. One project member commented:
- Along with a lot of people I saw a 'risk assessment' as looking at 'what can go wrong' not as I now see it how can we make it work. I think this was because my starting point was the medical model of disability, not the social model.*
- 47** Of course, general health and safety risk assessment operates on exactly the same principles as that related to making reasonable adjustments for disability – it should be about finding ways to make things happen and not prevention. Similarly, the principles of risk assessment applied to learners with disabilities, including all the nuances to do with protection, empowerment and personal development, apply equally to all learners. Work in the area of health and safety and disability is a trailblazer for more general work.
- 48** A second LSC-funded LSDA project explored access to premises for disabled learners (Hewitt, 2004). Key themes identified by the project report again included learner involvement and encouraging a holistic approach to access, which would naturally include health and safety aspects of access (and of course exit). The issue of audits was dealt with in detail and the key criteria for a good audit report were listed (Hewitt, 2004, page 13):
- an experienced access professional to undertake it
 - a 'pan-disability' approach
 - involvement of user groups and special educational needs representatives
 - inclusion of management practices.
- 49** The report noted that one college in the project 'had introduced accessibility into their general risk assessment procedure, a good practice principle which could easily be adopted by others' (Hewitt, 2004, page 13). We endorse the desirability of this approach.
- 50** The report suggested a number of key messages. Everyone should be involved in access issues – learners, potential learners, stakeholders and staff. Communication is important. The managers of outlying sites will not necessarily understand the DDA or verify accessibility to their own sites. Estate managers of learning environments need to consult learners when interpreting audits and implementing access adjustments. Ensuring a pan-disability approach is critical to fulfilling anticipatory duties towards learners with disabilities. The report contains a useful section on methodology for an audit of premises (Hewitt, 2004, pages 25-6) and a comprehensive 'new venue checklist' (Hewitt, 2004, pages 29–33). What applies to access to premises for disabled learners applies equally to health and safety for these learners and all others and in fact there is considerable overlap between access and health and safety requirements.

51 Good health and safety practice and compliance with DDA requirements are inextricably linked. Establishing blended systems, processes and procedures to achieve both – from organisational level to learning environments – will be of great benefit in both areas.

Health and safety and learners with mental health difficulties

52 The LSC believes that there is no difference between applying good health and safety practice to learners with mental health difficulties and applying it to any other sort of adult learner. However, we do recognise that there is a high degree of prejudice, stigma and in some cases fear attached to mental health issues, and that it is therefore worth exploring health and safety in relation to mental health in order to clarify and reassure. There is also good practice in the area of disclosure and learning support that can be combined with good health and safety practice to enhance the experience of learners with mental health difficulties and all other learners.

53 Before we explore these in more detail, we offer some general, evidence-based perspectives on mental health. According to Wertheimer (1997, page 112):

- there is no evidence that the rate of violence amongst mental health service users is greater than for other citizens
- the total number of homicides has doubled in the past 20 years but the total number of homicides by people with mental health difficulties has remained static
- people with mental health difficulties are more likely to commit suicide than homicide.

54 Ryan, writing in 1996 (in Kemshall and Pritchard, 2004, page 99), comments on the link between mental illness and violence:

In recent years there has been an acknowledgement that mental illness may be one among several factors which increase the risk of violence. These factors include male gender, youth, drug or alcohol misuse and low socio-economic status. When these other factors are taken into account it would appear that mental illness as a risk factor for violence is minimal.

55 It can easily be argued that drug or alcohol misuse can have a pejorative effect on anyone, not just people with mental health difficulties, and that the likelihood of such abuse on the premises of a learning provider is quite low.

56 It is also true that 'one in six people will experience mental health difficulties, such as depression, anxiety and phobias, at any one time' (Social Exclusion Unit, in James, 2004, page 15).

57 The prospect of anyone's health and safety being compromised in organisations and institutions that provide learning opportunities – either people suffering mental health difficulties or those with whom they interact – is very rare.

58 This information, and the overt and implied messages referred to above and below by the LSC-funded LSDA projects relating to the DDA, suggests strongly that as the momentum of developing inclusive learning opportunities for people with mental health difficulties (as well as for other previously excluded groups) gathers, an inclusive approach to health and safety for this group is the only possible and fair approach. What applies in general to learners in terms of good health and safety practice indisputably applies also to learners with mental health difficulties. However, there are areas of adjustment to learning provider practice that help to improve health and safety practice. Perhaps the most important of these is disclosure, the passing on of information and confidentiality.

59 A comprehensive report (Rose, 2004a) addresses this issue, covering themes of encouraging disclosure – from enrolment onwards – passing on information, respecting confidentiality and obtaining meaningful consent, including pitfalls to avoid in doing this latter. It provides messages for learning providers and external 'stakeholders', including the LSC and inspectorates, but also for practitioners:

Effectively encouraging disclosure involves providing appropriate and ongoing opportunities for a learner to disclose a disability [including presumably any mental health difficulty]; it also provides an atmosphere and culture where learners with disabilities are valued, information is dealt with sensitively, and confidentiality is respected.

(Rose, 2004a, page 32.)

60 Effective disclosure is inextricably linked with effective hazard identification (for individual learners and everyone else in a learning provider), risk assessment and hazard control.

61 Box 3 describes an organisation which supports vulnerable and non-traditional learners with low-level qualifications.

62 Box 4 describes a learning brokerage service run by MIND in Harrow.

Box 3: Bridge into Learning.

