Pedagogic Inclusion in Professional Education:

Challenges and Possibilities?

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I hereby declare that, except where explicit attribution is made, the work presented in this thesis is entirely my own.

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ABSTRACT

This thesis describes a qualitative, interview-based case study of the experiences of adult female learners accessing/reaccessing Higher Education following a Widening Participation (WP) route on a part-time Physiotherapy undergraduate course and an accelerated Masters course in Occupational Therapy at a single HEI. The research questioned student and staff perceptions of and attitudes to study, and to what extent the HEI had adapted its pedagogic approaches to accommodate student learning preferences. Data are drawn from discussions with sixteen participants, comprising four students and four tutors on each course.

The research outcomes revealed a tension between the tutors' theoretically and ideologically driven views on teaching and learning, which included responding to diverse student needs, and the more pragmatic orientations of the students and their tutors. These were underpinned in the students' case by the financial need to gain a qualification in spite of the constraints of time and family life, and on the tutors' and institution's part by the need to attract student numbers and to meet completion targets in spite of shortages of time, staffing and space. Analysis of the responses of students and tutors draws on Bernstein's theory of recontextualisation, in which ideas such as WP undergo significant transformations first in the official policy process then when they are put into practice. The study also draws on Bernstein's account of pedagogic identities, which describe how teachers and institutions negotiate teaching and learning processes within the competing demands of market forces, mandated policy and their own local ideologies and circumstances. In its exploration of the meaning of WP and its underpinning rationales, the research suggests that the pragmatic approach of the institution has the effect of widening access in terms of course eligibility but failing to offer correspondingly inclusive pedagogies, more flexible curricula, or adequate student support services.

PART THREE

PART FOUR

GUIDELINES FOR WRITING PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Personal Statement

This statement is a reflection of my experiences and professional development throughout the EdD programme. I started the course as someone who viewed himself as, first and foremost, a clinician who was involved in professional vocational education, not as a 'real' teacher. In addition, that clinical view focused exclusively on my own profession of Podiatry rather than other clinical disciplines. When I embarked on the EdD I was in my late forties and at a fairly senior level both academically as the departmental tutor in a university department and professionally, as the department was in a specialist hospital, educating future Podiatrists as well as post-graduate students. Allied-Health-Professions (AHP) in a way have come late to the academic table in a true education sense: staff were expected to develop their academic qualifications but were 'too valuable' to be released from teaching duties to undertake full-time study. Therefore, the part-time taught EdD was the ideal solution for me.

The first aspect of the taught programme on the EdD I chose to follow at the Institute of Education, Foundations *of Professionalism,* helped me to consider myself as being a member of two professions, a health-care professional and an educator. Previously, my sense of 'belonging' had been to my own profession of Podiatry, and not in the wider sense of education or other health professions. Two significant changes happened: first, I realised that, despite the diversity of my peer group of students on the EdD, we had common 'shared' problems and experiences; second, my reading of wider academic/educational texts (not directly related to my own profession) increased significantly.

The *Foundations of Professionalism*, and in particular the concept of de-profressionalisation, enlightened my understanding of and interest in educational issues in the context of wider government policy. Prior to this I was enormously territorial, protecting the borders of my own profession without recognising the similarities, not only of other health professions, but of any profession. The shared experiences of other students in my cohort group made me recognise that the issues that I had assumed were exclusive to my own department were in fact

common to most educational courses - most notably attempts by government to exert control over education. Clarke and Newman's (1997), 'The Managerial State' clarified, for me, the overbearing nature of the State and its determination to diminish the strength of the 'Professions'. The Foundations module highlighted the determination of government to remove 'professional privileges' from professional bodies in an attempt to deregulate all professions who were seen as a threat to government policy. These bodies, perhaps like Trade Unions, were interpreted as agents who would oppose change rather than assist development, so that what has emerged is a form of forced managerialism.

Lectures by Louise Morely on feminism and feminist teaching and her book 'Organising feminism: Micro-politics of the Institution' (1999) were seminal in the development of my thinking about where I was positioned professionally and as a researcher. I was a male, but belonged to a 'female-gendered' profession – like all AHPs - and had not understood how historically those 'semi or quasi' professions had been disenfranchised as a result of women's rights having been seen as secondary alongside those professions populated predominantly by men such as medicine and law. I was also a member of an academic department which was part of a Medical School that was dominated by men, working in a hospital that, as well as the responsibility of teaching students, had to provide professional care to patients of the hospital: therefore, having to provide care on several different levels. In addition, I was a part-time mature student on the EdD, along with having the additional responsibilities of home life and parenthood. Ultimately, I could identify strongly with all the participants in what would eventually become my Thesis.

The *Methods of Enquiry* (MOE) 1 and 2 assignments undertaken on the EdD course were prompted by concerns I had regarding student attrition rates in my department and how the commissioners of the course (the NHS) used these figures to exert influence upon what we were doing. For example, student numbers were entirely dictated by the commissioners – not the university or our NHS Trust partners. What emerged from the MOE study and from desk top research of current relevant literature (including Ball, Callendar, Yorke and Archer) was that

one of the principal factors related to student dropout was the issue of Widening Access and Participation (WP) for students from non-traditional backgrounds coming into Higher Education. Our department was in an élite 'Russell Group' university, yet our department had been highlighted as 'an example' of WP in practice. Specifically, we had an ethnically diverse set of students, mainly female, who were adult learners, and several had come from recognised 'Access' courses rather than the traditional 'A' level route. The group most successful in accessing our course, who continued to succeed in the face of quite significant adversity, were mature female students, several of whom I had had dealings with in a pastoral role and for whom I had a deep empathy for the ways in which they were overcoming so much to be in a position to study. The research for these assignments involved reviewing the major reports on WP from Robbins (1963) through to Dearing, Fryer and Kennedy (1997) and their recommendations, in addition to major policy documents affecting AHP courses such as 'Meeting the Challenge' (2000), which stressed the importance of increasing student numbers by adopting WP initiatives. I came to understand the extent to which we were engaged ourselves in adopting this policy more as a convenient way to get students to fill our places than as a specific altruistic mission. One effect of this was that no real consideration had been given to adjusting our curriculum, pedagogy or assessment in the light of our changing student demographic.

The MOE 1 and 2 courses and assignments also enabled me to gain insights into the methods and methodologies of sociological research – all of which was quite new to me. Of especial help was Robson's book on 'Real World' research and the work of Patton, Polgar and Thomas and Oppenhiem - all of which contributed to my understanding of what I was doing, or had been doing, and how this would influence my decision-making towards my professional development. I used data from my assignments for MOE 1 and 2 to give a lecture on Student Attrition to an international Podiatry Educators conference in Paris, and the subject appeared to have world-wide interest and to affect most delegates.

By the time I undertook the EdD's *Initial Specialist Course*, on *Curriculum, Pedagogy and Assessment*, it was clear to me that the educational construct of our course was

wrong for the learning needs of the WP students, and that it was essential that we construct an approach that included more flexibility and served the needs of all the students. It was by engaging with the wider educational work of the likes of Bernstein, Ball, Eisner, Dewey, Gardner, Moore, Piaget and Vygotsky, that I realised how prescriptive our curriculum, pedagogy and assessment regimes had been. In order to find a curriculum that would encompass WP, innovative approaches would have to be made. In this regard, I identified very much with the ideas of Lorrie Sheppard (2000), whose vision was based on the premise that all students can learn, however diverse their background, and that the subject matter still has to be challenging, aimed at higher order thinking rather than passive pedagogic approaches. The learning theories that now seemed particularly appropriate to me, for education on professional courses, might be described as cognitive and constructivist. I was particularly influenced by the notion of students being more involved in all aspects of the learning process. For instance the concept of problem-based-learning seemed to enable learners to construct knowledge and understandings within a social context where new learning was shaped by prior knowledge and cultural perspectives that would draw upon experiences of diverse learners and forge a deeper level of understanding.

The shorter, Institution *Focused Study* (IFS) completed prior to this major thesis enabled me to incorporate what I had learned from the previous assignments and include each of the elements into the investigation of what effect WP students had had on our department, specifically how we could use the results of the IFS to alter our course to become more student-centred. The onset of this study coincided with my promotion to Head of Department and a major curriculum review. As such, my IFS, involving canvassing opinions from all stakeholders involved in the course (including student and staff opinions), could not have been more opportune. A specific aim of this study was to explore via these attitudes and perceptions how the WP initiative may have fundamentally altered the department in terms of curriculum, pedagogy and assessment as well as broader attitudes towards (and understandings of) learners and learning. While reviewing the literature for the study it became apparent that an enormous amount of government rhetoric was

expended on the subject of their WP objectives from White Papers, especially the 2003 *Future of HE* and the 2004 *Higher Education Act*, House of Commons select committees resulting in HEFCE, DFES and DoH reports (often with seemingly conflicting recommendations). These interventions prompted significant academic reviews from the likes of Stephen Gorard (*et al 2006*) and David Watson (2006) on WP which were far reaching and suggest that 'barriers' must be overcome, on a number of levels, for HE to be inclusive for all students regardless of background.

After the data collection process for the IFS, at a point where the information would be relevant to effect change, change came about from external sources. The NHS had embarked on (yet another) reorganisation, which meant that we had new commissioners who decided to commission the course from a new provider university. I made a decision this was not the direction for me personally, and had to complete the IFS while adjusting to a new working relationship resulting in an inevitable delay in the completion of the IFS. However, upon completion it was clear from the evidence that we were locked into a 'numbers not quality of education' contract. This involved tinkering with pedagogy in terms of curriculum delivery and assessment while simply adapting the old traditional three-year degree course rather than producing an individually tailored flexible programme. It became more apparent than ever that staff and students were focussed on getting everything done and completed on time; there was no time for reflection on what we were learning. Mature female students were by far the majority of those accessing the course via a WP route in our case, and a major problem they identified in the IFS was the inflexibility in the timing of the course; specifically, it was a very 'full'-time three-year course that did not enable them to give sufficient time to their education *and* to deal with often very complex home lives. It did appear to me that progressively education was being taken over by what Jones and Thomas (2005) describe as a utilitarian approach focussing on 'training' rather than educating to a higher level: i.e. what we were doing was simply training a workforce rather than providing an education, and therefore not fulfilling the role of higher education providers to enable students to expand their own horizons.

My own professional development subsequently extended into post-graduate courses for other AHPs and course inspections on behalf of professional bodies. I was moving away from teaching to effecting change in course delivery both in my own profession and other AHPs. This gave me the opportunity to extend my research in my final Doctoral Thesis to build upon the results of my IFS. Circumstances that produced a time-lapse in those studies meant I was able through the Thesis to examine pedagogic inclusion in professional education by looking at two courses set up to enable WP in two different AHP disciplines from my own, although similar in principle. This gave me the opportunity to take forward my research on WP with AHPs in HE but now with the benefit of being an outside observer rather than an 'insider'. Not having the responsibility for a programme gave me the time for critical reflection and equally the time to read more extensively. There is a real lack of educational writing in most of the AHP literature (nursing and social workers fair better) which has led me to examine both sociological and educational texts and draw comparisons – particularly from 'teacher training' - to highlight issues.

I have seen a natural progression to my own professional development at each stage of the EdD. My understanding of inclusive pedagogical issues, gender issues in a professional context, as well as central government's attempts to intervene at all levels of the educative process have informed my practice in the work I am currently involved with, and in conclusion I am very much more of an educationalist now than the clinical teacher I started the EdD as. I have a desire to ensure that we educate future AHPs to become critically reflective thinkers rather than simply training them for the workforce.

PART ONE

CHAPTER 1.   Introduction: background to the research

The Widening Participation (WP) agenda in the UK, sometimes known as the access agenda (Burke 2002), has been a long-term governmental educational strategy supported by successive administrations aimed at removing barriers to continuing education and introducing a system based upon individual merit rather than privilege (Gorard *et al* 2006, Watson 2006). During the period of my research (2002-2010), and indeed the period immediately prior to this, there has been a Labour administration that, through its actions and policies, has appeared committed to widening educational participation. (Whether the current administration continues to be remains to be seen).   Thus, Williams (1997:42) has described Labour's intentions in this area as:

> '[A] project to reform the welfare state and regenerate the national
> economy …. a hegemonic position … a meritocratic version of
> access.'

Burke (2002:14) maintains that this was a central plank of Labour's 'radical politics' to transform Higher Education (HE) by putting marginalised groups at the centre of knowledge reconstruction. Widening participation and access to Higher Education has been a focus of post war educational policy which seeks to remove barriers to continuing education and introduce a system based upon individual merit rather than privilege, and so was an important policy objective for the Labour government (Blanden and Machin 2004). From an historical perspective the significant move towards WP came in 1963 when the Robbins Inquiry Committee Report laid the foundation for the present policy on WP and access. This indicated that, 'courses of Higher Education should be available for all those who are qualified by ability and attainment to pursue them and who wish to do so' (Robbins 1963). 'Access' is defined in the report and subsequently as the widening of opportunity for students from non-traditional backgrounds and under-represented groups to participate in Higher Education (HEFCE 1996). Broadly speaking, these groups include: mature people over the age of 21 accessing Higher Education, ethnic minority groups, students from low income families, and students with a recognised disability

(HEFCE 1996). The traditional route for entry to Higher Education described as the 'Royal Route' - i.e. 5 good GCSE's and 2 'A' levels followed by a full time degree - could be described as being highly competitive, with the prescriptive goal at 'A' level forming a very narrow entry gate to 18 year-old pupils from school or further education (Stanton 2008, cited in Kingston 2008).

Prior to the Labour administration it had been under the Conservative administration that major reports on WP and access were commissioned. Simultaneous reports in 1997 by Sir Ron Dearing, Helena Kennedy QC and Professor R.H. Fryer separately focussed on aspects of WP and accessing Higher Education (HE), Further Education (FE) and both HE and FE, and proposed a number of recommendations, with common themes emerging from all three reports. Subsequent reports, such as 'The Future of HE' (2003) and the passing of the Higher Education Act (2004), set down the government's objectives for WP, and significantly informed my own initial research in this field (see personal statement, above). Baroness Kennedy (2008) later expressed the opinion that there was still unfinished business in WP with regard to the 1997 *Learning Works* Report, stating that:

> 'The hope given words in 1997 still has currency in 2008, that widening participation initiatives will improve and increase access to learning to a much broader cross-section of the potential learners, giving them opportunities for success and progression, thereby creating a lifelong learning society,' (Kennedy 2008, cited in Kingston 2008).

