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Leading learning and skills

# Learner Health, Safety and Welfare: Learner Incident Management Guidance for LSC-Funded Organisations

July 2007

This is of interest to LSC staff and LSC  
funded organisations



[i](#) For information

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# Introduction

- 1 The Learning and Skills Council (LSC) requires all funded organisations (that is, colleges, providers and other institutions that it funds) to report to the LSC all cases where a learner suffers an incident that is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- 2 The LSC also requires as a condition of any funding that any other harm resulting in absence from the learning programme, loss of any physical or mental faculty, disfigurement and incidents of bullying and harassment are monitored and acted on.
- 3 The LSC asks for such information in order to:
  - learn lessons from such incidents and disseminate lessons learnt to those who will benefit from it
  - identify trends and risk areas and so target resources accordingly
  - provide information and statistics to the National Council of the LSC, ministers and relevant government departments and to answer any queries they might have
  - maintain the LSC's policy of ensuring that learning takes place in a safe, healthy and supportive environment
  - contribute to the safe learner blueprint
  - inform the performance review process
  - fulfil the LSC's learner health and safety policy statement and management system requirements.
- 4 If you have queries regarding this process and the guidance contained here, please contact your learner health, safety and welfare (LHSW) team or the health and safety manager for the National Employer Service (NES) in your region. See [www.safelearner.info](http://www.safelearner.info) for contact names and email addresses.
- 5 A list of useful publications appears in Annex D to this publication.

## Reporting Incidents

- 6 The LSC requires each funded organisation (FO) to report injuries and diseases (including fatal road traffic accidents) sustained by learners within the scope of RIDDOR. In the case of fatal accidents and 'major injuries' (as defined in RIDDOR), this is done by informing the LHSW teams or the NES by telephone or fax immediately the FO becomes aware of the event. All events reported under RIDDOR require the FO to send a completed learner incident record (LIR or LIR(A) Disease) form within 10 days of the FO becoming aware of the event. F2508 and F2508(A) Disease forms are available from [www.riddor.gov.uk](http://www.riddor.gov.uk). See Annex A for more information on completing the LIR and LIR(A) Disease forms, and Annex C for copies of the forms.
- 7 Any initial notification should include all those details on the F2508 (or F2508(A) Disease) forms. Information on parts 1, 2, 3 and 6 of the LIR and LIR(A) Disease forms should be included.
- 8 FOs should send electronic copies of this information to the designated person at the LSC. See [www.safelearner.info](http://www.safelearner.info) for contact names and email addresses.
- 9 Part 3 of LIR and LIR(A) Disease also requires the FO to supply details of the date that the learner returned to his or her learning programme and the number of days that were lost. The LSC does not expect this information to be available in the initial report, so the absence of this information must not delay the initial report to the LHSW team or NES contact.
- 10 In the case of a learner fatality on a programme, a case conference will be called in order to ensure that:
  - learners in training with an FO or employer where a fatality has occurred are safe
  - all persons required to act in the event of a fatality are provided with the relevant information
  - a rigorous investigation of the circumstances surrounding the fatality is carried out
  - lessons that can be learnt from the incident are established and communicated to all who can make use of them and thus help protect the safety of others.
- 11 For all incidents, the following applies.
  - The FO investigates or assesses the incident where a learner is under its control. This takes place in partnership with the relevant organisation or employer, in cases where the learner is under someone else's control.
  - The FO completes the LIR (or LIR(A) Disease) form and attaches a copy of the F2508 (or F2508(A) Disease) form.
  - The LIR (or LIR(A) Disease) and F2508 (or F2508(A) Disease) forms are sent electronically to the LHSW team or the NES contact within 10 working days of the funded organisation identifying a reportable incident or being notified of one.

- 12** LIR and LIR(A) Disease forms are available from [www.safelearner.info](http://www.safelearner.info).