Bridge into Learning is about supporting vulnerable and non-traditional learners with low-level qualifications, and who are unemployed or hold seasonal or very part-time jobs, back into learning. A specific target group within this broad 'beneficiary' definition includes those with mental health difficulties.

It was clear from the outset that we could have focused all our development worker time and support on this alone. The number of potential learners coming through to us (self-referred or referred through partner agencies, such as doctors' surgeries) far exceeded that expected or planned for. The learners with mental ill health supported through this project varied. They ranged from those with early thought worryingly frequent visits to their GP for anxiety or depression, through to those diagnosed with long-term mental ill health. This European Social Fund project, more than any other type of work we do, has highlighted the need for us to be more aware and better equipped to support learners with this illness. It has led to a formulation of protocols – how we work with partner agencies; how we track learners; how we identify support needed; how we refer if we can't help; confidentiality and disclosure issues – and an understanding of this particular phenomenon and its degrees of severity.

In some ways all this work is covered as a matter of course within the college's policies and approach to supporting learners, including health and safety management. We also realised that practitioners on the ground and the staff managing this project had to learn a different and complementary skillset in order to make a real difference to individuals.

Box 4: Stepping Stones.

Every service user interested in Stepping Stones is offered a one-to-one meeting where her or his learning, mental health and any other special needs are assessed and an action plan is then made. We do have a risk assessment form, which is only used if a person is showing signs of great distress. Service users who are inpatients at the time when we meet them are subject to the health and safety procedures of the hospital. Every user is asked to complete our referral and monitoring form. On enrolling for a course, care is taken to ensure a person's welfare is paramount, especially for sports courses ...

63 From the point of view of good health and safety practice, no violent or dangerous behaviour is acceptable, whether the person responsible has mental health difficulties or not. But another LSC-funded LSDA project (Macqueen 2004, page 10) contains an interesting discussion about exclusions, disciplinary procedure and the DDA. Participants in the project 'started from a position that there should be only one such policy document [disciplinary procedure] relevant to all learners. Suggested responses included embedding DDA principles in disciplinary procedures, involving student support teams (or equivalent) at the earliest point, having advocates for learners during disciplinary proceedings, training of staff to 'defuse' situations in classrooms and having back-up staff outside classrooms, and working on prevention. Again, a sensitively handled approach to discipline is strongly linked to good health and safety practice.

64 Learners with mental health difficulties, like all other learners, are covered equally by all aspects of good health and safety practice, but particular adjustments and sensitivity having an impact on this practice can greatly enhance their inclusion and facilitate positive learning experiences. The LSC also requires contractually that vulnerable learners are protected and that colleges and providers register with the Criminal Records Bureau to make appropriate checks on staff, who may come into contact with vulnerable learners.

Health and safety and older learners

65 This section deals with older learners engaged in physical fitness activities. Related to this, ALI inspectors have been critical of ACL provision in the area of learning 'Hospitality, sport and leisure'. The majority of the provision is in sport and fitness, which includes keep fit. Up to 2003–04, 60 per cent of the provision has been graded satisfactory or better, but the percentage of poor provision is relatively high at 6 per cent, with a further 30 per cent graded as less than satisfactory. Criticism included some insufficient prior and initial assessment, for example of learners' health and fitness, and this constituted a health and safety risk. Resources for this area of learning varied widely with some community-based learning being poorly provided for in terms of accommodation and equipment (ALI, 2004). It is timely for the LSC to survey this area and suggest good practice. Recent research (Yardley and Todd, 2005) commissioned by Help the Aged seems to indicate that older people like the idea of improving their balance through strength and balance exercises for example, rather than having to take account of current falls prevention advice, which is often received with little enthusiasm.

66 There has been good work in the past in the area of advice for older people. Fentem and Bassey (1985) offered comprehensive guidance for those in charge of 50+ activity groups. They argued that 'almost all the over-fifties, however sedentary, or whatever their health problem, can benefit from exercise provided progress is slow and cautious' (Fentem and Bassey, 1985, page 4). They recommended a balanced mix of activities to achieve a good all-round physical condition. In summary, the 'safe way forward' (Fentem and Bassey, page 15) involves tutors, trainers or teachers:

- undertaking initial screening
- facilitating a low-intensity start
- introducing gradual progression
- taking time to get to know the group
- spotting problems and symptoms of problems
- using a checklist
- keeping control of activities
- avoiding extremes
- keeping records.

67 This approach is confirmed by the British Association of Advisers and Lecturers in Physical Education (BAALPE) (BAALPE, 2005). Although BAALPE's work focuses mainly on younger learners, children and schools, its approach is easily adaptable in the context of older learners. It consists in Part 1 of general guidance, including an overview of legal aspects, risk assessments, accidents and incidents, and then in Part 2 more specific guidance. Practitioners working with older learners need to know about their duty of care. According to BAALPE (2005, page 10) the law does not require perfection but there is a duty of care to identify foreseeable risks that may result in injury and take reasonably practical steps to reduce risk to a reasonable level. In Chapter 8 (BAALPE, 2005, page 85 onwards), comprehensive guidance is given about environment and equipment. Older learners, like other learners, need to show respect for facilities, be shown how to use equipment properly, and share in assessment and management of risks associated with their activity. General guidance is given about floors, natural and artificial lighting, walls and doors, and heating. Similar advice, applicable to older learners, is given (BAALPE, 2005, pages 103–107) in the area of clothing, personal effects and personal protection.