Extending this philosophy a little further, Baroness Kennedy, in a lecture to Birmingham University, in 2009 argued that:

> 'For a significant number of people, the 'royal route' to HE remains barred and this is where the importance of the further and adult education sectors comes to prominence….. And these students also tend to represent a highly diverse section of the population in terms of social class, ethnicity, gender and disability.' (Kennedy 2009).

The WP and access government policy agenda in the Higher Education sector might be described as having focused mainly on two broad imperatives. One of these is a perceived national economic need as a response to a reduction in industrialisation and the national capacity for manufacturing (LMST 2000), which has resulted in an increased demand for the supply of people with higher levels of knowledge and skills in areas such as the service industries, including welfare. The second imperative, which was emphasised by the then government, concerns itself with social inclusion: an attempt to widen participation to Higher Education to traditionally under-represented groups in adult education (LMST 2000) as of value in itself. Within this latter rationale, HE is seen both as a world of learning to which no one who can benefit should be excluded *and* as a means of raising social and political consciousness (LMST 2000). In the introduction to a Campaign for Lifelong Learning report Hartley (CEO) (2008) maintains:

> 'If we are to achieve our social justice ambitions, individuals must not be turned away from higher education, or channelled into one specific type of HE provision, simply as a result of their background or previous qualifications.... Expanding part-time provision and routes through from vocational Level 3 qualifications is desirable, but we must guard against a ghettoised system in which privileged young people follow the 'royal route' from A levels to full-time first degrees while young people and adults with fewer advantages follow a part-time route into higher education only via vocational sub-degrees without achieving parity of esteem. We need a radical review to ensure that all young people and adults - and particularly young people and adults with few economic advantages - can enrich their lives through learning.' (Hartley 2008, cited in Corney *et al* 2008:3)

Both participation and access can, of course, be interpreted and understood in a number of ways - a point crucial to the central argument of this thesis, and one that will be returned to in more depth in the final chapter. (Similarly, there might exist factors *behind* WP and access other than those to be found in official discourses: for example, universities' growing need to 'balance the books' by increasing student numbers.) The definition of WP has developed and certainly varies according to the literature (see for example, Robbins 1963, Dearing 1997, Burke 2002, Gorard *et al*

2006). However, a fairly broad-based definition by the *Teaching and Learning Research Programme* (TLRP cited in Watson 2006: 4), which also touches on its rationale, describes WP as:

> 'taken to mean extending and enhancing access to HE experiences of people from so-called under-represented and diverse subject backgrounds, families, groups and communities and positively enabling such people to participate in and benefit from HE. People from socially disadvantaged families and/or deprived geographical areas, including deprived remote, rural and coastal areas or from families that have no prior experience of HE may be of key concern. Widening participation is also concerned with diversity in terms of ethnicity, gender, disability and social background in particular HE disciplines, modes and institutions. It can also include access and participation across the ages, extending conceptions of learning across the lifecourse, and in relation to family responsibilities, particularly by gender and maturity.'

This description comprehensively articulates most of the broadly understood elements of WP, and at the same time highlights the complexity of the debate (this complexity is reviewed in more detail in Chapter 3). Watson (2006:4) argues that WP 'is not just, or even primarily, about minorities'. It is, rather, a complex matter, in which many variables can and do overlap - as a result of which there have been difficulties associated with adopting WP as a concept on a number of levels. Gorard *et al* (2006), in their extensive review of WP research, use the metaphor of 'barriers' to participation in HE, which suggests an explanation for differences in patterns of participation between under-represented groups, and contains its own solution: i.e. removal of the barriers. Their research proposes three types of barrier:

- Situational - such as direct and indirect costs, loss or lack of time, and distance from a learning opportunity, created by an individual's personal circumstances.
- Institutional - such as admissions procedures, timing and scale of provision, and general lack of institutional flexibility, created by the structure of available opportunities.

- Dispositional - in the form of an individual's motivation and attitudes to learning, which may be caused by a lack of suitable learning opportunities or poor previous educational experiences.

(Gorard *et al* 2006).

Other research has identified that WP, though potentially advantageous in sustaining or expanding student numbers can make greater and perhaps excessive demands on institutions. In one study by Universities UK in 2002, for example, it was claimed that the additional cost of support for recruitment, retention and progression in relation to WP amounts to as much as 35 per cent over and above that of a 'traditional' student (UUK 2002). Furthermore, as will be discussed later, additional funding from government for WP tends to be used on the recruitment of students rather than additional support for students when they are on the courses (Brown 2010). Institutions therefore may perceive WP as presenting a risk (Hatt *et al* 2005), particularly when retention rates affect the institutions' income and standing in so-called 'league tables' (Pinar 2012). Related to this, there is considerable concern that 'non-traditional' students have a much higher drop-out rate than traditional students (HEFCE 1999).

This possibility of an extra burden on HE providers, and its potential effects both on the quality of provision and on recruitment practices, is of particular significance to my own study, as will become evident during discussions of the research data. Of particular concern here is what happens when the 'therapeutic' motive or rhetoric of WP (that is to say, emphasising the rights and opportunities of previously deprivileged groups and individuals for reasons other than those related to the wider national economy) is inserted in the market-driven practices that increasingly dominate HE provision (Molesworth *et al* 2010, Foskett 2011). In this process, of what Bernstein calls 'recontextualisation' (Bernstein 2000), WP, along with 'participation' and 'access' themselves, can, as we shall see, take on somewhat different meanings than those initially attributed to them and can indeed impact as much on students as upon institutions and teaching staff, altering the former's orientation toward HE away from self development or self improvement *per se*

toward a more instrumental view focussed on the qualification as a means to a (typically financial or career-related) end (Molesworth *et al*, ibid. Gibbs 2010).

Of course, this is not just a matter of HEIs having to deal with 'more bodies' (and therefore more tutoring, more assessing and so on), often with no corresponding increase in staffing. There is also an implication - not always made visible in the policy rhetoric - that WP requires the development of new or revised *pedagogies*. As the Higher Education Funding Council (HEFCE) for England observed in one of its own discussion papers (HEFCE 2004a), WP demands *institutional* change if it is to fully reach its potential:

> 'Practitioners and senior managers in all institutions need to consider their commitment to widening participation and its place in the institution's corporate response to new market decisions. Widening participation is about more than commitment to outreach and retention, it is a core strategic concern, integral to marketing, recruitment, learning and teaching, curriculum development, collaborative relationships and institutional perspectives. It is, therefore, part of the core business of all institutions.' (HEFCE, 2004a:4)

This is all well and good; however, without additional and appropriate resourcing - including, perhaps, meeting the costs of staff (re-)training and the development of new materials and syllabi - HEIs may well find this requirement easier said than done.

Widening Participation and the Health Related Professions

My own interest in the further investigation of WP stems directly from my background - both professionally as a practising podiatrist, and academically as a university departmental head in HE in the health sector of education, most notably, in the Allied Health Professions (AHPs). Education of health professions has been an area that has been specifically targeted for WP reform by central government, and many initiatives have been put in place to ensure an uptake of places on these courses by 'WP' and 'Access' students. (See, for example, HEFCE 1996, 1999, 2003, 2004a, 2004b.) A particular incentive for health professions students has been the provision of fees paid and bursaries for study, which has certainly attracted WP

students in greater numbers to these courses. (It should be noted that here, as elsewhere, I use the terms 'WP student' and 'Access student' as shorthand for the convenience of the reader, rather than by way of labelling students or 'homogenising' them.)

My own course, which provided the data for my initial Institution Focused Study (Wood 2008), was a traditional, three-year full-time undergraduate degree in an AHP. The student body comprised groups which were very diverse in terms of ethnicity, gender, disability, social background and previous educational qualifications, as well as other groups of students who could be described as being 'traditional' or 'standard' students. Mature students, most notably female students, were for us by far the predominant category of 'WP students' in our student population. (Historically, most of the AHPs are predominantly female gendered professions.) However, there was a distinct change in the demographic of our student body: a shift to mature female students 'returning to' or 'discovering' HE at a later stage in their lives. In the IFS, I investigated what effects the adoption of the WP agenda had had on my own department, focusing on those *pedagogic* adaptations to our curriculum referred to in the previous section. Burke (2002:4) has emphasised the importance of pedagogy as 'a theory of teaching and learning, as a central issue for widening educational participation.' It was clear from my study, however, that rather than addressing pedagogical or curricular issues we had been focusing primarily on processes and practices based on government rhetoric of reducing social inequality: that is to say, our efforts had been directed more towards recruitment and retention than to adopting a revised *pedagogic* approach that was 'Concerned to democratise knowledge making and learning [in] ways that redefine the very parameters of what counts as … education' (Thompson, 2000: 10, cited in Burke 2002). In short, we may have widened participation and access in terms of including more non-traditional students in our classrooms and on our registers; however, we had been rather less adept at making sure that such physical inclusion was accompanied by pedagogical and curricular inclusion: i.e. that we had adjusted and adapted our own rather traditional teaching methods and materials in ways that were more accessible in themselves to students un-used to traditional

academic courses of study. Nor had we received any outside help in supporting students trying to overcome some of those other barriers to participation identified by Gorard *et al* (op.cit.), including those 'situational' ones related to students' personal circumstances.

If such barriers continue to exist - and the evidence from this current study suggests that they do - efforts have clearly been made to remove or reduce the impact of others. Courses in AHPs have undoubtedly become more flexible in terms of routes of entry, for example, and the timings of courses have been altered to overcome the barriers produced by full-time three-year degrees - developments which appear to have contributed substantially to an uptake of places by mature female students. Universities UK, in their Annual Report 'Patterns of HEIs in the UK' (Ramsden 2010), highlighted the fact that undergraduate enrolments had increased by 28% in the previous decade, with the greatest increase being in part-time enrolment, and with females now moving into the majority at all modes and levels of study other than full-time postgraduate study where males continued to dominate. The report argued that part-time study is necessary to meet the higher level skills agenda and lifelong learning objectives, with the numbers of 18 year olds declining and the 30 - 50 age groups increasing. The part-time route in all subject areas has indeed increased year on year, with an increase in subjects allied to medicine, notably nursing. There has also been a notable change in mobility of students, with a third being classed as local - i.e. less than 12 miles from the base for study - and two thirds less than 62 miles from home (Ramsden 2010). The mature female students in this current study had specifically selected professional vocational courses close to home and in the main via part-time routes of study, to fit in with their other life commitments. The subject teams involved in the study were aware of this factor when specifically designing their courses, and therefore, as we shall see, built into the courses elements of inclusive pedagogies to facilitate these students. Nevertheless (as will also become evident) the institutional cost of such modifications in terms of (for example) additional staff time meant that a certain element of failure was almost 'built in' to the WP agenda - particularly when the

desire to persist with struggling students came into tension with 'performance-related' external assessment criteria.

Difficulties for mature female learners have not gone unrecognised in policy debates outside individual HEIs, particularly with reference to the importance in national economic terms of ensuring the success of WP in terms of outcomes. A relatively recent House of Commons Public Accounts Committee Report (2009) has been criticised, for example, for failing to take into account the significant contribution that adult learners have been making to the national economy:

> 'The report reminds us that we cannot be complacent in our efforts to widen participation. However, the Committee fails to identify mature and part-time students as key groups needed to narrow the socio-economic gap of the higher education student population. The UK's ageing demographics mean that widening participation targets will be more reliant on older learners going back to education. We will need to consider an equitable funding system for part-timers and outreach strategies targeted at older learners.' (A. Tuckett, NIACE, 2009:110)

Even if such funding demands were to be met (an aspect essentially outside the remit and power of HEIs), the pedagogic issue (over which HEIs do have some control, albeit within the constraints of a powerful performativity discourse) remains. On the one hand, for the mature female students on courses such as my own, and those in the current study, account needs to be taken not only of financial resourcing *per se* but of the potential loss of benefits, loss of jobs, cost of increased personal debt, and potential cost to social life and relationships. On the other hand, more flexible routes of study, such as longer part-time courses or accelerated full-time courses for existing graduates, need to continue to be provided, along with more flexible pedagogies.

Rationale for the Research

The purpose of this current study was to investigate the *pedagogic* effect that these female adult learners might be having on professional-academic courses, both from the students' and from the academic staffs' perspectives, including perceptions and understandings of pedagogic inclusion (Moore 2004, Bowl *et al* 2008, Abbas and McLean 2010, Burke 2012), and the extent to which the policy drive toward WP

encouraged or made possible changes to teaching within a relatively static curriculum offer. As Young (2008) has pointed out:

> 'with the increased focus of governments on access to and participation in education on one hand, and targets defined by qualifications on the other, the question of knowledge, or what it is that is important that students learn, has been neglected by Educational policy makers and those working in educational studies' (Young 2008:xv).

It had been apparent from the views expressed by students and staff in my IFS that there was a degree of ignorance on the part of both parties as to what the impact of increased numbers of older learners had been on the course. This was because there had been no real investigation - simply an attempt to understand the problems of the students (e.g. more leeway on timing of assessments, or increased tutorial support), and make rather modest adaptations accordingly. There had been no real dialogue with the students themselves, even though, as adult learners, they would have brought with them a rich source of life experience. As Burke (2002:2) argues:

> 'Widening participation depends on explicitly addressing the experiences, practices and meanings of students themselves..... [by] discourses that challenge unequal social relations, combat social exclusion and create emancipatory change.'