## Investigations and Assessments

- 13** Individuals who investigate and assess learner incidents need to be competent to do so. The LSC uses national standards of competence where they exist as a benchmark, and where possible those endorsed by the Health and Safety Executive (HSE). In the case of learner incidents, the LSC expects FOs to have the incident investigated and/or assessed by a competent person, following guidance produced by the HSE (see Annex D for a list of useful publications).
- 14** As with any quality process or system, the FO should have a system in place to quality assure the investigation or assessment and the LIR (or LIR(A) Disease) form before the latter is sent to the LSC to ensure its completeness, accuracy and quality. This should normally be carried out by the person or people appointed to advise and assist the organisation in complying with the requirements of health and safety, that is, the competent health and safety person.

# Completing the Learner Incident Record

**15** FOs should send electronic copies of the LIR (or LIR(A) Disease) form and the F2508 (or F2508(A) Disease) form to the designated person at the LSC (see [www.safelearner.info](http://www.safelearner.info) for contact names and email addresses). Details of the requirements of each of the six parts of the form are described below.

## Part 1: Learner Details

**16** The form requires some basic learner information including:

- the occupational area of learning into which the learner's programme falls (see Annex A for a list of Areas of Learning codes)
- ethnicity code (see Annex A)
- code related to disability and code related to learning difficulty (see Annex A)
- learning start date, that is, the date the learner started on his or her learning programme
- employment status (see paragraph 17 below).

## Employment status

**17** Employment status on the learner incident record form indicates whether the learner is employed. For example, for a learner on an Apprenticeship or Train to Gain, the FO should tick 'employed'. If learners are non-employed, for example, for a learner who is a non-employed WBL learner, the FO should tick 'non-employed'. If it is neither of these and the FO is required to tick 'other' please provide an explanation of why a category of either employed or non-employed cannot be attributed to the learner (this might happen, for example, if a member of the general public were involved). This information is required by the Department for Works and Pensions (DWP) since non-employed learners may be eligible for benefits under the Analogous Industrial Industries Scheme (AIIS).

## Part 2: Funded Organisation

**18** Part 2 requires information about the FO (college, provider or other institution) and the type of learning programme the learner is undertaking (for example, Apprenticeship, Entry to Employment, Increased Flexibility Programme, Train to Gain, work experience and so on), and whether the learner is studying full time or part time.

**19** The FO should enter the date of the incident and the date the incident was identified by the FO, and the source of the information on the incident.

## Part 3: Learner Health, Safety and Welfare

**20** For Part 3 of the LIR or LIR(A) Disease form, the FO will provide details of the learner supervision arrangements that were in place at the time of the incident, based on the following questions.

- Was the supervisor competent?
- Was the degree of supervision appropriate, bearing in mind the age, maturity, experience, capability, risk and the individual needs of the learner?

**21** The FO will provide a brief description of the incident, but not repeat any information already provided on form F2508 or F2508(A) Disease.

**22** Part 3 also requires the FO to supply details of the date that the learner returned to their learning programme or work and the number of days that were lost on the learner's programme. The LSC does not expect this information to be available for the initial report, so the absence of this information must not delay the initial report to the LHSW team or relevant contact at the NES.

## Part 4: Incident Causation

**23** Following the investigation or assessment, the FO will need to identify, in line with Investigating Accidents and Incidents (HSG 245), the immediate and underlying or root causation factors and record these in Part 4 of the LIR or LIR(A) Disease form. The FO should explain the reasoning for its decision (see Annex B for guidance).

**24** There may be a combination of causation factors. Once the immediate causation factors have been identified, FOs should proceed to identify the underlying or root causation factors for the incident or disease. The number (1–12) corresponding to the relevant description should be quoted on the LIR or LIR(A) Disease form, together with an explanation of the relevant circumstances.

**25** The factors and descriptions used for completion of the forms and produced in Annex B to this guidance have been taken from HSE guidance (HSG 245) and adapted for use in the LSC forms. For further reading and a more detailed explanation, please refer to the HSE guidance (see Annex D).