68 Box 5 describes the health and safety arrangements for older learners in one London borough.

Box 5: Older learners, health and safety and inclusion in Hammersmith and Fulham adult learning service.

All students, including older learners, complete a health questionnaire which helps to inform tutors in fitness and health classes that involve physical activity about individual adaptations that may be necessary. We expect students to keep us up to date if their condition, health or medication changes as this may have a bearing on the support provided or the activities they are able to undertake.

Training around older people's health issues for staff is ongoing. There is a referral system in place to ensure health and safety and any special needs issues are covered. There is a support officer in post and the curriculum manager for the fitness and health curriculum supports this process. Support needs are met through one-to-one interviews and/or observations where students are able to identify their own needs or be assessed. There is a bank of specialist equipment available, for example risers for chairs or tables, hearing loops, non-slip materials, ramps, high-visibility signage and floor alerts. Support is also provided by placing support staff within classes or making special arrangements outside the designated class time to allow time to develop skills before integrating students into classes.

When planning the curriculum, care is taken over the location of classes in reference to access and health and safety. The service includes specialist provision for older learners and those with disabilities across the curriculum. Some classes happen in the community, taking education out for those who cannot come to us, or who feel excluded from the mainstream for a variety of reasons. There is also a referral system from local health providers to the cardiac rehabilitation classes and other provision for older learners, including falls prevention classes for example, and use of specialist tutors for specific health-related conditions. There is a budget for subsidised transport for vulnerable students. Information regarding the curriculum is provided in a variety of formats, including, CD, tape, Braille, large print and others on request.

The Agewell programme, developed within the Sports Development Team, is designed to provide a variety of activities for people over 50. In the past five years this has benefited from funding provided through Social Services. Now we have Agewell Extra – a cross-curricular programme aimed at older learners over 60. We also have a programme called Walkwell which, with the help of trained volunteer lead walkers, provides health walks for older learners and currently a group of students with mental health issues.

69 Our focus on particular groups of adult learners shows how health and safety practice can be inclusive and link with other of our priorities such as equality and diversity. Often, as well as being about pragmatism and practicalities, health and safety practice also includes sensitivity, as Box 6 illustrates. We should not forget the 'support' aspects of our brief.

Box 6: Sensitivity, support and adult learners.

An experienced adult educator writes:

Something I have had long experience of as a provider of adult programmes – when you deal with older learners there's a group who can get forgotten ... that is those who don't have a 'disability' but have lesser conditions – mobility (can walk or climb stairs but not with ease or for long), hearing (not deaf but 'hard of hearing'), eyesight ('my eyes aren't what they used to be'), nervousness about negotiating campuses in the dark, a need to park a car fairly close to the classroom.

Such students can be unintended 'victims' where disclosure of disability is not quite appropriate ... They can drop out of a course because of the extra effort required – a good example I have often encountered is where the class goes to the common room for coffee, but one or two students stay behind because of the staircases – and then feel out of it ...

Risk Assessment and Adult Learners

- 70** Effective hazard identification, risk assessment and risk control are key components of successful health and safety management for adult learners as well as any other category. The HSE offers good, comprehensive guidance about risk assessment and related components (HSE, 2002 and HSE, 2003) and Ewens (2003, pages 23–27) applies this guidance to ACL.
- 71** BAALPE (2005, page 2) offers an excellent approach to physical education in schools that can readily be adapted for adult learners doing physical exercises but also other curriculum activities where there may be hazards. BAALPE's approach considers activity in terms of acceptable risk and appropriate challenge within a framework of People ... Context ... and Organisation ...
- 72** Figure 2 shows how the BAALPE model can be applied to adult learners.
- 73** Examining risk management in more detail as a current term for safe practice (described in BAALPE, 2005, page 21) means assessing what could cause harm, judging whether the risk of injury is significant and controlling the risk of injury to an acceptable and reasonable level through some form of corrective action. For adult learners undertaking physical exercise, those with disabilities or engaged in other activities, it means a balance between 'appropriate challenge' and 'an acceptable level of risk' (BAALPE, 2005, page 21), with three factors affecting the balance – the people involved, the context and the organisation of the activity. BAALPE (2005, page 22) usefully distinguishes between three types of risk assessment – generic, site- or activity-specific and ongoing.
- 74** Generic risk-assessment embodies general principles applicable to any activity wherever it takes place. Site- or activity-specific risk assessment is carried out for each work area and activity. Ongoing risk assessment is carried out while an activity is taking place, taking into account issues such as sudden illness, change in conditions and other factors. This sort of risk assessment informs more formal, written, site-specific ones. On the basis of BAALPE's advice and the principles of adult learning (see Figure 1), adult learners need to share in risk assessment and management as an essential part of the learning process, and in some areas of learning, for example sport and fitness, it should be applied to individuals as well as groups and whole classes. Risk assessment can easily and naturally be fitted into a planning, learning and teaching process through 'recognising and recording progress and achievement (RARPA) (see paragraph 87).
- 75** If risk assessment is carried out as a team exercise, it helps raise awareness, establishes a whole-class expertise and ensures that everyone owns the process and issue. It establishes a culture of good health and safety practice. The starting point can be current systems and procedures and improvements can be made from them.
- 76** Generic risk assessment is most likely to be carried out by managers of learning providers. Site- or activity-specific risk assessment is more likely to be the domain of practitioners. The example of a keep fit class risk assessment (see Figure 3) illustrates how activity-specific risk assessment works.
- 77** Another very similar but less 'layered' approach, which might lend itself more to risk management by practitioners rather than managers, is put forward by HSE (2003, pages 42–54) and summarised in Ewens (2003, pages 23–7). The approach is in three steps:
- hazard identification
 - identifying hazards which could cause harm
 - risk assessment
 - assessing the risks that may arise from the hazards
 - risk control
 - deciding on suitable measures to eliminate and control risk.
- 78** The ENTO Unit 1 'Supervise the Health, Safety and Welfare of a Learner in the Workplace' defines hazard and risk* as follows:
- Hazard: A hazard is something with potential to cause harm (this can include articles, substances, plant or machines, methods of work, the working environment and other aspects of work management).*
- Risk: A risk is the likelihood of potential harm from that hazard being realised. The extent of the risk depends on:*
- the likelihood of that harm occurring;
 - the potential severity of that harm, i.e. of any resultant injury or adverse health effect; and
 - the population which might be affected by the hazard, i.e. the number of people who might be exposed.
- * Definition taken from: HSE "Management of health and safety at work – Approved Code of Practice & Guidance". Reference L21 (ISBN 0-7176-2488-9)