The current study, which builds on the earlier findings of the IFS, seeks to investigate how far the thinking on AHP courses has moved in relation to the changing student demographic of more mature female adult learners, looking at changes that have been made, and how effective those changes have been. The study was undertaken at a large multi-faculty, central London, post-1992 University (that I was not directly linked to) with a large Health and Social Care Faculty covering several different disciplines. To anonymise the HEI, I will call this 'London Central University'. In order to simply not duplicate my previous study by looking at a traditional three-year full-time undergraduate course for changes that have been made, I have chosen to investigate AHP courses that have been specifically adapted for adult learners. Two different AHP courses, both in terms of profession and mode of delivery, were chosen for the study, comprising a four-year part-time

route and a two-year full-time accelerated route to the academic and professional qualification. These courses were in Physiotherapy (PT) and Occupational Therapy (OT) and will be described and discussed in more detail in Chapter Four. Both courses had adult female learners as their principal student body, who were either accessing HE for the first time as a WP 'Mature Female' Student or re-accessing HE to provide an opportunity to change their lives. As will become evident the PT students were accessing HE from a perspective of previously not having had an opportunity to extend their education past 'compulsory schooling' and had to overcome adversity in order that they might transform their lives. The OT students followed a more direct route but still could be viewed as a non-traditional entry to HE. Neither profession was the same as my own, but both had similar student and professional profiles nationally.

In the year 2000, the NHS plan 'Meeting the Challenge' (Department of Health 2000) emphasised the need to expand the numbers of healthcare professionals in training in line with recommendations by the government. It was seen as imperative to attract more people from different minority ethnic backgrounds and other groups in society who were traditionally under-represented in healthcare provision (Hill *et al* 2006). Data obtained by the researcher from professional organisations (Wood 2008) indicated that mature students (over 21) were now making up two-thirds of the students enrolled on health professions courses, with over-25-year-olds accounting for 50% of the student populations. In recruitment terms, mature female students, therefore, have been the most successful of any of the groups making up the WP initiative, in accessing Higher Education courses in the AHPs. The fact that they had made up such significant numbers in health care courses suggested that the programmes of those courses might need to adapt to accommodate this change in student demographics: to take account, for example, of the differing motivations for such students' taking advantage of the WP agenda, as well as their widely differing backgrounds and experiences of education and learning. How - and indeed whether - this adaptation has taken place is worthy of investigation; in particular, the extent to which courses and programmes have developed - and students have experienced - pedagogies that might be described as

inclusive, and the extent to which a current study would bear out Burke's earlier finding, that the location of WP in a monolithic academic world, *'often positions access students as inferior to 'standard' students'*, (Burke 2002: 11).

A second, related issue concerns recent developments in course organisation. The AHP courses were integrated into the Higher Education system in the early 1990s when they adopted degree status – historically, this coinciding with the expansion of HE provision, with New Universities being created from former Polytechnics, coincidentally seeing the demand for HE students similarly expand. As such, funding was channelled through the HEFCE so that now all AHP courses are provided by HEIs. However, the practical element of the programmes is largely carried out by and within the NHS system. In the late 1990s funding was re-routed back through the NHS, with purchasing consortia tasked with managing the education and training of the professions and hence becoming the 'purchasers' - with the HEI's becoming the 'providers' and the practical experience still in NHS settings. A concern of my research study was the extent to which this 'divide' between academic teachings in universities and practical experience and education on placement has been effectively bridged, and its impact on WP students. Most institutions do have some clinical teaching in the university; however, the NHS has very strongly pushed towards a placement teaching model, seeing this as being both economic and practical, bearing in mind that the clinicians in practice are already working in the clinical environments. It could be argued that not all clinicians are trained educators in the academic sense, nor for that matter do clinicians view student education as their primary role. Eraut (2008) makes the point that:

> 'unlike teaching organisations, learning is not the main aim of
> workplaces. Most workplace learning is informal and occurs as a by-
> product of engaging in work processes and activities' (Eraut 2008:1)

There could, therefore, be a dichotomous element to the student's educational experience in clinical/academic courses that would be valuable to question as part of this study with a view to investigating this element in a wider research project in the future. (For a parallel issue in the field of Initial Teacher Education and Training,

where course provision is typically shared between HEIs and schools or FE colleges, see Moore and Ash 2003.)

The Research Questions

Within the context of these broad aims, the central research questions can be summarized as follows:

- What are the students' perceptions of and attitudes towards study, to what extent has the university accommodated their learning preferences, and how effective do they feel provision is? To expand further on this question: What are the tutors' perceptions of curricular/institutional change associated with the changing demographics of health professions students, including what they feel about student diversity and how potential 'barriers' have been recognised and responded to?
- What do different actors (teachers and students) understand by 'inclusive pedagogies', and to what extent do they perceive their teaching- learning spaces as inclusive and flexible?
- To what extent do the WP and Access students feel different from - or are made to feel different from - 'standard' students, and how does this impact on their educational experience?
- What 'inconsistencies' in pedagogical approach (if any) may exist between HEI-based and practice-based elements of the students' courses, and what might the impact be of these on their experience of learning and their developing 'learner identities'?

The structure of the thesis

Part One (Chapters 1-3) introduces the research topic and its rationale, along with detail of the research methodology and theoretical framing.

Part Two begins (Chapter Four) with a fuller account of the institutional basis from which the participants of the study were recruited, and a detailed explanation of each of the courses studied. Chapter Five explores issues of time and timing - notably, a perceived shortage of time and its 'barrier' effect. Chapter Six extends the arguments that timing issues raise, by examining students' sense of identity linked to their sense of belonging within the academic community. Chapter Seven highlights the pressures experienced by institutions and staff in order to comply with the current performativity agenda. Chapter Eight looks at the vocational element of the courses from the students' and teachers' perspectives, and signposts fundamental differences of opinion on 'work worth' as opposed to 'academic worth'. Chapter 9 completes the institutional issues by exploring the outcomes of these different approaches.

Part Three comprises a single chapter, Chapter Ten, specifically on issues related to pedagogic inclusion/exclusion; and the final section, Part Four (Chapter Eleven) presents the study's findings and tentative conclusions, revisiting some of the theory introduced in the preceding chapters: most notably, considering the value of Bernstein's, Lasch's and Moore's work in identifying obstacles to the success of WP among the constituents studied, and suggesting possible solutions to them.

CHAPTER 2. Study Design and Method

Overview

To respond to the research questions, it was necessary to seek the opinions of students and teachers on AHP courses, and preferably those of students in their final year who could reflect back on their overall learning experience. It was also considered necessary to talk to students from diverse backgrounds, and, for the purposes of comparison, a decision was taken to look at two different courses which were different from one another in some way in relation to structure and student intake but could be described as having been adapted to increase access to HE. With this in mind students and teachers on a four-year part-time BSc course in Physiotherapy (PT), and an accelerated two-year Master's level course in Occupational Therapy (OT), were selected for investigation. A point worthy of note was that the majority of students on each course were mature female learners, the others being male mature students. The structure of each programme meant there were no 'traditional' students on either course. Though sited in a London university with a significant multi-cultural, ethnic student mix, the majority of students on the AHP courses were white females. (Interestingly, this was in contrast to courses in nursing, which were far more diverse). The low uptake generally of AHP courses by students from ethnically diverse backgrounds has been increasing slowly but was not considered separately in this research.

An important distinction to be made in this study, which will be clarified in greater detail in Chapter 4, was that the students of both courses were starting from very different previous academic standpoints. The PT students had significantly less post compulsory education and therefore far more clearly fulfilled the description of a 'WP' student accessing HE for the first time from a non-traditional route (see Chapter 3), whereas the more academically qualified OT students were (re)accessing HE for 'second helpings' (Thomas 2005) as mature learners via a course designed to 'widen access' to the OT profession but at Masters' level. While the selection of such students in terms of general background almost 'made itself' (in that adult female learners represented by far the largest 'WP' and access groups

on both courses), it was felt that, precisely because they had come in such numbers, they were worthy of further study in their own right.

From a personal perspective I had had experience of working with mature female students on my own course: of the difficulties they had encountered in accessing HE and, once on the course, of the sheer enormity of the issues they faced to complete the course. Drawing on the evidence of my earlier IFS study (op.cit.), I wondered if the AHP courses adequately supported individual student learners' needs. In order to clarify what those needs might be, I would have to investigate far more closely the issues affecting them. The AHPs are largely female gendered professions and as such there is a goal to 'make the voices of women heard' (Burke 2002:6).To do this, I felt it imperative to give those students an opportunity to discuss their needs. The relationship between myself as the researcher and the participants in the study though not a close as that relationship in my IFS, was nevertheless writing about individual's lives that according to Sikes (2010:11) is, 'always an auto/biographical process and the researcher must acknowledge this'. Bathmaker and Hartnett describe this research in terms of narratives and life history and draw the distinction between a life story and life history as:

> 'Life stories maybe a starting point, the initial exploration of a life as lived, but histories grounds these stories of personal experience in their wider social and historical context, and pays attention to social relations of power.' (Bathmaker and Hartnett 2010:5)

Individual cases and narratives can help the researcher to understand complex inter relationships (Hodkinson and Hodkinson 2001). An important feature of narrative and life history research is that they provide a means of getting closer to the experience of those whose lives and histories that often:

> 'go unheard, unseen, undocumented – ordinary, marginalised and silenced lives' [...] Narratives invite us as listeners, readers and viewers to enter the perspective of the narrator – that is the person who is telling their story to the researcher' (Reissman 2008:9).

Narrative research is seen as providing opportunities and spaces for research participants as well as the researchers. In a qualitative research context it is precisely the 'participants' voices' that should be heard rather than simply

interpreted by the researcher in an effort to co-construct any knowledge that the study might produce. Karnieli-Miller *et al* (2009) describe this action as:

> 'The unique contribution of researchers and participants to a project makes them both inseparable parts of the final creation'. Karnieli-Miller *et al* (2009 19:279)

Indeed, Holstein and Gubrium (1997), (cited in Underwood *et al* 2009 20:1585) argue that participants are not simply 'repositories of knowledge' but are 'creators of knowledge in collaboration with the researcher'. Reissman (ibid.) suggests that encouraging people to tell their narratives to researchers allows that participant to negotiate their identities and to make meaning of their experience.

The identified demographic change in my own professional course had been a significant influence of my IFS, prompting me to further my investigation of this student body. Indeed, to some extent, elements of the IFS could be viewed as a pilot study for the thesis. (For example, it was clear that the traditional three-year full-time course was not best suited to the needs of the mature female students, in no small part due to its inflexibility). While no firm assumptions were made at the start of the research regarding the commonality or otherwise of positive and negative experiences, it had been anticipated that there might well be both substantial similarities and substantial differences among the sample, particularly in relation to their encountering and management of Gorard *et al's* 'barriers', if not in the ways in which they were treated within their respective courses. The study would seek to take account of such differences, at the same time as identifying and highlighting issues that appeared common across the sample.

The study, therefore, takes the form of a biographical account or series of 'case studies', and makes no strong claim, consequently, to the widespread generalisability of its findings; rather, in the spirit of 'real world research' advocated by Robson (2002), it aims to shed light on the experiences of a particular group of students, chosen on the basis of their common age, gender and similarity of circumstance, in a specific situation, in order to identify and better understand some of the issues of the WP agenda that are too often consigned to the shadows

of public policy rhetoric. Case study research can reveal an understanding of a complex issue or object, and can extend experience or add strength to what is already known through previous research where narrative research can help to make visible 'taken for granted' practices, and structured and cultural features of everyday social worlds (Chase 2005). Case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. This qualitative research method is often used to examine contemporary real-life situations and provide the basis for the application of ideas and extension of methods. In undertaking qualitative research, the researcher needs to acknowledge that methods to be used should be adapted to ensure that what the participants have to say comes over louder than what the researcher has to say (Alvesson and Sköldberg, 2009). To gauge what modifications to methodology are required to emphasise the participants perspectives, Alvesson and Sköldberg (2009), recommend that researchers might practice *'reflexivity'* whereby the researcher focuses on the processes of knowledge production, 'particularly on the involvement of the knowledge producer' (Alvesson and Sköldberg, 2009:5) but at the same time emphasise the role of the researcher's own presence in the research process (Barry *et al* 1999). Sikes (2010) stresses that:

> 'the power that is invested in the researcher – writer who creates a particular version of reality, and how their own lives, beliefs and values are implicated in our practices ... (has) a duty to explain our positionality in the context of the research i.e. a reflexive introduction in the context of their own life history and identity.' Sikes (2010:11).

With reference to her own research, Skeggs (2002) argues that it was not about self narration and confession. It was not about the researcher's ideas; it was about the participants' accounts and explanations. To quote Skeggs:

> 'The women of my research.... [do] not need me to make their understandings, they had already arrived at them. They had their own reflexivity' (2002:365)

With this in mind, importance was given in my own study to talking with both students and teachers (as opposed to simply surveying) in order to reveal similarities and differences ('mismatches') in the perceptions of different social

actors bringing different understandings and orientations - and occupying differing roles - within the same teaching-learning space: what Blumer (1969) has called 'symbolic interaction' (see also Woods 1992). An additional advantage is that such a 'bipartisan' approach enabled access both to the students' immediate experiences of classroom interaction, which may connect to their previous idiosyncratic experiences of formal learning, and to the differently historicised understandings and accounts of the teachers, for whom present pedagogies can be related to developments specifically concerning student demographics and their own practice. Talking to final year students of the courses also provided an opportunity to 'get at' any adjustments the students might have made over time, as well as a sense of the extent to which they felt their learning and achievement had been helped or hindered by the modes of teaching and learning to which they had been exposed in the classroom.

In my previous (IFS) research, the interview process had been both complicated and enhanced by my position as Head of Department, teacher and researcher (as well as being a mature student) of my own students from my own profession. Conflicts of interests and preconceptions, if not prejudices, were difficult to entirely overcome. The decision to move out of my own 'Community of Practice' (Chapters Three and Six) and to research different AHPs at a different university allowed me to access participants for the study that followed an entirely different protocol from the route taken in my previous research in my own institution, where there had been significant consideration given to the avoidance of 'insider' issues. Not being directly involved in either of the courses to be studied also meant that the ethnographic approach of my IFS was not available to me. However, the issue of 'power relations' between the researcher and the participants still needed careful consideration in constructing the study, and an account is provided below of what efforts were made to minimise this potential issue (for instance a male researcher who was a senior academic with female participants who were mostly students).

In the current study I had only a tenuous link to the HEI involved, with no previous knowledge of any students involved, or the majority of staff, on both courses. In fact I had no prior knowledge of either course in any detail, other than what could

be found in course prospectuses. Before any research could be commenced, a comprehensive design had to be submitted to the participating university's ethical committee for consideration. This design had to comply with the format of the HEI's requirements, and as such helped to formulate the methods by which data collection was undertaken. (The Ethical Committee documentation is included as Appendix I.)