## Part 5: Risk Control Measures and Lessons Learnt

**26** The FO will detail what risk control measures it is taking (or has taken) as a result of the incident and record these in Part 5.

**27** In its description of the risk control measures, the FO must link these to Part 4 of the form, which describes the incident causation factors. Risk control measures can range from nothing, where appropriate (although rarely expected), to changes in premises, information, instruction and training, procedures, systems of work, supervision levels or arrangements, and revised risk assessment and control measures. In cases where the learner is at a placement, the FO may want to state what the employer is intending to do, even if only to reflect an FO's judgement on the suitability of the measures.

**28** Also in Part 5, the description of lessons learnt must link to the risk control measures. Such lessons are those that the FO has learnt as a result of this incident and might include, for example, a review of induction arrangements, training for staff and/or learners, vetting and monitoring arrangements and changes in learner supervision arrangements.

### **Part 6: Person Completing the Report**

**29** Part 6 requires the name of the person completing the form, along with their position in the organisation, the date the form was completed and their contact details.

# Analogous Industrial Injuries Scheme

- 30** Once the FO has informed the LHSW or NES of an injury to a non-employed learner who was on a work placement, but not in full-time education, if appropriate, the LHSW or NES will send the information to the DWP for consideration under the Analogous Industrial Injuries Scheme (AIIS). In cases where the AIIS may apply, the DWP will contact the FO and learner for further information to establish whether the learner is eligible under the AIIS to receive any benefits.

# Performance Measures

**31** The management of learner incidents is an important part of the LSC's monitoring and determination of a health and safety risk rating for each organisation it funds. Each learner incident will be assessed by the LHSW or NES against the performance indicators (see Table 1).

**Table 1: Performance indicators for learner incident management.**

| Area  | Positive indicator   | Negative indicator  |
|---|--|---|
| Identification  | Early or timely  | Late or under-reporting   |
| Notification to LSC   | Timely   | Late (for fatal or major incidents, this is more than 24 hours) |
| Reporting to LSC  | Timely (within 10 days of the incident being discovered)   | Late (more than 10 days of the incident being discovered)       |
| Completion of LIR or LIR(A) Disease and F2508 or F2508(A) Disease forms   | Accurate and complete  | Inaccurate and/or incomplete                                    |
| Identification of incident causation factors  | Correct and accurate   | Inappropriate or incorrect and/or inaccurate                    |
| Identification of risk control measures and lessons learnt  | Appropriate and suitable, following SMART (specific, measurable, achievable, realistic, time-bound) principles | Inadequate and/or unsuitable                                    |
| <b>Management</b><br><i>quality assuring investigations or assessments, and using these to improve standards and incorporating any lessons learnt in the self-assessment process and in quality improvement plans. This area will also take account of the competence of the individuals undertaking the investigation. The LSC expects a timely follow-up of the risk control measures identified to ensure they are actually carried out.</i> | Effective  | Ineffective   |

# Annex A: Descriptor Codes Used to Complete the Learner Incident Record

## Area of Learning

- 1 The appropriate code taken from Table A1 should be entered in the relevant box in Part 1 of the LIR or LIR(A) Disease form.

**Table A1: Area of learning codes.**

| Code | Area of Learning                                 |
|------|--|
| 1    | Health, public services and care                 |
| 2    | Science and mathematics                          |
| 3    | Agriculture, horticulture and animal care        |
| 4    | Engineering and manufacturing technologies       |
| 5    | Construction, planning and the built environment |
| 6    | Information and communications technology        |
| 7    | Retail and commercial enterprise                 |
| 8    | Leisure, travel and tourism                      |
| 9    | Arts, media and publishing                       |
| 10   | History, philosophy and theology                 |
| 11   | Social sciences                                  |
| 12   | Languages, literature and culture                |
| 13   | Education and training                           |
| 14   | Preparation for life and work                    |
| 15   | Business administration and law                  |

## Ethnicity Codes

- 2 The appropriate code taken from Table A2 should be entered in the relevant box in Part 1 of the LIR or LIR(A) Disease form.