Figure 2: Safe practice in adult learning.

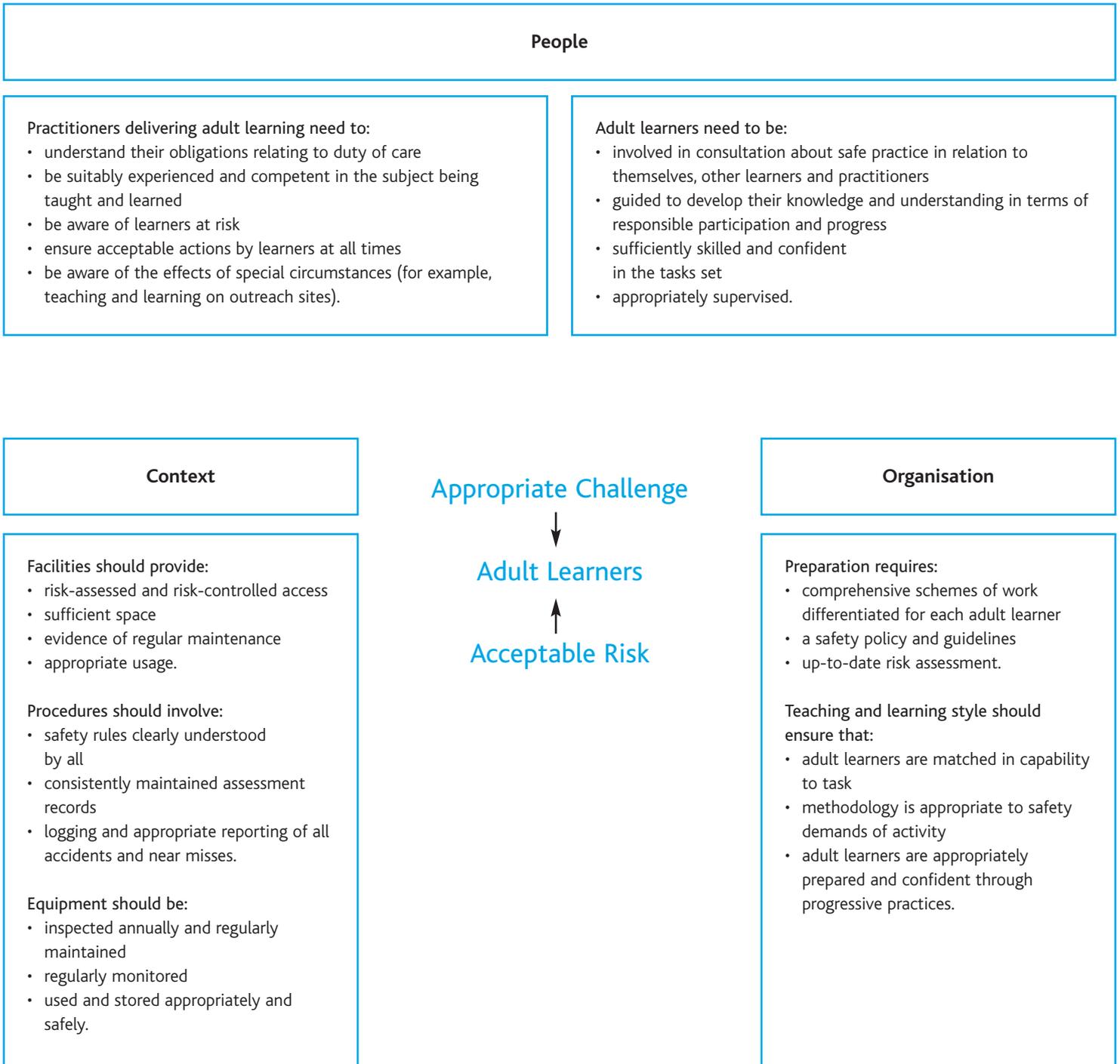


Figure 3: Activity-specific risk assessment applied to a keep fit class.