The pilot phase

Before embarking on the main data collection, it was considered desirable to undertake some additional exploratory research in order to gain an understanding of the courses, to determine what data was required in order to respond to the research questions, and indeed to test out the usefulness of those questions. In addition to documentary reviews of the course and a good deal of reading and email and telephone exchanges with potential (staff and student) participants, it was intended to conduct preliminary focus-group interviews with students from the two professional groups (Appendix 2). The invitation to the focus groups was sent to the students including a short background questionnaire (Appendix 3) and a consent form to be completed by all participants (Appendix 4). (Detailed information on what was expected of participants was also sent out – see Appendix 5a-c). Information from the questionnaires and consent forms helped to gather some quantitative data mainly on student profiles which helped inform subsequent student selection, and is included in Table 1 on the following page:

Table 1 – Data from Questionnaires and consent forms

Student information	PT Students	OT Students	Staff Information	
No. of students in cohort Focus group 8 participants Final interviews 4 participants	n = 20 40% response 50% response	n = 48 20% response 50% response	Limited information requested	
Age groupings from questionnaire n=8 Mean age for interview Participants n=4	31-35 = 4 26-30 = 3 21-25 = 1 29.25 (range 25 – 34)	31 – 35 = 3 26 – 30 = 5 29.75 (range 26 – 34)	OT Mean age 46 Range 39 – 54 n =4	PT Mean age 47.25 Range 39 – 53 n = 4
Qualification pathway (Individual students) to courses 1st student	GCSE – left school Interrupted study 'A' levels – FE part-time Assistant training	GCSE + 'A' level at school Direct to University BSc Psychology Interrupted study work & family	N/A	
2nd student	GCSE – school 'A' level FE full-time Interupted study work & family Assistant training	GCSE + 'A' level at school Direct to University BSc Psychology Interrupted study - work	N/A	
3rd student	GCSE – left school Interupted study work & family Some NVQ (type) training for PT assistant job	GCSE + 'A' level at school Direct to University BSc Psychology Interrupted study work & family	N/A	
4th Student	GCSE – left school Interrupted study – family assistant job Various short courses then 'A' level FE part-time - unfinished as BSc PT started	Science Lycee – school Direct to University BA Media Interuption – work MA – Theatre studies Interrupted - work	N/A	
Home Locations	E London Buckinghamshire Berkshire Essex	SW London N London SE London Kent	N/A	

In the event - highlighting a difficulty that was to emerge repeatedly via subsequent interviews - it proved impossible to gather together at the same time a representative sample of the OT students (although eight OT students had agreed in principle to participate), partly because they subsequently found themselves on block practice placement at the time. Similarly, eight PT students agreed to participate but only four turned up on the day with apologies from the other four. Holloway and Todres (2003) remind us that '[r]esearchers must not be too attached to method for method's sake' (2003: 347) and that they should not be 'constrained by predetermined agendas but [encouraged] to create a research environment conducive to the production of the full range and complexity of meanings that address the relevant issues (Holstein and Gubrium, 1997:123). So despite this difficulty, the focus group interview took place on the basis that it still offered an

opportunity to produce helpful data, along with pre-interview discussions with staff on both courses, and the documentation made available to me did help refine the final interview schedule and throw into sharper focus some of the more pressing issues for students and staff. This process - of constructing a more refined research agenda on the basis of concerns and issues raised by potential participants themselves - was encouraged by making questions and prompts deliberately open. (The format for the focus group interview is included as appendix 6a.) The first question to the PT focus-group, for example, was simply to ask if their courses allowed them to engage in university life in its broadest sense. The students' collective response was illustrated in the following comment:

> "We're only in two days so we don't even get to engage with the other cohorts [on the same course] let alone with the rest of the university."

The students also made the point that young students were far more likely to live either on or close to the campus in university accommodation, whereas the mature students all lived at home. (Data from the background information and questionnaires revealed a mixed pattern of home locations throughout London but also extending out to areas such as Berkshire, Buckinghamshire and Essex i.e. from 3 to 30 miles from the university. An observation of interest was that the part-time students appeared, from the sample, to travel further than those on the full-time course). As such, the students in the target group were far less likely to be in at the university outside the days they were timetabled to be in. Indeed, accommodations had to be made by the researcher and the students to fit in the interview sessions outside the teaching sessions - something which took several weeks to organise given the block placements the student groups were on.

The information from the group interview influenced several questions in the more formal sessions that followed in the main data-gathering process. For example, when the student group was asked about communication and feedback, all responses indicated that significant amounts were undertaken electronically by email. When queried about feedback methods informing practice or changes of practice in the courses, they replied that there were end-of-unit assessments and 'pathways boards' - an official staff-student process of course evaluation. One

student present was the class representative, and when asked if that meant she had to go to the pathway board, she replied:

> "Yes but I've never attended one as they never had a single one on a day when I could attend. It's always been on a day when I'm not here but they have one next Tuesday which I can actually go to."

The significance of this, from a student who had already been on course for three and a half years, was clear - as was the likelihood of encountering marked differences of opinion between the teachers and the students on how the formal feedback mechanisms worked. (From the teachers' perspective, these mechanisms were generally considered to operate effectively.)

The main study

One of the difficulties to emerge from the focus group session concerned the choice of data collection tool for the main study. Because students, and to a degree staff, were not easy to access, a simple solution might have been to collect all the data via questionnaire, seeking out as large a cross sample as possible. However, it was felt that questionnaires would not provide the qualitative responses necessary to fully investigate the research questions. It was paramount to the study that the opinions and experiences of the participants were fully expressed, and this required an interactive approach. This inevitably meant that certain issues had to be accommodated, such as the fact that the researcher was undertaking the study on a part-time basis and that, as they were not employed by the HEI, an ethnographic study which might combine interviews with observations and less formal, ad hoc discussions was not a possible option. In any event, health care courses naturally involve patient contact as part of their practice education, and issues such as data protection and patient confidentiality made observational study on placements too complex an issue to undertake. (Although the PT students were encountered in a clinical teaching situation at the university, there were no patients present.) Furthermore, as will become evident, the students undertook block study placements on an individual basis - i.e. did not go out in groups – which meant that students were too difficult to access while on clinical placement, added to which some of those placements were potentially two hours' travelling time away. At this

point the researcher was aware that the research undertaken could only include students and academic teachers in the HEI. Without doubt, any future extension of this particular study would seek to canvas opinion of the placement educators; but for this project the pedagogic adjustments on behalf of the HEI were the main thrust of the investigation.

As indicated earlier, to investigate the opinions of this relatively small group of students and academics, a case study design was favoured. Robert Yin (2009) defines the case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. The research object in a case study is often a programme, an entity, a person, or a group of people and each object is likely to be intricately connected to political, social, historical, and personal issues, providing wide ranging possibilities for questions and adding complexity to the case study. Critics of the case study method believe that the study of a small number of cases can offer no grounds for establishing reliability or generality of findings. However, researchers continue to use the case study research method with success in carefully planned studies of real-life situations, issues, and problems. In the case of this present study the researcher established the focus of the study by formulating questions about the situation or problem to be studied and determining a purpose for the study. A variety of data gathering methods were used in order to produce evidence that might lead to a better understanding of the case and subsequently to provide some answers to the research questions.

Consequently, it was decided that an interview format would be the most appropriate method of investigation, the interview being a flexible, adaptable way of exploring attitudes in more depth (Mason 2002). As Robson (2002: 278) argues, face to face interviews offer the possibility of modifying lines of enquiry, following up on responses, and investigating underlying motives in a way that tools such as self-administered questionnaires cannot. The study favoured the use of semi-structured interviews, referred to by King *et al* (1994) as qualitative research interviews - particularly useful when a study focuses on the meaning of a particular

phenomenon to the participants (in this case, pedagogic implications for adult female learners). These types of interview are also a useful tool where individual perceptions within a social unit (here, the two courses) are to be studied prospectively, accessing individual historical accounts of how a particular phenomenon has developed (particularly helpful regarding teacher testimonies). In addition, the use of semi-structured interviews enabled a set of questions to be worked out in advance, but also allowed the freedom to modify the order of questions based upon the interviewer's perception of what seemed appropriate in the context of the conversation, and making an allowance for subjects to expand their thoughts with some open questions (Patton 1990).

Some of the drawbacks with interviewing techniques were taken into account: for example, the lack of standardisation, potential problems of interview and interviewee bias, and the need to take feelings and opinions seriously as valid data without treating them as facts (Convery 1999). It can be argued that in fact there is no absolute 'value-free or bias-free research design' (Janesick, 2001:385), and qualitative researchers are very conscious of their role in the construction of knowledge: 'Indeed, not attending to meaning production in qualitative research would be most invalid procedurally' (Holstein and Gubrium, 2001:159). At the same time both the participants and the researcher have significant levels of involvement: participants because of the examination of their personal feelings, researchers because of their in-depth study of these experiences and the aspiration to understand them (Karnieli-Miller *et al* 2009). This relationship was more complex in my IFS, when I was interviewing students at my own institution; however, the participants in this current study were still the main providers of information – 'the story-tellers' - with the researcher cast in the role of data collector, analyser of that data and ultimate writer up of those stories. Such a situation requires the researcher to create a non-threatening environment in which the participants are willing to share their experiences, creating 'a feeling of empathy for informants' that enables 'people [to] open up about their feelings' (Taylor and Bogdan, 1998: 48). In order to democratise power relations in which the researcher and participants establish their relations in an atmosphere of power equality, it was

important that an unstructured, informal, anti-authoritative, and non-hierarchical atmosphere for interviewing was created. It was also important that students were made aware that they could revisit issues and challenge data should they wish to do so post interview. Participants make choices as to what they put in or leave out of their narratives as well as what emphasis to make, and words to use in order to create a particular impression. Researchers are also making those same decisions. Medford (2006) warns that researchers and participants must be:

> 'mindful [of] slippage between truth (or our experience of reality) and truthfulness and between what we know (or what we cannot remember) and what we write.' Medford (2006:853).

Making sense of and writing about other people's lives, the researcher's own life, beliefs and values and positivity are invariably complicated but Sikes (2010:11) points out that, 'Reflexivity and honesty about one's own positioning are ethical components of ethical practice', and it is important that researchers and participants enter into studies mindful of each other's position.

In the event, interviewing proved very time-consuming, as each interview lasted approximately an hour and took considerably longer to transcribe: however, given that the research design did not require canvassing the views of a large sample of students and staff, the number of interviews itself could be kept relatively small. The numbers of participants included in the study was determined to some extent by the numbers in each of the student cohorts and the two teaching bodies. The data revealed there were 20 final year PT students and 48 OT students; the PT staff consisted of 2 full-time members of staff and 5 part-time, and though there were more OT staff in the department they were involved in different courses so that an approximation of 8 full-time equivalent staff were involved with the course in this study. Invitations to participate (Appendix 5a) produced 8 volunteers from each student group (40% response of final cohort for PT and 20% for OT). Both groups of student volunteers were invited to participate in the focus group interviews. In the event, as previously indicated, only four PT students were able to attend and because of timetabling of block teaching the OT students could not attend at all. In the event, rather than hindering the research these circumstances assisted in the

selection of volunteers from the study. Data collected from questionnaires had shown a clear distinction between the two groups of students in terms of previous educational experiences and academic background. As this was the most significant difference between the two groups, and taking into consideration both the availability of the participants and what would be a representative sample from which to gather meaningful information, it was decided to select four students from each group who had volunteered. Selection on the part of PT students was based on a level of previous educational experience commensurate with the classification of a WP student (note that this meant the final group was made up of two students who attended the focus group and two who did not). Students from the OT groups were selected on the basis of age match to the PT students and similar study/work interruption profiles. Because staff profiles were not large four staff members from each course virtually preselected themselves on the basis of volunteers willing to participate and my own concern to have an even match numerically of participants. In all, 16 interviews were conducted, as shown in Table 2 below. (As has already been indicated, the study does not make a strong claim to generalisability: the option of acquiring rich data from a relatively small group of respondents was deemed the most suitable approach for the task in hand - particularly given the problems of access already referred to and the fact that the researcher was operating alone rather than as part of a larger research team.)

The broad format of questions to be asked in the interviews, and indeed the overall structure of the research, had to be in place before ethical approval could be granted on the part of the Institute of Education and the participating institution and hence before any formal approaches to students or staff members were made. The ethical approval process involved sending out invitations to participate, both to students and to staff, and this was done electronically via Blackboard and e-mail (see Appendices 5a, b and c). A verbal description of the research to be undertaken was also given to students of both courses by the researcher at the end of one of their teaching sessions. This also allowed the researcher to introduce himself to the students in a relatively 'safe', unthreatening atmosphere. During these introductory sessions, the researcher emphasised that his role was that of a health professional

of another discipline undertaking a research project very similar to the one they would have to take as part of their own courses i.e. mature students undertaking research on a part-time basis - very much empathising with them as students rather than implying another tutor/student relationship (my role as a head of department at my own institution was not discussed with the students, in order to reduce any concept of my being in an authoritarian position in relation to their own status). This informal approach allowed students to meet me in a relaxed, non-pressurising environment and to determine if they were willing or not to accept my invitation to take part in the study. I was aware that unlike students in my previous study for the IFS, who knew me well, I was a complete stranger to these students, who might well have felt further threatened by the fact that I was a male studying female participation. To reduce any additional potential anxiety on their part, my presentation and the invitations included a detailed, reasoned background to the research, with a proposed format of the questions that needed to be satisfied, so that participants could see what would be expected of them and what protection they could expect. This included their rights to anonymity, to withdraw permission to use the material at any stage during the interview process, and indeed to withdraw completely from the study if they so desired.

The consent forms (Appendix 4) that were sent out to all participating students (and staff) and completed before interviews took place emphasised the following points in relation to their involvement with the study:

- I have read the attached information sheet on the research in which I have been asked to participate and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions about this information.
- The Investigator has explained the nature and purpose of the research and I believe that I understand what is being proposed.
- I understand that my personal involvement and my particular data from this study will remain strictly confidential.
- I have been informed about what the data collected in this investigation will be used for, to whom it may be disclosed, and how long it will be retained.