**Table A2: Ethnicity codes.**

| Code | Description   |
|------|---|
| 11   | Asian or Asian British – Bangladeshi                |
| 12   | Asian or Asian British – Indian                     |
| 13   | Asian or Asian British – Pakistani                  |
| 14   | Asian or Asian British – Any Other Asian Background |
| 15   | Black or Black British – African                    |
| 16   | Black or Black British – Caribbean                  |
| 17   | Black or Black British – Any Other Black Background |
| 18   | Chinese   |
| 19   | Mixed – White and Asian                             |
| 20   | Mixed – White and Black African                     |
| 21   | Mixed – White and Black Caribbean                   |
| 22   | Mixed – Any other mixed background                  |
| 23   | White – British                                     |
| 24   | White – Irish                                       |
| 25   | White – Any other White background                  |
| 98   | Any other   |
| 99   | Not known or information not provided               |

## Codes Relating to Disability

- 3 The appropriate code taken from Table A3 should be entered in the relevant box in Part 1 of the LIR or LIR(A) Disease form.

**Table A3: Codes relating to disability.**

| Code | Description   |
|------|---|
| 01   | Visual impairment   |
| 02   | Hearing impairment  |
| 03   | Disability affecting mobility   |
| 04   | Other physical disability   |
| 05   | Other medical condition (for example, epilepsy, asthma, diabetes)       |
| 06   | Emotional and/or behavioural difficulties                               |
| 07   | Mental ill health   |
| 08   | Temporary disability after illness (for example post viral) or accident |
| 09   | Profound complex disabilities   |
| 90   | Multiple disabilities   |
| 97   | Other   |
| 98   | No disability   |
| 99   | Not known or information not provided                                   |

### Notes to codes relating to disability

- 2 For further education (FE) and work-based learning (WBL) learners, if the learner considers him or herself to have a disability, this field should be used to record the learner's main disability. Where a learner has more than one disability, the main one should be recorded.
- 3 For FE and WBL, where there are two or more disabilities of equal severity, code 90 should be used.
- 4 For FE and WBL, where the learner has no disability, code 98 should be used.

## Codes Relating to Learning Difficulties

- 5 The appropriate code taken from Table A4 should be entered in the relevant box in Part 1 of the LIR or LIR(A) Disease form.

**Table A4: Codes relating to learning difficulties.**

| Code | Description                           |
|------|---------------------------------------|
| 1    | Moderate learning difficulty          |
| 2    | Severe learning difficulty            |
| 10   | Dyslexia                              |
| 11   | Dyscalculia                           |
| 19   | Other specific learning difficulty    |
| 90   | Multiple learning difficulties        |
| 97   | Other                                 |
| 98   | No learning difficulty                |
| 99   | Not known or information not provided |

### Notes to codes relating to learning difficulties

- 6 A learner can be categorised with codes from both Table A3 and A4, but if he or she has more than one equally severe disability or difficulty, the FO should use code 90.

# Annex B: Incident Causation Descriptions

## Immediate and Underlying or Root Factors

### Introduction

- 1 The following descriptions of immediate and underlying or root factors are to be used when completing Part 4 of the learner incident record (LIR or LIR(A) Disease) form. The descriptions may be used to identify why the incident or disease occurred. Funded organisations (FOs) should choose the relevant description that best fits the circumstances for the immediate and underlying or root factors.
- 2 There may be a combination of causation factors. Once the immediate causation factors have been identified, FOs should proceed to identify the underlying or root causation factors for the incident or disease. The number (1–12) that corresponds to the relevant description should be quoted on form LIR or LIR(A) Disease, together with an explanation of the circumstances.
- 3 The factors and descriptions used for completing forms LIR or LIR(A) Disease have been taken from the Health and Safety Executive (HSE) publication Investigating Accidents and Incidents (HSG 245) and adapted for use in the LIR or LIR(A) Disease forms. For further reading and a more detailed explanation, please refer to the HSE guidance.