People	Staff	Questions	Yes	No	If no, actions taken

79 These useful examples (from the same source) illustrate the difference:

Almost anything may be a hazard, but may or may not become a risk. For example:

- *A trailing electrical cable from a piece of equipment is a hazard. If it is trailing across a passageway there is a high risk of someone tripping over it, but if it lies along a wall out of the way, the risk is much less.*
- *Toxic or flammable chemicals stored in a building are a hazard, and by their nature may present a high risk. However, if they are kept in a properly designed secure store, and handled by properly trained and equipped people, the risk is much less than if they are left about in a busy workshop for anyone to use – or abuse.*
- *A failed light bulb is a hazard. If it is just one bulb out of many in a room it presents very little risk, but if it is the only light on a stairwell, it is a very high risk. Changing the bulb may be a high risk, if it is high up, or if the power has been left on, or low risk if it is in a table lamp which has been unplugged.*
- *A box of heavy material is a hazard. It presents a higher risk to someone who lifts it manually than if a mechanical handling device is properly used.*

Embedding Good Health and Safety Practice for Adult Learners

What to embed

80 Six key health and safety elements for practitioners and adult learners have emerged.

- In terms of health and safety, what applies to all learners applies to adult learners.
- A different emphasis is required for adult learners, and among different categories of adult learner, loosely defined, further adjustment will be useful.
- For good health and safety practice to be achieved, adult learners need to be fully involved – health and safety should not be 'done to them'.
- Other policies, procedures and processes in learning providers, such as those relating to disclosure and disability, work hand in hand with good health and safety practice.
- Good health and safety practice for adult learners is about inclusion, not exclusion.
- The best core approach underpinning good health and safety practice is for practitioners and adult learners to understand and apply comprehensively the process of hazard identification, risk assessment and risk control.

Embedding good health and safety practice at practitioner level

81 This can be achieved, and the six elements addressed, in a number of different ways through:

- practitioner induction on appointment or re-appointment
- effective learner induction procedures, and building good health and safety practice into learning (with opportunities to use RARPA (see paragraph 87))
- providing opportunities for practitioners to gain either free-standing qualifications and accreditation in health and safety, or health and safety units as parts of other qualifications (as core units or embedded in other units)
- quality assurance procedures (including use of the Common Inspection Framework and observation of learning, attainment and teaching)
- linking health and safety to other important agendas, such as DDA and so on.

Practitioner induction

82 An effective induction programme goes well beyond health and safety, covering a learning provider's mission, culture and values. It is likely to cover whole-organisation as well as departmental issues, and include a tour of relevant facilities. It will cover employment, resource support, curriculum and a range of other matters. Traditionally, the health and safety component is likely to include an overview, a 'fire tour' (fire routes and fire exits), information about an organisation's health and safety policy, the employees' duty of care, the identity of safety representatives, accident and ill-health reporting procedures, first aiders, fire hazards and precautions, use of fire extinguishers and evacuation procedures. All these are important but generally not directly related to the day-to-day activities of practitioners.

83 Equally important, and of more immediate practical use, will be an overview of hazard identification, risk assessment and hazard control (or elimination). If practitioners actively grasp, 'internalise' and apply these concepts then that is probably the most significant step towards good health and safety practice in learning providers. In addition, where the emphasis of a learning provider and practitioners is on adult learners, it will be beneficial at induction to highlight the particular characteristics of adult learners and the effect on health and safety, show inductees techniques for involving adult learners in good health and safety practice (hazard identification, risk assessment, hazard control) as part of their learning, and relate health and safety practice to other important themes (such as disclosure, inclusion and DDA awareness).

84 Box 7 describes the tutor induction pack for health and safety in one local authority.

85 Health and safety induction needs to be active and directly related to practitioners' needs. It should be delivered in such a way as to make them realise that good health and safety practice is about facilitating, not preventing activity. It is about ensuring that people are included, not excluded. People should not be intimidated by complex jargon and procedures. Recording the results of hazard identification, risk assessment and hazard control (and elimination) should be straightforward, using accessible documentation which links seamlessly into an overall health and safety management system. Figure 4 is an indicative plan for an active session of induction of practitioners in effective health and safety practice.

Box 7: Shropshire County Council Adult and Community Learning Service health and safety induction.

The curriculum leader for health and fitness and humanities has developed a comprehensive tutor induction pack and accompanying PowerPoint presentation for curriculum leaders to brief tutors on health and safety responsibilities.

The contents consist of:

1. Introduction

Why health and safety?
Health and Safety at Work Act 1974
Duty of care
Disability Discrimination Act 1995

2. Responsibilities

The Centre
Curriculum Leaders
Tutors
Learners

3. What tutors need to do

At the 'home' centre
At other venues
Field visits
Lone working

4. Guide to risk assessment

(Reference to Shropshire County Council intranet)

5. What the inspectors saw

Common health and safety problems in ACL

Appendices

A. Checklist for safe working practices

IT rooms
Arts and crafts rooms
Other premises
Pottery and sculpture

Figure 4: Induction session for practitioners in effective health and safety practice.

Aims

To give an overview of employees' health and safety responsibilities and 'duty of care'.

To enable practitioners to carry out hazard identification, risk management and hazard control in their subject areas.

To raise practitioners' awareness of the links between health and safety, disability and inclusion.

To enable practitioners to build in to their programmes ways of involving adult learners in good health and safety practice.

Learning outcomes

By the end of the session, practitioners will be able to:

- apply their 'duty of care' to their work
- carry out hazard identification, risk management and hazard control
- apply the above to their own teaching
- produce a session plan or plans that naturally incorporate good health and safety practice into learning programmes.