- I understand that I am free to withdraw from the study at any time, without giving a reason for withdrawing.

- I understand that the interview will be tape recorded.

- I hereby fully and freely consent to participate in the study.

The 1-1 interviews followed a fundamentally similar vein for students and staff (included as Appendices 6b and c). Interviewing therefore followed a pre-arranged format using semi-structured interview questions.

All interviews were recorded for later transcription, and in addition field notes were taken during and immediately following the interviews. Transcription of the interviews produced several thousand words of text to be subjected to analysis. For the purposes of maintaining anonymity but retaining a professional identity and assisting reading, the students and staff were allocated pseudonyms, which for the purposes of this study would be referred to in the text. A Physiotherapy Student would have the initials PTS after their pseudonym, whereas the tutor would be suffixed by PTT. Similarly OTS and OTT would be used for the Occupational Therapy participants (Table 2).

Table 2 - Participants in the study

Mary PTS	Vicky OTS
Ann PTS	Liz OTS
Beth PTS	Ros OTS
Emma PTS	Clare OTS
Roger PTT	John OTT
Jane PTT	Helen OTT
Kath PTT	Moira OTT
Judy PTT	Trish OTT

Considerable care was taken to ensure that all participants were comfortable and not threatened by the interviewer in the interview process. This was achieved by a variety of means. For the focus group interview a small seminar room was booked at the top of the Health Sciences Faculty administration block. Here there were tables arranged in a square with comfortable seating. The room was quiet but not isolated and large enough for the expected group of students. Light refreshments were provided as this was a start of the day session and students would have

travelled in (all the problems with the students who did not make it were associated with travel). I took care to 'dress down' in casual clothing to fit in with students rather than the more formal clothes I might wear in a professional work related role. My approach was to introduce the topics and allow students to openly discuss any issues raised.

The one-to-one interviews were undertaken at times convenient to the participants and took place in small pre-booked specialist interview rooms in the new AHP building. These rooms were particularly appropriate for a male/female interview situation as they had glass walls and other people were present in other rooms. However, they were also quiet and there were unlikely to be any unanticipated interruptions. The comfortable seating was positioned on either side of a low level occasional table providing a barrier to close physical contact but not producing the same effect as sitting on either side of a desk. I began each interview with an introduction of the topic and why I was undertaking the study. All participants had had some previous communication from me, and so were fairly well acquainted with what I was doing. It was stressed that there were no right or wrong answers to the questions that I simply wanted their opinions, that the research was about their perceptions on topics raised, not mine, and their agreement was secured again for the sessions to be tape-recorded.

The interviews progressed via some 'warm up' questions, which were designed to be straightforward and non-threatening: for example, 'Can I ask you what you understand by the term widening participation and access?' Interviewees were not specifically given too much time to prepare answers, but were not restricted in the length of time given to make their reply, other than by the time constraints already mentioned.

Management of the data

The taped interviews were transcribed verbatim and read through in association with the field notes. To determine what issues were most frequently brought up by the participants and the emphases they placed upon their responses, the interview transcripts were subjected to a thematic analysis (Miles and Huberman 1994) whereby annotations were added to the interview transcripts and subsequently coded into themes. I adopted a combination of standard coding, seeking to identify the issues and concerns raised most commonly across the data set - that is to say, 'grounding' the analysis by letting the data 'speak for itself' - amended to incorporate a personal 'open coding' strategy, through which I allocated additional themes from the initial data gathering (most significantly, the focus group interview) or brought my reading of the wider literature and existing theory (more of which below) to bear on prioritising emergent themes. The standard coding practice adopted could loosely be described as 'event coding', wherein each time the category or theme appeared in the transcribed data it was recorded using a highlighted colour coding method and its level of importance ascribed in relation to the number of times the category was raised coupled with the number of participants raising it. The coding for this study was consequently based on a combination of 'in vivo' codes (i.e. analysing the data and classifying terms that the respondents raised - in particular, those raised, albeit sometimes with differing inflections, by both students and staff), and sociologically constructed codes related more to issues raised in the relevant literature. The initial coding process identified twelve broad themes and categories, which were in time refined to seven, there being inevitable overlap between these (artificially demarcated) themes. These emergent themes, each elaborated in the body of the thesis, are summarised as follows:

A. Institutional issues, including:
- Constraints of Time and Timing.
- Belonging/identity - Issues of Space.
- Top-down pressure for numbers and working.
- The work/study divide.

- The Tyranny of Outcomes.

B. Inclusive Pedagogy, Exclusive Practice:

- Inclusive Pedagogies.

- 'Presentism' and 'Absentism'.

Data collection and analysis for the study took place over one academic year. The focus group session was undertaken with students during the early part of term one of the final academic year, with the follow-up individual interview sessions prior to the end of the academic year. The data collection therefore took place during the first half of the academic year, and analysis of the data was undertaken in the second part of the year.

CHAPTER 3. Theoretical Framework

Introduction: key areas of theory and research

A detailed literature search was undertaken before and during the study, which came to be framed as a result within specific broad areas of literature and theory associated with: academic identity and culture; WP literature related to 'inclusion' and 'access'; adult learning in higher education and its implications for health professionals; and an additional 'academic/vocational identity' issue of health professions, that explored the institutional impact on the student learning experience. Although a good deal of 'Widening Participation' literature informed the study, the research's growing emphasis on policy transformations in practice, on tensions between intention and practicality, and on symbolic exclusion within inclusive discourses meant that greater use came to be made of literature and theory drawn from the wider field of educational sociology.

Widening Participation and Adult Education

In Chapter one, the concept of WP as a policy driver was presented as an underlying rationale to the investigation of this thesis. A number of authors (e.g. Burke 2012, David *et al* 2010) argue that it is wrong to 'label' under-represented groups as 'WP', 'access' or 'Non-traditional' students, and it is possibly better to understand WP in the context of Life Long Learning (LLL), where the key discourses centre on how WP contributes to exclusionary or inclusionary practices in post compulsory education (Burke 2012). Morley (1999) makes the point that:

> 'Half of the new student intake in the UK is now outside the 18 – 21 age range, but the term 'Non-Traditional' learner is still used. The nomenclature adopted by universities to describe mature students insidiously reinforces normative constructions of students ..... the academy not only defines what knowledge is but also defines and regulates what a student is.' (1999:237).

However, the debate concerning the concept of WP itself has been researched by a number of authors, and in the context of this thesis these studies are worthy of a more detailed examination, especially those areas concerning gender, age and social class. In the introduction to her book on WP in post compulsory education,

Thomas (2005) suggests that the motivation of governments to extend the benefits of HE may either be based on some form of 'moral imperative' or simply represent a pragmatic desire to minimise the risk of social unrest and possible disturbance which, in turn, might impact negatively on the national economy. Extending learning opportunities to social groups who have not 'traditionally' participated in HE may thus be seen as a covert attempt to subsume people into a dominant culture and consequently to 'normalize' and control them; or it might equally be understood as responding to a genuine belief in the personal and social benefits of education and a desire to see these benefits available to all (Thomas 2005:5).

This latter intention, which effectively seeks to effect a cultural change in relation to education (i.e. as something to be valued by all in its own right) would clearly involve changing the form and content of education to meet the needs of new groups of diverse learners. However, Reay *et al* (2005) note that there are growing inequalities in HE and that, despite initiatives such as WP and rhetoric around social and academic inclusion, the mass system of HE is neither equal nor common to all. Key facts regarding access to HE are that: there is a considerable expansion in numbers; there is a decrease in gender inequality (numerically); but there has been no real decrease in social class inequality. As Burke (2012) argues:

> 'Despite a rhetoric of Widening Participation which suggests a more inclusive system of higher education (HE), an expanded mass HE system has generated new inequalities, deepening social stratification' (Burke 2012:17).

Others have been concerned with the way HE can have the potential to reinforce inequalities when it is not *in practice* open to everyone and when it is non-compulsory. Archer *et al* (2003) maintain that the way in which social class is understood within research on HE and WP is often grounded within the researcher's existing views about the structure of society, and therefore might problematize WP's failures as an issue of working class attitudes and aspirations or institutional cultures in HEIs. The political rhetoric talks of access and achievement for all and a meritocratic equalisation in mass HE; however, while there are more 'non-traditional students' in terms of minority ethnic, female and working-class

students entering HE, the greater benefits still seem to favour the middle-classes (Archer *et al* 2003). It would be easy to suggest that equality would simply require that everyone was treated in the same manner irrespective of gender, age, class, ethnicity or physical ability; but, as is evident in Burke's account (ibid.), this promotes inequality as not everyone enjoys the same starting-point (see Chapter Two in relation to the participants in this study). As Bourdieu and Passeron (1977) have argued in relation to educational success and failure, many people, notably the middle-classes, have a distinct advantage in terms of both 'cultural capital' and having internalised expectations that formal education is 'for them' and that they will do well within it - and, despite Archer's important caveat, it is important to acknowledge that some groups in society do continue to effectively self-exclude from HE, either because they have been led previously to believe that HE is not intended for them or because they see little value in it, tending to have greater exposure to arguments focussing in the potential economic and career benefits of education than to those which focus on its more intrinsic, personal benefits.

Bourdieu and Passeron (ibid.) argue that there is a need for classes to reproduce themselves and that in society certain classes are dominant and control access to education. This dominance is attributed to 'cultural capital' which legitimises the status and power of the controlling classes. The education system endorses the class system, not because the working classes are less intelligent, but (a point which will have particular relevance to the argument of this thesis) because curricula are biased in favour of the middle-classes (Thomas 2005). According to Bourdieu, education cannot thus be described as neutral precisely because its criteria and curricula are essentially 'arbitrary' selections (favouring certain social groups rather than others) rather than the distillations of universal truths, though they present themselves as neutral, obvious, objective and above question. It is this (mis-) representation (on the part of dominant interests) and what Bourdieu calls 'misrecognition' (on the part of learners themselves) that can lead both the system and those caught within it to make assumptions that when students from certain social groups fare less well in formal education than others the fault lies within

either the students themselves (i.e. they are simply less able, less hardworking, and so forth) or within teachers, or both, rather than in the wider system itself, which remains essentially unchanged. If a policy of positive discrimination for disadvantaged groups were simply inserted into a specific existing strategy, it is equally easy to see how this might reinforce prejudicial attitudes rather than promote equality, just as the concept of 'positive discrimination' locates a 'problem' within the individual (who is deficient and in need of special consideration *within an existing, unchanging system*) rather than within the system and structures themselves (Thomas 2005). Access to supporting mechanisms and opportunities should be provided to enable students to enter and – crucially - *succeed* in HE, with appropriate educational opportunities to meet the different needs of diverse populations.

Such sentiments are all well and good. However, research (see Crozier *et al* 2008, Reay *et al* 2005, Thomas 2005) has shown what appears to be a 'polarised mass system of education' wherein working-class students choose to attend post 1992 HEIs at the lower end of published 'league tables' (Leathwood and Read 2009) with lower entrance requirements, as they feel comfortable with 'people like us' (Bourdieu 1986) with the middle-classes gravitating to the élite institutions. This may be partly because of the students' 'habitus' – that is to say (Bourdieu 1971) the student's 'disposition' which concerns their notion of what is, for them, achievable and 'appropriate' in terms of (for example) university entrance and qualifications, but partly, too, because of the attitude of many of the older, 'better performing' universities, which are more likely to accept 'traditional' qualifications (i.e. 'A' levels) whereas post 1992 HEIs have been recorded as accepting 41% of students with 'alternative' qualifications (Coffield and Vignoles 1997:12).

To connect these issues to my own study, of mature female students following 'non-traditional routes', universities are still hierarchical, with an élite group at the top primarily male-dominated in all the higher positions (Ball 1990, 1997). Student demographics have changed, however; for example, female students have increased significantly over recent years (though they tend to be over-represented in pursuing careers of service), and now 54% of entrants into HE are classified as

mature (Thomas 2005). Many mature female students prefer part-time routes of study. However, those in both full- and part-time education seek to study close to home and tend to cluster in a small number of institutions - especially post 1992 HEIs. From an AHP viewpoint the majority of such courses are in post 1992 HEIs, which means that potential students have limited choice if they wish to study on one of these professional vocational programmes. Because of family commitments, issues of finance (frequently connected to self-funding) and an increased risk of likelihood that they may need to interrupt study, there is also a corresponding need for greater flexibility, including alternative entry routes, different locations and times for learning, and the development of appropriate curricula (Thomas 2005).

The changing gender balance in both full and part-time students has been a major phenomenon of the WP drive. Quinn (2003) argues that mass entry for women is the most dramatic change that universities have seen. However, a significant proportion of expansion into HE has been made up of redefining activities previously not considered as HE - for example, teachers, paramedical professions and professional education, so that the shift in gender balance can be attributed to a degree to an increase of *vocational* subjects (Reay *et al* 2005). At the time of the research, approximately two thirds of female students are studying 'health and welfare', humanities and arts rather than pure science subjects (Leathwood and Read 2009). The analysis by age alone does not, of course, provide an indication of social class. Mature students can be taking 'second helpings' or 'second chances', as in the case of the OT students in this study: that is to say, people who are already well educated and can access more learning, against those who missed out first time around and seek a second opportunity to participate in HE (Thomas 2005).

Working-class students in HE make two transitions, according to a study by Reay *et al* (2005), one by getting in and one devising ways of coping with an essentially middle-class environment once there. They are not only studying, but competing for a scarce resource. Crozier *et al* (2008) suggest that the post 1992 HEIs direct their support for students by managing to avoid drop outs through focusing on finances, health, counselling, learning support (including dyslexia), IT and personal progress files for monitoring; other students are largely left to their own devices.

Furthermore, the new universities devise systems of online learning to allow students to access lecture notes, module guides and learning materials online, thus avoiding the need for university attendance - in contrast élite institutions' student support resources are targeted to ensure individual success with feedback on personal progress and remedial support when average grades slip. The old university strategies are to provide more one-to-one tutorials and seminars where students are expected to make substantial contributions and where they are challenged by peers and tutors so that students do not remain as passive learners (Crozier *et al* 2008). With reference to the current study, this latter model would appear to offer a better chance of WP students integrating – and being actively integrated – into the life of the university than a system (more common in the newer universities that tend to offer more vocational courses) in which physical attendance at the university and one-to-one interaction with tutors is not considered so important.