### Immediate factors

#### 1 Place or premises (access, egress or work area)

Was there anything about the condition of the workplace that contributed to the adverse event? If not, go to 'Plant, equipment and substances'.

#### 2 Plant, equipment and substances (used or generated)

Did the equipment or the substances or materials being used or generated contribute to the adverse event? If not, go to 'Process and procedures'.

#### 3 Process and procedures (instructions)

Did the procedures, instructions or information (or the lack of them) contribute to the adverse event? If not, go to 'People involved'.

#### 4 People involved (issues, suitability and failure)

Was there anything about the people involved that contributed to the adverse event?

Once the relevant immediate causation factors have been identified from items 1–4 above, consider the relevant underlying or root factors.

### Underlying or root factors

#### 5 Control and supervision

Were the workplace and work activities adequately supervised and monitored in order to ensure that risk control measures were effective and implemented as intended?

#### 6 Co-operation (involvement of others)

Were learners, trade unions, employees and their representatives involved in determining workplace arrangements, preparing risk assessments and safe working procedures?

#### 7 Communication (duties not clear, not understood or not set out)

Were responsibilities and duties clearly set out, communicated and clearly understood by those involved?

#### 8 Competence (training not provided or not suitable)

Were the people involved assessed as suitable for the work in terms of health and physical ability? Were the health and safety training needs of people identified?

#### 9 Design (poor controls or arrangements)

Were the workplace, equipment layout, controls and displays designed with due consideration of health and safety, in order to reduce the risk of, or prevent, human error?

#### 10 Implementation

Were there arrangements in place for ensuring that sufficient and suitable plant, equipment and materials were available?

#### 11 Risk assessment

Were risk assessments for the work in question conducted? Were they adequate and were there suitable arrangements to eliminate or reduce the risks to an acceptable level?

#### 12 Health and safety policy and management systems

A negative answer to any of the questions above identifies an underlying or root cause. These underlying or root causes in turn point to failings in the health and safety management system. Funded organisations should therefore consider their overall risk control management of the organisation to identify weaknesses. The management system helps to create the environment and set the standards under which all other health and safety activities take place.

LSC-funded organisations are expected to understand the principles and management practices that provide the basis of good health and safety management, as described in Successful Health and Safety Management (HSG 65). This publication will help you clarify the issues that need to be addressed and to develop an improvement programme through audit or self-assessment.

The principles are universal, but how far action is needed will depend on the size of the organisation, the hazards presented by its activities, products or services, and the adequacy of its existing arrangements.

# Annex C: Learner Incident Record Forms

## Learner Incident Record Form

The LSC contract (Schedule 3) requires funded organisations to report injuries and diseases and dangerous occurrences involving learners in line with the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requirements. For learner injuries, funded organisations must complete this learner incident record form and also submit a copy of form F2508.

Note: This form is for notification to the LSC only. All funded organisations should undertake and document their own incident investigation as appropriate.

Guidance for completing this form can be found in Learner Incident Management Guidance for Funded Organisations(LSC, 2007).

### Part 1: Learner details

Name:.....

Forenames:.....

Male/Female: .....Age:.....Date of birth:.....

Learner start date:.....Area of Learning code:.....

Ethnicity code: .....Disability code:.....

Learning difficulties code: .....

Employed/Non-employed/Other (If 'Other', please explain):.....

.....

.....

.....

### Part 2: Funded organisation

Name and address: .....

.....

.....

Contact name: .....

Telephone number:.....

Email address: .....

Type of learning programme: .....

Date of incident: .....

Date incident notified to (or by) funded organisation:.....

### Part 3: Learner health, safety and welfare

Provide details of the learner supervision arrangements in place at the time of the incident.....

.....

.....

.....

Provide a brief description of the incident. (Do not repeat information already provided on the attached form F2508.)

.....

.....

.....

Date learner returned to programme/work:.....

Number of days lost:.....