Time, content and activities

- 9.15 Welcome, introductions and overview of good health and safety practice in adult learning (use Figure 2 in text)
- 9.20 The duty of care of employees and others
- 9.35 Hazard identification, risk management and hazard control – explanation in plenary session with examples
Group work (mobile and in one location) on these concepts in the venue – identify hazards, risks and hazard control – groups report back and plenary discussion
- 10.05 The process applied to different areas of learning (group work with practitioners working in homogeneous groups) and plenary feedback
- 10.35 Health and safety and disabled learners, those with mental health difficulties and others – overview and possible adjustments (combining risk management with inclusion issues, disclosure and so on.)
- 11.15 Break
- 11.30 Planning sessions with learners early in learning programmes to embed good health and safety practice (for example, safe practice in art classes, keep fit, modern foreign languages and so on, health and safety terms in French, German and so on). Group work (homogeneous area of learning groups) and plenary feedback.
- 12.15 Summary, reference back to aims and outcomes, arrangements for monitoring and back-up of practice through observing teaching and learning, and close.

86 The case study in Box 8 (based on a real experience) might be incorporated somewhere into the above plan.

Box 8: Case study.

A few years ago before I got a mobile phone I found myself working with small groups of adult learners in a community centre. I was often there by myself without access to a phone. I ended up working out where I could ring for help from nearby, that is, a phone box and neighbours whom I knew as learners in case anything did go wrong – which thankfully it didn't. (Remember that some shops insist on having two members of staff on the premises while the shop is open, on health and safety grounds.)

I had the keys to the community centre to get in and out of the main door but I did not have a key to the office where the phone was. It was interesting that the day I arrived the lock had been changed inside the centre and I was not told.

I arrived and let myself in but could not get through the door to unset the alarm. The police were not amused and neither was the centre manager, who had to come and sort things out.

Then of course there was the issue of broken central heating leading to the use of portable heaters ...

Discussion

What went wrong in this situation and how should the organisation, the manager responsible and the practitioner have avoided it?

- aims (appropriate to an individual learner or groups of learners)
- initial assessment
- identification of appropriately challenging learning objectives
- recognition and recording of progress and achievement
- end of learner self-assessment; tutor summative assessment; review of overall progress and achievement.

88 On programmes of adult learning where awareness and application of good health and safety practice need to be high, such as a keep fit course or a welding course, an aim incorporating health and safety considerations can be included. Learners' awareness of and confidence in health and safety practice can be established individually and collectively at the beginning, and 'appropriately challenging objectives' can include health and safety considerations. That provides the basis on which learners' progress and achievement can be recognised and recorded.

89 Even with courses where only the most basic health and safety considerations need to be taken into account, for example, modern foreign languages, a RARPA approach can include health and safety practice. For example, it can highlight whether the facilities and resources in locations such as primary schools and community venues not normally used for adult learning are suitable.

90 Nashashibi (2002) gives a good overview of RARPA-style approaches, with a range of forms that might be adapted in Appendix 2. Figures 5 and 6, consisting respectively of a sample learner record and a sample session plan, show how health and safety could be incorporated into a keep fit class. Figure 5 is adapted from Nashashibi (2002, page 58). Of course, covering health and safety practice in an introductory session would just set the scene. The theme would need to be incorporated, even if only with a light touch, into subsequent sessions.

Health and safety induction of adult learners

87 Practitioners, who are confident about the essential of health and safety practice can instil this into their learning programmes from the very beginning. A good vehicle to achieve this, backed by the LSC, and one which will be applied to LSC-funded non-accredited learning and beyond that perhaps to some accredited programmes, is RARPA. The RARPA approach has two elements: the 'staged process' for recognising and recording progress and achievement (LSC, 2005, page 5); and quality assurance processes that 'are appropriate, fit for purpose and create no additional bureaucracy ... (LSC, 2005, page 5). It is the staged process that can help to deliver good health and safety practice, with the following elements:

Figure 5: Health and safety in keep fit learning outcomes

Learner record

Learning objectives

Please complete at the start of the course

Course title:

Tutor:

Shared learning objectives

Here is a list of the shared learning objectives of the course:

Number	Learning objectives	
1.	Achieve high standards overall commensurate with current level of health and physical capacity	
2.		
3.		
4.		
5.		Incorporate healthy and safe practice into all activities
6.		
7.		

Personal learning objectives

Number	Learning objectives

Student name:

Date:

Reason for taking course:

Shared learning objective(s) which are most important to me (give numbers)

Special interests:

I would particularly like to increase my skills/knowledge/understanding of:

NB: statement to be checked and validated by tutor

To go with the learner record will be a completed pre-exercise screening form for individual learners (see Boxes 1 and 5 for references to this practice).

91 Figure 6 is a possible first or early session plan which addresses health and safety in an active learning and teaching approach.

Figure 6: Sample keep fit session plan incorporating effective health and safety.

Aims

To establish good health and safety practice from the start of the course.
To establish learners' 'duty of care' to themselves and others.
To enable learners to identify and incorporate good practice as a matter of course through hazard identification, risk management and hazard control.

Learning outcomes

By the end of the session, practitioners will have:

- discussed the importance of good health and safety practice in the context of their own levels of fitness and health
- accepted their 'duty of care'
- practised risk management before moving on to practice.

Time, content and activities

10.00 Introductions, ice-breakers, completion of learning objectives form (as a whole class with individual tutor supervision) (including checks of individual health and fitness).
10.25 'Duty of care' (information, questions and answers).
10.40 Risk management activity (whole group) in relation to: surface, space, facilities, general equipment, personal equipment, personal health and fitness, safety rules and regulations (organisational and specific to the keep fit class).
11.00 Introduction to keep fit activity.