An additional issue raised by Crozier *et al* is middle-class students are more likely to live on campus, not have term-time jobs, and most are young with no family commitments. They show a strong identity with the university tending to live, eat and conduct their social lives in the university – what Crozier *et al* describe as an 'academic family'. Whereas, with the working-class students, 70% lived at home, work part-time between 10 – 20 hours a week and enter university with little understanding of what is expected of them in terms of course requirements (a direct correlation with students in my study). Also they have little knowledge of what 'extras' university can offer and how these can acquire social and cultural capital. Bourdieu (1990) describes the welcoming of students in élite universities into the academic family via, clubs sports halls and societies and so on as a 'Fish in water'. The working-class students' experience of HE conversely is that they have to develop coping strategies to survive. The low level of contact with peers in the post 1992 HEIs revealed a loss of shared learning (Crozier and Davies 2006) which led to a constrained learning experience. Failure to engage in wider activities also led to greater difficulties and disadvantages in the employment market after university. Bourdieu (2000) argues that friendships and socialising are devices that reduce

solitude but at the same time the feeling of being useful to others. For the middle-class students, social activities at university open new fields whereas working-class students see degrees as a means to an end, a pragmatic choice which is often no choice at all. Their finances prevent interaction so socialising is centred at home and therefore university friends are few and not central to their lives and fitting in with home duties (Reay 2003).

Research by Bowl (2001) has shown that working-class non-traditional female students can find the HE experience traumatic and isolating with economic issues, both institutional and cultural. There is a danger of categorisation masking the complex and interactive nature of barriers, but at least it moves away from the working-classes as 'the problem' in WP and focuses on contradictions in WP where economic and structural inequalities persist. Mature female students with children and complex family situations cannot build their academic and social lives around the university. Although things are improving Bowl's study (ibid.) found that students:

> Felt university had to be endured rather than enjoyed.

> Described financial barriers – such as no allowance for childcare costs or travel as well as working to supplement study.

> Highlighted that there were time barriers reported particularly in relation to time-tables and overall not enough time to study as they would like.

> Reported time management was a major issue frequently only essential reading was fitted in as well as essential lectures.

> Discussed institutional barriers such as learning the rules of academia, for instance the structuring of assignments proved difficult and many students reporting difficulties with what tutors expected of them coupled with limited advice and support the tutors were prepared to give.

Inclusion/Exclusion

The issue concerning actual and rhetorical inclusion raised in the broader literature on Widening Participation is further elaborated in work carried out by the *Teaching and Learning Research Programme* (TLRP), cited in Chapter 1. Indeed, the TLRP work was specifically commissioned by HEFCE and ESRC in 2005 with a grant to investigate WP and fair access across the formal education sectors. This involved seven research programmes by eminent researchers, many of them working already within the field of WP, resulting in a series of reports with significant relevance to issues raised in relation to all aspect of WP as it affects HE, including pedagogies and practices. David *et al* (2010) have edited a synopsis of these reports which highlight many issues but fundamentally attempt to clarify the concept that WP is about *diversity* of individuals - including, particularly and pertinently, individuals from under-represented groups accessing HE. Acknowledging that the expansion of HE (both nationally and globally) has resulted in policies on equal access and participation, pedagogy and learning practices having become a priority, David *et al* highlight access, diversity and equity as key concepts, arguing that access and WP must go beyond simple entry, and that diversity must go beyond considerations of ethnicity, gender, age and so on, to include all learners equally.

However, David *et al* (ibid.) also points out that:

> 'Debate has often also centred on whether concerns for equity and fair access are diluting a commitment to academic excellence.' David *et al* (2010:11)

The argument presented in Chapter One made the point that policy changes have moved towards mass HE (indeed mass-ive universities) and that, coupled with wider economic and labour market changes, this has produced significant demographic changes in student populations. Evans (2004:2) comments that:

> 'universities have become over-crowded places, physically ill-prepared for the numbers of students arriving on their doorstep. Academics have little or no time for contemplation – time is taken up with mass production'.

Although perhaps a slightly cynical view, my own studies along with some of the TLRP reports, suggests that there is much truth in these words. Many of the TLRP reports (David *et al* 2010, Hockings *et al* 2010, Fuller and Heath 2010, Crozier *et al* 2010) for example, reviewed the changing forms of institutional and pedagogic practice required or adopted to cope with new and diverse student populations, especially in relation to understanding and promoting teaching and learning throughout the life course. These indicated that, despite the fact that in policy terms educational and learning opportunities (related to accessing HEI courses) have increased for increasingly diverse students, such policies have not necessarily led to fair and equal access to HE, nor for that matter in relation to subsequent outcomes in the labour market after HE. This latter problem is exacerbated, of course, by the recent national and global economic downturn, which has meant that many of the potential benefits and opportunities of WP in HE may not lead to the promised economic benefits for students in the longer term.

Gorard *et al* (2006) observed a few years ago that there had at that point been little research into WP and increased student diversity, or its impact on classroom practice. Indeed, Hockings *et al* (2010) suggests there is:

> 'little evidence that teaching methods had been adapted to meet changes in the composition of the student populations. Lectures remain a key mode of knowledge transmission [...] and there remains a dependency on the teacher as the authority within many of the teaching strategies used by university teachers.' Hockings *et al* (2010:95).

The study by Hockings *et al* set out to work alongside university tutors to develop strategies to improve the academic engagement of students in ways designed to create more inclusive learning environments. They argued that:

> 'academically engaged [students] adopt a 'deep' approach to learning [by] questioning, conjecture, evaluating, making connections between ideas, [...drawing] on their own and others' knowledge, experience, backgrounds and identities [...Conversely] 'disengaged students' have a 'surface approach' to learning (copying notes, memorising, focusing on fragmented facts and right answers, and jumping to conclusions) [and such students] keep their academic subject knowledge and knowing separate from personal

knowledge and knowing background and experience.' Hockings *et al* (2010:96)

This is not, of course, a straightforward matter, or indeed one whose solution is either very easy or very difficult. Bryson and Hand (2007) make the point that this kind of disengagement cannot be seen as an on/off switch or state of mind, and that students are likely to have different levels of or periods of disengagement in any task or module, while Hockings *et al* (ibid.) stress that students who appear disengaged should not be viewed in 'deficit' terms. As Haggis (2006) reports:

> 'many problems experienced by learners are at least partly being caused by the cultural values and assumptions which underpin different aspects of pedagogy and assessment' (2006:533).

In opposition to the implicitly negative idea of 'deficit', which pathologises the individual, we might place the more positive notion of 'diversity', which places responsibility on wider systems and policies. Diversity as a term signifies (a) the ways in which students and tutors *negotiate* identities (Moore 2004) by reflecting on how they see themselves as similar or different from their peers, (b) the ways in which institutions or 'collectives' makes sense of differing identities and respond (positively and creatively) to them. The term itself can, thus, take on a positive character, associated with intercultural enrichment and imaginative pedagogies, or a negative character if (for example) learners and/or their teachers associate difference with problems, or if subjects feel marginalised and do not fit in.

It is an argument of this thesis that inclusive pedagogies and curricula need to take account of individual differences and both view and respond to them positively. Such an approach may be both hindered and helped by students themselves. Bowl *et al* (2008), suggesting that diversity stems from different work/life experiences and different entry routes into HE as well as from different living arrangements and family commitments, argue that generally students still want to 'fit in' - albeit with the notable exception of mature students: a common comment of students being that they were 'all in the same boat' and therefore had similar issues. Crozier *et al* (2008), however, report that 'WP' students tend to associate with other students of similar educational backgrounds and thus become restricted by their social circles

as they are not exposed to new and different ideas and practices that more 'traditional' students may have experienced in their previous education.

An important observation from the Hockings *et al* (ibid.) study was that although students did not want to be seen as different from their peers, they valued tutors and teaching that recognised them as individuals with individual academic and social identities and addressed their particular learning needs. What came over from students in the study was the notion of *categorisation*: for example, the concept of the 'traditional' or 'non-traditional' student did not accurately reflect the diversity of social, cultural or educational backgrounds, resulting in an over-simplistic understanding that produced a limiting effect on the development of inclusive and engaging teaching. Hockings *et al* observed that:

> 'Diversity extends beyond the structural divisions of class, gender and ethnicity. It encompasses different work, life and educational experiences, different entry routes to university and differences in life and family commitments. Diversity also encompasses psychological and epistemological differences, including differences in students' approaches to learning, ways of knowing, and subject knowledge.' Hockings *et al* (2010:98)

The same study reports that there were 'barriers' to the development of such teaching. Although, as previously mentioned, tutors professed to understand the needs of students and not to consider them as being in 'deficit' in any way, limited contact time and opportunity meant that tutors knew very little about student backgrounds (even less so than teachers in schools), and built the pedagogic and curricular content of their teaching on experiences of past students. The suggestion in the report is not that tutors should tailor all lessons for individuals, but that they should rather find out about individual 'learning styles' in order to diagnose so-called 'deficits' and offer support as appropriate.

Unfortunately, as the evidence base of this thesis suggests, where there are inequalities in the learning situation these frequently go unrecognised by tutors. One explanation for this might reside in one aspect of Bernstein's (1996) notion of the 'pedagogic device', in which there is 'strong framing' of teaching (that is to say, more 'traditional' pedagogies in which learning is teacher-led rather than student-

centred), associated with social control and reproduction. For example, at an élite university, where reputation, built up over many years, may be seen as a priority, the student *must* succeed – any individual failure to achieve being seen as an institutional failure to 'deliver'. Strong framing in this context provides a clear sequence to work resulting in clear expectations: i.e. a 'visible' pedagogy that is immediately open to criticism or (it is hoped) praise on the basis of measurable outcomes. As much of the literature cited above suggests, in many of the newer universities in particular there have been efforts to adopt what Bernstein calls 'weak framing' (the more 'progressive', student-centred approach), intended, in part, to be a supportive approach that starts with where the learner 'is at' and that focuses on 'what is there' rather than 'what is "missing"' (see also Bernstein, 2000: 43-50, on 'competence' and 'performance' models of teaching and learning, returned to later in this chapter). Though intended to be supportive, such approaches naturally need to convince the learner of their efficacy, and one of the difficulties emerging from my own study is the reluctance of students to 'sign up to' such approaches, having spent so much of their previous education on the receiving end of transmissive pedagogies. Thus, despite their efforts to the contrary, weakly framed pedagogies can result in fragmentation and confusion in the learner, emphasising rather than weakening a dependency culture in which learners crave tutor contact and a desire to be told what to do (Bernstein 1996).

If there is a barrier to the development of inclusive pedagogies in HE that is related to 'WP students'' resistance born of previous experience of formal education, it has been argued that there are other, institutional barriers too that might work against the best intentions of lecturers and tutors. Morley (2002), for example, has raised the issue of the way in which systems designed to 'assure quality' and maximise economic efficiency can prevent tutors and students liaising together to create more inclusive pedagogies. Morley (2002:131) describes this limiting effect on tutors in terms of it being 'too dangerous to take pedagogic risks': that is to say, institutional pressures and policies associated with high-stakes inspection prevent tutors from developing pedagogies that genuinely engage all students on an individual level, the emphasis being on 'teacher performance' as 'evidenced' in

measurable outcomes. Such a situation leads Evans (2004) to warn against the transformation of teaching in universities into a 'painting by numbers exercise of the hand-out culture' (2004:ix), while Williams *et al* (2010) report that the systemic and structural barriers to learning for these students are heightened by 'a culture of "performativity" in colleges reinforcing "teaching to the test" that can damage learning' (2010:154). This (over-)concern with inspection and 'performance' relates to another issue raised earlier in the thesis, which is that student drop-out rates have become a major concern for universities, especially, perhaps, for the so-called 'élite universities'. As Leathwood and O'Connell (2003) have observed, in such a climate the very presence of students from (for example) 'lower' socio-economic backgrounds is constructed as a problem and perceived as a risky investment.

The recorded effects of all this in terms of widening participation and inclusion are somewhat depressing, suggesting again that the simple insertion of an inclusive, widening participation policy into an unchanging system is never likely to achieve optimal success. It is not surprising in light of this, perhaps, that key findings of the TRLP reports on WP included the discovery of 'systemic and systematic forms of inequality for individuals and institutions across subjects and levels [including HE] of education' (David *et al*, 2010:150). It was noted in this same report that some improvement had taken place in the area of inclusive education, but that the continuation of inequalities in the wider society exacerbated and underlined the challenge of representing under-represented or disadvantaged groups or individuals in the future, having major implications for policies, practices and pedagogies. In this context, Fuller *et al* (2005) make the point that there exists no single government agency that has widening participation *across the life course* as its core mission. Meanwhile, the 'traditional' HE policy remains dominant - especially at the older universities, where, as indicated above, student learner identities tend to be strongly influenced by previous experience of school, their current university experience, and their social circumstances.

The recommendations by David *et al* (ibid.) to improve learning by widening participation in HE involve developing sustainable pedagogies for social diversity, via a pedagogy based on 'connectionism' as opposed to 'transmissionism': which

would lead to greater opportunities for learners to engage in deep learning. David *et al*'s study invites the interesting proposal that because students from 'working class' backgrounds often have no family history of university-attendance, and therefore no expectation of attending university themselves, they need to be encouraged to adopt a 'strategic' attitude to study which is to 'navigate through' rather than 'engage in' university. In order to bring this about, it is important that tutors have knowledge of student backgrounds at the start of the course. The pedagogies that might emerge from such a stance clearly include a challenge to the traditional/non-traditional student identity divide. Mirza (2008) argues that this extends beyond diversity to theories of 'inter-sectionality' - intersectionality being the term to describe the theorization of the relationship between different forms of social inequality. One of the complications of theorizing simultaneously multiple complex inequalities is that at the point of intersection it is insufficient to treat them merely as if they are to be added up, because they can also change each other. Adding up the disadvantages, as in the notion of double or triple disadvantage, does not fully account for the intersection; they may often, at least partially, mutually constitute each other.