### Part 4: Incident causation

Identify and explain, in line with Investigating Accidents and Incidents (HSG 245), the relevant immediate and underlying or root causation factors, following the FO's and/or the employer's incident investigation. Refer to Annex B of Learner Health, Safety and Welfare: Learner incident management guidance (LSC, 2007) for more details of the descriptions of incident causation factors. There may be a combination of causation factors.

**Immediate factors (numbers and explanations)**.....

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.....

.....

**Underlying or root factors (numbers and explanations)**.....

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## Part 5: Risk control measures and lessons learnt

### Risk control measures

Provide details of any risk control measures taken by the funded organisation and/or the employer.....

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### Lessons learnt

Identify any lessons that you, as the funded organisation, have learnt as a result of this incident.....

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.....

### Part 6: Person completing this report

Name:.....

Position:.....

Date form completed:.....

### Learner Incident Record(A) Disease

The LSC contract (Schedule 3) requires funded organisations to report injuries and diseases and dangerous occurrences involving learners in line with the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requirements. For learners contracting a disease in the course of their programme of work, funded organisations must complete this learner incident record (A) Disease form and also submit a copy of form F2508(A) Disease.

Note: This form is for notification to the LSC only. All funded organisations should undertake and document their own incident investigation as appropriate.

Guidance for completing this form can be found in Learner Incident Management Guidance for Funded Organisations (LSC, 2007).

#### Part 1: Learner details

Name:.....

Forenames: .....

Male/Female: .....Age:.....Date of birth: .....

Learner start date:.....Area of Learning code: .....

Ethnicity code: .....Disability code: .....

Learning difficulties code:.....

Employed/Non-employed/Other (If 'Other', please explain):.....

.....

.....

.....

#### Part 2: Funded organisation

Name and address:.....

.....

.....

Contact name:.....

Telephone number:.....

Email address:.....

Type of learning programme: .....

.....

Name of disease (as per RIDDOR).....

.....

Date of medical statement or diagnosis:.....

Date incident notified to (or by) funded organisation:.....

#### Part 3: Learner health, safety and welfare

Provide details of the learner supervision arrangements in place at the time of the incident.....

.....

.....

.....

.....

Provide a brief description of the work done by the learner that might have led to their contraction of the disease. (Do not repeat information already provided on the attached F2508(A) Disease.)

.....

.....

.....

.....

Date learner returned to programme/work:.....

Number of days lost:.....

#### Part 4: Incident causation

Identify and explain, in line with Investigating Accidents and Incidents (HSG 245), the relevant immediate and underlying or root causation factors, following the FO's and/or the employer's incident investigation. Refer to Annex B of Learner Health, Safety and Welfare: Learner incident management guidance (LSC, 2007) for more details of the descriptions of incident causation factors. There may be a combination of causation factors.

**Immediate factors (numbers and explanations)**.....

.....

.....

.....

.....

**Underlying or root factors (numbers and explanations) .....**

.....  
.....  
.....  
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**Part 5: Risk control measures and lessons learnt**

**Risk control measures**

Provide details of any risk control measures taken by the funded organisation and/or the employer.....

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.....  
.....  
.....  
.....

**Lessons learnt**

Identify any lessons that you, as the funded organisation, have learnt as a result of this incident.....

.....  
.....  
.....  
.....  
.....

**Part 6: Person completing this report**

Name:.....

Position:.....

Date form completed:.....

# Annex D: References

ENTO (2007) National Occupational Standards: Health and Safety – Stand Alone Units: Unit HSS5 Investigate and evaluate health and safety incidents and complaints in the workplace, London: ENTO.

Health and Safety Executive (1999) A Guide to RIDDOR 95 Ref. L73, London: HSE Books.

Health and Safety Executive (2004) Investigating Accidents and Incidents Ref. HSG245, London: HSE Books.

Health and Safety Executive (1997) Successful Health and Safety Management Ref. HSG65, London: HSE Books.

LSC (2007) Learner Incident Management Guidance for Funded Organisations, Coventry: LSC.



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## Health and Safety

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