Using the health and safety National Occupational Standards

92 Basing staff development activity on the occupational standards (without necessarily delivering qualifications based on these standards, and without reference to qualification levels) is another way of establishing good health and safety practice. ENTO (2005b) provides an overview of how the standards can be used and their benefits for organisations and individuals. Use of the standards, because they cover every health and safety eventuality, can be very effective. Stand-alone units encompass everything from risk control to promoting a health and safety culture within the workplace. ENTO (2005b, page 6) includes a detailed analysis of stand-alone Unit A, 'Ensure your own actions reduce risks to health and safety'. It includes the following elements:

A.1 Identify the hazards and evaluate the risks in your workplace.
A.2 Reduce the risks to health and safety in your workplace.

93 This unit, interpreted and adapted into staff development activity for practitioners and used as a basis for an early learning session with adult learners, contains everything needed to achieve a baseline of sound health and safety in classrooms and other environments of learning providers. Other units would be equally useful for health and safety practice requiring particular approaches.

Health and safety, qualifications and accreditation

94 There is a considerable process of change taking place in the area of qualifications and accreditation in the learning and skills sector. Developments are continuing in this sector following the launch by the QCA of the Framework for Achievement (QCA, 2004) proposing wide-ranging reform of qualifications and accreditation in the sector. A number of Sector Skills Councils have developed qualifications strategies for the industries they cover, and Lifelong Learning UK (LLUK), the Sector Skills Council for the learning and skills sector, is developing a similar qualifications strategy.

95 In the specialised area of health and safety, ENTO has consulted widely on behalf of the QCA on a Qualifications Strategy for Health and Safety. Further details can be viewed on the ENTO website, www.ento.co.uk

96 The LSC believes in the importance of embedding good health and safety practice. This will be advanced through learning providers conducting needs analyses of the health and safety requirements of their practitioners and arranging staff development training accordingly, preferably accredited at the appropriate level. In the short term, this may mean different units and programmes for practitioners in different areas of learning.

97 A good general starting point might be a Royal Society for the Prevention of Accidents (RoSPA) course in risk assessment or something similar, with practitioners branching off into more specialised areas according to their curriculum expertise, or not branching off at all if their areas constituted low hazard and low risk.

98 In the longer term, practitioners should be able to gain accreditation for health and safety units as part of larger teaching and training qualifications, or if health and safety are embedded in a unitised approach leading to these qualifications, then key health and safety requirements can be met in this way.

99 In future, it may be possible to develop a core health and safety unit within appropriate teaching and training qualifications that embody the six elements identified above (paragraph 80) and any additional aspects considered important or which emerge later. In future, health and safety awareness and good practice may well be even more closely linked with disability awareness and inclusion.

Box 9: A selection of references to health and safety in ALI reports.

In leadership and management, one shire adult education service 'does not provide sufficient risk assessment ... The service relies on the ... Council's education directorate health and safety policy. Each subcontractor is required to adhere to this policy ... However, these procedures are not adequate to risk-assess the needs of adult learners.'

In another shire council service, '... in some visual and performing arts and sports courses, tutors do not sufficiently reinforce or monitor safe working practices or systematically use health screening forms when planning dance or sports activities. Managers do not adequately monitor the implementation of these procedures and systems.'

In a specialist adult college, '... In dance and drama the studios are too small for larger classes ... The room for electronic music is not accessible by learners with restricted mobility and health and safety requirements have not been observed. Tutors in sports and exercise pay insufficient attention to individual risk assessments and in dance and drama some risk assessment procedures are disregarded.'

In a work-based learning provider, '... learners' understanding of health and safety ... is not routinely checked or reinforced during reviews ...' In another, '[E]mployers' checks on health and safety ... are not always completed adequately.'

In a further education college, in leadership and management, 'Attention to health and safety is insufficient. Mezzanine work areas lack adequate guards and rails to prevent objects falling on students working in the workshop spaces below. Materials and students' work are poorly stacked.'

Health and safety and quality

100 A further way to embed health and safety is through quality assurance and improvement. We have already referred to health and safety issues and quality in the section on older learners (see above, paragraph 65). Ewens (2003, page 8) alludes to poor practice identified by ALI inspectors in ACL. Other references to inadequate health and safety in ALI inspection reports beyond ACL are frequent. Box 9 gives a selection.

101 The revised ALI and Ofsted Common Inspection Framework for Inspecting Education and Training (ALI, 2005) contains a 'common inspection schedule' at the heart of different inspection frameworks for schools and colleges and other post-16 providers. 'The schedule lists the questions inspectors must ask in every provider of education and training' (ALI, 2005, page 2). Inspections will contribute to joint area reviews for children and young people and will evaluate progress in terms of five outcomes – being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being. For adults and their health and safety, the application of the revised Common Inspection Framework is slightly different. The relevant phrases are below.

1. How well do learners achieve?
Inspectors should evaluate ...
– the extent to which learners adopt safe practices and a healthy lifestyle.
3. How well do programmes and activities meet the needs and interests of learners?
Inspectors should evaluate ...
– the extent to which the provision contributes to the learners' capacity to stay safe and healthy.
4. How well are learners guided and supported?
Inspectors should evaluate ...
– the care, advice and guidance and other support provided to safeguard welfare, promote personal development and achieve high standards.
5. How effective are leadership and management in raising achievement and supporting all learners?
Inspectors should evaluate ...
– how effectively leaders and managers at all levels clearly direct improvements and promote the well-being of learners through high-quality care, education and training
– the adequacy and suitability of specialist equipment, learning resources and accommodation.