This more complex view of diversity has major implications for institutional policy and practice in terms of the development of pedagogy and of tutor development. As previously indicated, WP students may have a desire to 'fit in' (or at least not stand out) and also value tutors who recognise individual academic and social identities and address their needs. A problem for tutors, however, is that class sizes and numbers of student groups mean they have difficulty getting to know students even if they see the value in doing so.

A major issue for tutors, therefore, is the shortage of time – or the challenge of finding or 'making' time - to reflect on and reconceptualise their own notions of student diversity in light of knowing their students and their needs, in order that they may redesign the curriculum and pedagogy to allow greater student involvement. An appropriate response from the institution might be to ensure that tutors do have adequate time and space for such reflection and pedagogic

development. Sadly, as David *et al* (ibid) suggest, tutors often feel that the opportunities to develop their practice are limited and overlooked in teaching skills programmes: indeed, most have reduced learning resources available to create inclusive learning environments, rendering raised awareness among policy makers particularly important.

This issue of the importance of a radical change in thinking in the political arena of the Official Recontextualising Field (ORF) as Bernstein calls it (e.g. Bernstein 2000) is accentuated in the work of Abbas and McClean (2010). In their study, Abbas and McClean argue that education is central to the knowledge base of society, and yet education as it is currently configured produces and reproduces distributive injustices. The point is made that biases in 'form, content, access, and opportunities of education' have consequences not only for the economy, but that these biases reach down 'to drain the very springs of affirmation, motivation and imagination' (2010:241). Bernstein has also made the point that biases 'lie deep within the very structure of the education system's processes of transmission and acquisition and their social assumption' (2000: xix). Abbas and McClean's study draws upon Bernstein's ideas of how knowledge is distributed differently in educational institutions, to illustrate how education systems are hierarchical and perpetuate inequalities by focusing on issues such as the ranking of universities (league tables), which are not designed to acknowledge or alleviate inequalities in economic or social capital, therefore penalising those of decreased social status with fewer resources. Elsewhere, there is clear evidence of limits to budgets for those HEIs providing courses for economically and socially disadvantaged groups (see, e.g., Forsyth and Furlong 2000, Morley 2003, Furlong and Cartmel 2005, Voight 2007), and that, as has already been indicated, 'lower' social class students are attracted in greatest numbers to the less well resourced universities (Archer *et al* 2003, 2008, Reay *et al* 2005, Bowl 2006). It could be argued that the expansion of HE to improve market competitiveness and increase social inclusion make rigorous monitoring of teaching and learning essential. However, many authors (see Abbas and McClean 2010, Pinar 2012, Lasch 1984, Gibbs 2010, Brown 2010, Molesworth *et al* 2010, Foskett 2011) express widespread doubts about current systems, arguing that the

focus and form of quality systems are linked far too tightly to increased government control and therefore to government agendas (which may be overly driven by constructed economic imperatives) rather than 'in-house' evaluations of pedagogy and curriculum and professionally-identified programmes of staff development.

Systemic constraints in developing widening participation and inclusive pedagogies: 'competence', 'utilitarianism' and institutional cynicism

The work by Bernstein on the way in which public policy in the 'official recontextualising field' (ORF) becomes translated and transformed in the local or pedagogic recontextualising field (PRF) - that is to say, what happens to policy pronouncements once those charged with implementing them (e.g. local authorities, educational institutions, individual teachers) attempt to do so within constraints which often go unrecognised in the policy statements themselves - has been particularly helpful in analysing the institutional and financial constraints experienced locally, by HEIs and lecturers in my study, as they sought to promote WP beyond simply increasing student numbers. In his account of potential and fluctuating relationships between the ORF and the PRF, Bernstein observes, in relation to the matter of the relative autonomy of institutions and teachers:

> 'If the PRF can have an effect on pedagogic discourse independently of the ORF, then there is both some autonomy *and* struggle over pedagogic discourse and its practices. But if there is only the ORF, then there is no autonomy' (Bernstein 2000: 33).

Relating the 'recontextualising fields' to current and recent education policy in the UK, Bernstein warns (ibid.):

> 'Today, the state is attempting to weaken the PRF through its ORF, and thus attempting to reduce relative autonomy over the construction of pedagogic discourse and over its social contexts.'

Such an analysis is particularly interesting in light of the WP/widening access agenda, in that there appears (certainly on the evidence of my own studies) to be a tension within a policy which on the one hand charges HEIs to exercise more autonomy in student recruitment, while on the other hand doing little to release its

grip on rulings related to numbers, to 'performance' or to how performance is judged and 'measured' - let alone providing the additional resourcing that such autonomy might require for its effective exercise. In a further development of this point, Bernstein draws an important distinction between 'competence' and 'performance', linking the former to the development of generic, perhaps pre-existing or 'natural' skills (a far cry from the 'competences discourse' described by Moore [2004] and others in relation to education and training in HE vocational courses in the wider context), and the latter to training and 'trainability' - suggesting that it is the trainability discourse that continues to dominate in both compulsory and further and higher education. In view of the argument, expressed in this thesis as well as by several of the lecturing staff interviewed, that the development of learning skills, including problem-based activities, might offer a more suitable approach with 'non-traditional' students than straightforward 'training' or 'knowledge transfer', Bernstein's argument suggests the existence of a powerful contradictory pull away from such changed pedagogic practice, at least on the 'academic' elements of the courses in question: that is to say, from student-centred to more 'traditional' approaches. It also relates to another issue raised in the study, concerning possible mismatches and tensions between academic and practical elements of the courses, and the extent to which staff involved in the latter may orient themselves to the former (and vice versa).

This latter issue - related to the 'two-site' nature of the courses under consideration - had already announced itself in the IFS study which preceded the longer thesis (Wood 2008). One of the tentative conclusions of that study was that the placement element of the course was marginalising an important aspect of learning that had previously been integral to the course when both theoretical and practical elements were 'under one roof'. The separation was creating what McLaughlin (1991) described as a re-orientation change: i.e. somewhat unprincipled, pragmatic modifications to existing practices without fully exploring what the long term consequences of such actions would be. As such, it was felt that the placements were creating a change that could be described as characterised by a 'training' approach, that this in turn had had an effect on the

'academic' element of the course, and that, by consequence, students' learning experience was being limited and narrowed - not least by being very firmly located within the confines of their course of study. Jones and Thomas (2005) have described this as a 'utilitarian' approach, that focuses primarily on the relationship between HE and the national economy and sees curricular reform as an essential precondition of improved economic responsiveness (rather than of improved learning in its own right). It is important to remember that the purchasers of health professions courses are the NHS, not HEFCE, and that they might be more concerned with such utilitarian concepts than individual HEIs themselves: i.e. exclusively to 'train' a workforce that is 'competent' (though not in the Bernsteinian sense) to work in the NHS, with far less emphasis on how learning is to be achieved (Fryer 2006). (See also Barnett's [2004] call for an 'ontological turn' in curriculum and pedagogy away from a primary focus on predetermined knowledge and skills toward a 'pedagogy for the human being', Wheelahan's [2007: 151] account of a vocation within which individuals can develop their identities, recognise themselves and develop dispositions as 'a way of being in the world that connects different aspects of our lives as a way of navigating uncertain futures', and Young's [2003] work on 'communities of interest' and 'communities of trust' in which it is argued that both workplace and HEI learning experience are necessary in vocational education and training, *as long as students are able to make the connections between them* (clearly an issue in my own IFS research).

If Bernstein's work traces the relationship between policy as preached and policy as practised - including, it must be said, the possibilities of practitioner influence on public policy - and of the current dominance within the 'official recontextualising field' of training and trainability, Lasch and Pinar indicate why resistance in the 'pedagogic recontextualising field', though important, is not always so easy to achieve. Lasch (1978, 1984) coins the term 'presentism' to describe the way in which the constraints of having to deal constantly with immediate pressures and problems act as obstacles (to institutions, to teachers and perhaps to students) to reflection, long-term planning and the proper consideration of consequences - helping us to understand the ways in which both lecturers and students in my own

research seemed driven toward pragmatic orientations to study and teaching, in which the immediate goal of achieving accreditation is more important than pedagogic and curriculum issues and developments *per se*. Lasch describes a 'nightmare scenario' in which, in the face of impossible workloads and the need for continual response to mandated policy and change, teachers might come to retreat into the (apparent) safety of their own subjectivities, 'abdicating their professional authority and ethical responsibility for the curriculum they teach' (1984: 3-4) While such a nightmare scenario might not yet have arrived, there was certainly evidence, as will be described in subsequent chapters, of teachers feeling they were being asked to do the impossible (or nearly so), and of having to promote coping with organisational change over the pedagogic changes they felt those organisational changes might demand. Such an attitude might be described as a particular kind of institutional 'cynicism': one that is characterised by a feeling that the overarching system and its policies are simply irresistible, that internal contradictions in such systems and policies have to be accepted and worked with as best as one is able, and that is characterised by an air of resignation: 'There is nothing we alone can do to change things, to resist - no matter how much we would like to.'

As will be seen in the final chapter of the thesis, the notion of 'presentism' also prompted the researcher's use of another term - 'absentism' - to describe the relative, enforced physical invisibility of many of the students in the study, and the impact of this on their learning experience: a feature of their academic lives paralleled by what Moore (1999) has called 'symbolic exclusion' - that is to say, to reprise a point already made, a denial, for whatever reason (either by teachers or students or both), of the existence and value of students' existing learning experiences, capabilities and preferred learning styles, especially where these may not provide a close match with the teaching methods traditionally favoured by the institution.

'Communities of Practice' and *'experiential learning'*

An important issue already touched on, that relates both to professional learning generally and to widening participation in particular, concerns the existence - which may be both practical and philosophical - of a perceived or constructed 'divide' between theory and practice. In the case of the AHPs, as in teacher education and training, this can result in mismatches of practice as well as of intent between HEIs which deal with the 'theoretical' side of things, and work placements (schools, hospitals and so on) which deal with the practical. Ideally, it might be hoped that in the work placements students were guided in terms of applying theory *to* practice and of interrogating theory *through* practice. However, it was evident in the current study that this was not necessarily the case, and that there was indeed a clear divide, perhaps a tension, between understandings and practices of teaching and learning between the two sites of learning which were unhelpful both to students and to course coherence and development. (These issues will be elaborated at greater length later on in the thesis in relation to my own particular study.)

One way of helping practitioners bridge this apparent divide is provided in Lave and Wenger's (1991) notion of 'Communities of Practice' (CoP), which will be referenced again and further elaborated in Chapter 6 below. Here, 'newcomers' (novices) in a profession or an institution gradually become mainstream members of a CoP by having the opportunity to participate in the social relations of the community (these will include learning relations). 'Community', of course, needs to be carefully defined. In terms of AHP courses, for instance, community may be defined as the university community, the work placement community, and (ideally) the course or programme, which involves both the HEI and the workplace.

The concept of CoP was first presented in Lave and Wenger's treatise, *Situated Learning: Legitimate Peripheral Participation* (1991). With the associated concept of 'legitimate peripheral learning' Lave and Wenger proposed a new paradigm shift in understanding, practising and experiencing learning, centring on the notion of *Situated Learning* - one in which active social participation was not just an *adjunct*

to the learning processes but a vehicle for learning itself. The concept challenges 'formal teaching' in that learning takes place in many settings, not just the lecture halls of academia. The original concepts of CoP have been extensively extended and reviewed (see Wenger 1998, Wenger *et al* 2002, Hughes, Jewson and Unwin 2007), and have particular relevance to all fields of educational studies.

Lave and Wenger's focus on experiential learning is particularly helpful and relevant in relation to considerations of mature learners, who will bring a wealth of 'tappable' life experience with them into the learning situation, and it is a concept that has been further developed by a number of theorists. David Kolb *et al* (1975, 1976, 1981, 1995ab, 2001), for example, have developed a model of experiential learning that has particular applications to the theories and practice of adult learning, as well as to notions of informal and lifelong learning. The term experiential learning is used here is two contexts. The first occurs through direct participation in the events of life (Houle 1980:221), which can be understood as learning by the individual achieved via reflection upon everyday experiences - effectively, the way most people 'do learning'. The second relates to the sort of learning used by students who are given a chance to acquire and apply knowledge, skills and feelings in an immediate (often 'practical') setting. This involves a direct encounter with the phenomenon being studied rather than just thinking about it 'at a distance': i.e. putting theory into practice, or, more precisely perhaps, drawing on theory by way of better understanding experience and subsequently moving to improved practice. To return to a point already made, when a professions-based course or programme has two physical sites of learning in which one focuses on theory and the other on practice, the not-always-easy trick is to dovetail the two so that rather than experiencing contradictions, tensions and separations the student is able to see both parts of the course as of equal importance individually and as essential aspects of a coherent whole.

Kolb's early work focuses upon concrete experiences and the different styles of learning that are involved. His model of experiential learning essentially encompasses four elements: concrete experience; observation and reflection;

formation of abstract concepts; and testing in new situations - elements that are presented as an *experiential learning cycle*. In relation to the current study, two aspects can be seen as especially noteworthy: the use of concrete, 'here-and-now' experience to test ideas; and the use of feedback to change practices and theories (Kolb 1981:21-22). Kolb links these processes with Dewey's theories of learning and pedagogy to emphasize the developmental nature of the exercise, and with Piaget for an appreciation of cognitive development. The reflective element also draws upon the work of Donald Schön, whose significant contribution has been to bring the notion of reflective practice into the centre of any understanding of what professionals do, through the ideas of reflection 'in' and 'on' action. In the case of reflection *in* action:

> 'The practitioner allows himself [sic] to experience surprise, puzzlement, or confusion in a situation which he finds uncertain or unique. He reflects on the phenomenon before him, and on the prior understandings which have been implicit in his behaviour. He carries out an experiment which serves to generate both a new understanding of the phenomenon and a change in the situation.'
> (Schön 1983: 68)

Reflection *on* action, on the other hand, is done 'post experience', involving finding and spending time reflecting on why we acted as we did, what exactly was happening in a teaching group, and so on. In so doing, we develop sets of questions and ideas about our activities and practice.