102 To ensure that learning providers get positive inspections, they need to continue to develop ways of getting practitioners to incorporate good health and safety practice into their day-to-day work. In practice, this means incorporating information about health and safety (principally evidence that hazard identification, risk assessment and hazard control (or elimination) has been included in session plans, schemes of work and records of work). An example of how this might be done on a session plan template is given in Figure 7. Inserting similar spaces on schemes of work and records of work would be straightforward. Including reference to health and safety requirements, based on the relevant parts of the revised Common Inspection Framework, on observation of learning, attainment and teaching documentation would also help the embedding process.

Figure 7: Sample session plan incorporating health and safety practice.

Course or programme:	Date:	Learners:
Session number:	Time:	Duration:
Title of session:	Topic:	Previous knowledge:

Aims

Learning outcomes

Time	Content, activities (tutor, learners), resources

Health and safety (hazard identification, risk management, hazard control)	Equality and diversity issues	Assessment	Self-evaluation

Support for High Standards of Health and Safety for Adult Learners

103 For ordinary practitioners with no overriding interest in health and safety beyond their statutory obligations and professional concern to do the best for their learners, health and safety issues can appear complex and even intimidating. Combined with increasingly important and ever-developing practice in the area of equality and diversity and inclusion, there can be a real fear of getting things wrong and a real fear of litigation. A good understanding of the basic underlying principles of effective health and safety and its links with equality and diversity and inclusion will ensure that practitioners develop confidence and overcome misgivings. Effective health and safety is about common sense, about alertness, and in particular when linked to inclusion, about sensitivity. It is hard to go far wrong if everyone is consulted in health and safety matters, and involved at every stage. Effective health and safety management is about caring for people in their learning and will have benefits beyond the learning environment.

104 If practitioners do find themselves in situations where they are unsure about health and safety and related issues, even within an organisation with good systems, procedures and processes, they need to be aware that there are many ways of getting support. A good immediate source will be line managers, programme managers or curriculum leaders or centre managers. All these people should have a sound grasp of health and safety principles and be able to apply a common-sense, solution-oriented approach. Colleges, work-based learning providers and local authority ACL services will have designated health and safety officers or representatives to offer advice. In particular, LA ACL services will have access to a main department responsible for health and safety within the council as a whole.

105 For advice and good practice, e-mail groups are an invaluable source of practical advice and information often delivered quickly and effectively, and often referring to further useful sources of information. At the LSC, support is at hand nationally and through designated health and safety managers and advisers in our nine regions. For general and specific advice on all aspects of health and safety, the HSE is an excellent resource. A combination of confidence about applying the core principles of effective health and safety and knowing how to get information when it is required will ensure high standards. Embedding effective health and safety practice in learning and teaching, and linking it with inclusion, will lift the whole performance of a learning provider.

Summary

- 106** We have given an overview of our work on health and safety and its focus on the young learner in the learning and skills sector. We have put forward the view that what applies to young learners also applies to adult learners, but that adult learners do require a different emphasis. The different nature of adult learners affects approaches to health and safety. Focusing on three distinct groups of adult learners – those with disabilities, those with mental health difficulties and older learners – established important connections with other of our core values such as a commitment to equality and diversity and inclusion. Examining good practice in other areas, for example disclosure, passing on information and confidentiality, showed the importance of these in tandem with good health and safety practice. For practitioners, one of the most important principles to grasp is hazard identification, risk assessment and hazard control (and elimination), and this was covered in detail.
- 107** Six key elements were identified in applying good practice to adult learners. We examined ways of embedding these elements, for example through practitioner and learner induction, using national occupational standards, the RARPA staged process and other means. The emphasis was on embedding principles by interactive means rather than a mechanistic transmission of knowledge to passive recipients. Health and safety practice can be a complex subject that can induce feelings of unease, but we outline the many sources of support for practitioners. If they and the learning providers for whom they work achieve high health and safety standards, that will have a beneficial effect and instil professionalism throughout the whole organisation. Done in the right spirit, it will minimise the incidence of accidents and near misses whilst instilling tolerance and sensitivity, a sense of inquiry, a drive towards inclusion and a 'can-do' rather than a 'can't-do' attitude.

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Useful Websites**Adult Learning Inspectorate**

www.ali.gov.uk

Centre for Accessible Environments

www.cae.org.uk

Disability Rights Commission

www.drc.gov.uk

Health and Safety Executive

www.hse.gov.uk

Institute of Occupational Safety and Health

www.iosh.org.uk

Learning and Skills Council

www.lsc.gov.uk

National Register of Access Consultants

www.nrac.org.uk

Qualifications and Curriculum Authority

www.qca.org.uk

ACL Quality Support Programme

www.qualityacl.org.uk

RARPA Recognising and Recording Progress and Achievement in non-accredited learning

www.lsc.gov.uk/rarpa

REX - Value Added/Distance Travelled

www.lsc.gov.uk/National/Partners/PolicyandDevelopment/AdultandCommunity/nms.htm

St John Ambulance

www.sja.org.uk

Centre for Legal Education

www.ukcle.ac.uk

UNISON – the public service union

www.unison.org.uk

Notes

Further Information

For further information on health and safety please visit:

www.safelearner.info

www.hse.gov.uk

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