Returning to the concept of Communities of Practice in relation to AHP courses in HE, James (2007) suggests that the positions of 'knowledgeable participant' - i.e. tutors - are complex, and so, therefore, are the positions of the 'novices' - the students. Lave and Wenger's (ibid.) emphasis on 'harmonising categories' of joint enterprise, mutual engagement and shared repertoire, suggests that CoPs are - and indeed can be - networks or groups which regulate or make meaning of individual lives both inside and outside the workplace (Tight 2004). In HE, as already suggested, both students and, particularly perhaps, academics will work in a number of overlapping CoPs. Thus, academics working on AHP courses will belong to networks forged around their own disciplinary research, their teaching, and

departmental and institutional practices each, with its own sense of joint enterprise and mutual and shared repertoires (Hodkinson and Hodkinson 2004). In these contexts, Trowler and Knight (2000) argue that:

> 'individuals have to develop day to day practices, behavioural and discursive, cognitive and emotional, explicit and tacit - and sets of ontological and epistemological assumptions about what they are doing.' (Trowler and Knight 2000:31).

The very fact that academics are likely to belong to a number of CoPs rather than just one is significant in relation to the current thesis, in that it goes some way toward explaining a particularly unhelpful part of the student experience, concerning a perceived divide between theory and practice, HEI 'academic learning' and workplace 'experiential learning'. This perceived divide - which to an extent is clearly shared by the tutors in the two physical sites of learning - appears to render tutors' moves toward course coherence (we might say, toward a 'unified' CoP, or at least a 'CoP confederacy') particularly difficult, with obvious knock-on effects in relation to the student experience - not least in reinforcing preconceived ideas that practice-based experiential learning is 'for me' and theory is 'abstract', largely irrelevant, and essentially 'for others'.

To explore this a little further, academics on AHP courses may view themselves as: disciplinary practitioners who have an obligation to their own profession and professional body; tutors on an academic course; researchers in a professional discipline; and, increasingly, administrators in an institutional context. Consequently, to work in HE means to belong to multiple CoPs, which indeed may have conflicting interests. As indicated in the previous section, global developments in HE including increasing marketisation and reductions in public sector provision have led to a restructuring of academic institutions that includes budget cuts, increased student numbers, a shift towards student fees and loans, and a rise in the 'regulatory state', to which institutions are increasingly accountable (James 2007). Added to this, the imposition of 'quality assurance', in which teaching and research are subject to performance indicators, has arguably created heightened

marketing and branding of institutions, leading to a move away from collegiality towards managerialism and undermining academic freedoms in terms of the autonomy and integrity of disciplines (Whitty 2004). Within such a climate, HE becomes a commodity (Ball *et al* 2012) providing a service, imposing strategies and systems that academics now have to participate in and compete with (Olssen and Peters 2005) - and, it might be suggested, restricting the possibilities in the process both of self-determining CoPs and of 'unified' CoPs. In a 'departmental CoP', for instance, there is a requirement that disciplinary professional academics access their own professional CoP, in which programmes of study are increasingly determined by the demands of outside agencies, including those which may stress their 'theoretical rigour.' Workplace tutors, however, have their own professional CoP and their own obligation to their own (separate) professional body. We might suggest that such a situation is likely to accentuate rather than help break down existing structural and psychological barriers to the development of unified CoP: the fact, for instance, that HEI academics struggle to become more involved in the 'practice-based' elements of courses because they are employed - and have to spend so much time - as lecturers/researchers; the perceived 'threat' that academics might pose to 'knowledgeable practitioners' (and vice versa) in other CoPs; or the fact that academics may also be working on the edge of their disciplinary community and therefore not have strong capital within it. Academics can rarely hold on to all elements of each CoP: teaching and research, for example, may dominate in the disciplinary CoP, and even teaching and research may be divided into two separate CoPs. The managerialism of HE may additionally remove the academic from both teaching and research and ground them in a managerial administrative CoP wherein they lose their disciplinary identity altogether - a process of 'dis-identification' and reconstruction of identity in a context of conflict and exclusion (James 2007).

The idea that 'learning transfer' is problematic and that support therefore needs to be given to professionals entering the workplace to help contextualise the knowledge gained in other settings (e.g. an HEI) is explored further in the work of Eraut (2004, 2007, *et al* 2000) who adopts a less enthusiastic stance toward the

notion of the CoP. Eraut suggests that the initial training for most health care professions incorporates extensive work placements (Eraut 1994, 1997) with the concurrent approach of formal university education and work placement considered the most appropriate structure. Eraut points out that:

> 'Much working knowledge is tacit and explicit versions of it fail to recognise its complexity. Informal learning arises out of social situations, but most of these are more transient than implied by the euphemistic metaphor of 'community of practice'.' Eraut (1997:2)

The challenge for professionals, according to Eraut, is to bring together the different types of knowledge underpinned by different values and logics, not least through developing understandings of how forms of knowledge are recontextualised as people move between sites of learning and practice in work, education and community settings.

The goal of bringing theory and practice 'back together', despite the constraints already referred to, should not be beyond the realms of possibility. Although Guile (2006) has argued that work*place* learning represents a departure from traditional HEI thinking and practice, Burke and Jackson (2007) argue that while there is no agreed definition of workplace learning it has obvious overlaps with work-*based* learning (WBL). To clarify this distinction, Boud and Solomon (2008) describe WBL as a class of university programme that brings together HEIs and work organisations, usually involving a partnership between the HEI and the work placement. Importance in such arrangements is placed on employers establishing working relationships with HEIs to produce the future workforce. However, at the centre of work-based practice lies the process of knowledge recontextualisation, as knowledge is put to work in different environments. For knowledge generated and practised in one context to be put to work in a new and different context it has to be recontextualised in ways that simultaneously engage with those practices, traditions and experiences (Evans *et al* 2011). Recontextualisation may thus be seen as a multifaceted, pedagogic practice where concepts and practices change as they are used in different settings. Such processes can vary according to personal

characteristics, and together with prior learning and tacit knowledge they may be unequally distributed (Evans 2004).

A key proposal to emerge from all of these commentators is that in order to bridge or mend any divide - perceived or actual - between areas of theory and practice, of work-placement and university, it is necessary to create a 'collaborative community' where authority does not depend upon status but upon the sharing of knowledge and expertise whatever the setting (see Watkins 2005, 2009). Eraut (ibid.) argues succinctly that the methods of learning in the workplace are different from those within the HEI but are of equal importance, and it is important for this equal importance to be mutually acknowledged. Many authors believe that the way forward in this regard is to co-construct a 'collaborative community' (see Hughes, Jewson and Unwin 2007, Hargreaves 1994, Nias *et al* 1992), wherein co-participation between the workplace and the university develops into a 'whole institution' approach rather than one of separation and compartmentalisation of knowledge and skills.

Summary and Discussion

This chapter has described the initial theoretical underpinnings of the thesis, with reference to literature under four broad categories: widening participation in higher education; inclusion and exclusion; systemic constraints (in the implementation of the WP agenda); and Communities of Practice and situated learning. The chapter has drawn attention to mismatches between the rhetoric of WP policy and what 'WP students' may experience in practice, referencing both institutional-systemic and individual, psychological barriers to widening participation in HE generally and in relation to HE AHP courses more specifically. It has been suggested in the course of reviewing this literature that fears of financial reprisals or reputational damage in relation to student failure or drop-out rates acts as a deterrent to some universities' embracing widening participation, thus reducing student choice of institution, and that students from working-class and other minoritised backgrounds may suffer by bringing low self-expectations with them, acquired during the course of previous

educational experiences. Other issues raised, which are explored subsequently in the thesis, concern

- the problems of attempting to embed WP policy into unchanging systems and cultures, and without adequate resourcing - including adequate staff (re-)training;

- the negative impact of both overwork and a performativity culture on developing inclusive pedagogies, often resulting in the development of negative attitudes toward 'WP students';

- systemic constraints leading to utilitarian practices rather than promoting independent, lifelong learning.

The chapter has concluded with a discussion of the perceived differences between 'academic', 'theoretical' teaching and learning, typically sited within the HEI, and 'practical', 'experiential' learning, typically sited within the workplace, with the suggestion that this theory-practice 'divide' is unhelpful to WP students who may instinctively, in light of previous experience and self-perception, lean toward the practical and experiential rather than the theoretical, instead of seeking to combine the two 'elements' into one distinct learning experience. It has been further argued that such a combining or 'unification' activity is made all the more difficult by course tutors in either site of learning failing, for whatever reason, to unify and properly synthesise their own practices.

PART TWO - CHAPTER 4. The Courses

Overview

The institution involved in this study, London Central University, offers traditional degree courses in a number of health related subjects, but at the same time recognises that to attract non-standard students, especially adult learners, more flexible routes of study are needed in an attempt to remove institutional barriers to study. As indicated in Chapter 1, the political imperative to widen HE participation was associated with the transformation of HE in focussing on marginalised groups to become an integral part of knowledge reconstruction. The two non-standard routes included in this study are; a four-year part-time Physiotherapy (PT) course leading to a BSc (Hons) in Physiotherapy and an accelerated two-year Masters course in Occupational Therapy (OT). It was evident that there were many structural differences between the courses surveyed, and that those differences extended not only to the individual course structures but also to the students and the staff of each course. (For details relating to individual participants in the study, see Chapter Two, Table 1.)

The demographic of each of the two student cohorts in this study appeared similar in terms of social and cultural backgrounds. They were mainly white females, without significant ethnic variations. This lack of ethnic variation does not reflect the multi-ethnic community that the University serves, which can be seen in some of the other courses offered (particularly nursing), but is a true reflection (at present) of most AHPs and, incidentally, true of the staff in general as well. A high proportion of students on both courses were mature female students, which corresponded well with the study design. The principal difference between the student groups was in their academic backgrounds. Those enrolling on the Masters degree had to already possess a first degree. The difference between the staff of the two courses was that the part-time Physiotherapy course was the only Physiotherapy course offered by the university, and this was reflected in the nature of the staff profile which was small, almost all female and also part-time. By contrast, the OT department had significantly higher staff numbers (also mainly

female), as they offered three modes of study: a three-year full-time degree course, a four-year part-time degree course similar to the Physiotherapy course, and the two-year full-time accelerated Masters course investigated in this study.

The Physiotherapy Course

The part-time Physiotherapy course was the one which had been set up to specifically target students who had not previously had the opportunity to study 'traditionally'. The rationale in the literature for the course entry requirements states:

> 'As part of a widening access initiative to encourage more diverse entry into Physiotherapy, [London Central University] was commissioned in 2002 by the …. Workforce Development Confederation [later subsumed into the Strategic Health Authority (SHA)] to establish the current four-year part-time programme of study for therapy assistants/technicians who are currently employed and working within the NHS, and who aspire to be Chartered Physiotherapists.' Cited in the University course literature (2009).

The normal academic requirements of the university for an undergraduate degree course were not required, only that the applicant was an employed assistant/technician. The course had claimed to be specifically designed to be a *'flexible and clinically-orientated programme … intended to provide an educational route,'* to facilitate students' learning and to fit in with their lifestyles and their out of university commitments. Most students interviewed had family commitments of two or more children; one student started the course with no children and now has four. The course team has had to be adaptive with the flexibility of the course to cope with situations such as this, but it does extend the length of the course considerably - i.e. from 4 years to potentially 6 or 7 years depending on individual circumstances. The circumstances for step-on step-off arrangements for students were quite limited; the sequential nature of the course meant that if students had to take time out for 'life events' there was little alternative to leaving the course and rejoining a year later when they re-entered that part of the course cycle. (This issue of having to drop out of study for a period of time is fundamental to all health professions courses and might suggest the need for alternative educational

solutions). The course team had been sympathetic to feedback from students with complex home commitments, and specifically set the timing of tuition on the days students were in the university to between 11am to 5pm. As Emma, a Physiotherapy student commented:

> "The hours of 11am till 5pm are good for everyone..... because people all live in different places and some travel for an hour and a half to get in.... enough time that they don't have to get up at a ridiculous time to get there. Also if you have children you can take them to school before you have to leave to be there".

A number of the students reported that clinical placements were situated during conventional working hours, but attempts were made to keep those placements local to the student and they would be in each placement for six-week blocks. The course was targeted at students who were already employed as Physiotherapy assistants/technicians and they had to have the support of their employers to come on to the course. Part-time study equated to two full days per week wherein, according to what teaching block they were on, either in the university or on clinical practice placement, days of the week would be exclusive to their study. For logistical reasons those set two days would change with each year of the four year course: e.g. Year One - Monday and Tuesday; Year two - Tuesday and Wednesday; and so on. As such, if on block placement in the university, each individual year cohort would only ever come into contact with one other year for one day in the week, and at no stage would all years be in together. This issue of timing again highlights educational issues about the course, which are considered more fully in Chapter Five. Because this course had been adapted from the conventional full-time three-year course, it meant that, even over four years, only having two days' contact resulted in those days being very full - so much so that there was no real time at university to do anything else other than focus entirely on the course as it was delivered. There was no time built into the time-table for these students to engage in the kind of reflection which, arguably, lies at the centre of nearly all significant learning (Schön 1983), or indeed to access other educational opportunities the university had to offer to expand their own educational horizons. In fact, most students showed no inclination to do so. The typical student attitude

was that they were there to be taught how to be a physiotherapist, and that was all that they were concerned with. When asked specifically if they interacted with university life or if there were other wider educational experiences such as seminar courses that they took advantage of, one of the Physiotherapy students, Beth, reflecting the response of the interviewees as a whole, replied:

> "No I don't think so. Not that I know of. I am sure there probably are but I just missed them".

If anything was not related to the course, the tendency of those students was to simply ignore it; total focus was on becoming a physiotherapist. Another Physiotherapy student, Mary, endorsed this view, indicating in her interview that her reason for choosing the course was all about getting a job - a motivational factor that sits comfortably within the discourse of 'trainability'. Brady (1998) argues that many mature students see HE as a route into employment, a form of 'neo-utilitarianism' – a view which appeared to be endorsed by students such as Mary:

> "I needed a job close to home, a technician's job, a Physiotherapy technician's job fitted the bill and I got that job and I kept doing little courses like weekend courses, postural stability courses, movement courses, and I was thinking what else could I do when my manager said they were doing a physio course at [London Central University] if you fancy that, so I thought all right then". (Mary PT student)

In contrast to this approach to study, Dewey (1916) argues that a vocation extends beyond the technical requirements of an occupation, and includes:

> '...the development of artistic capacity of any kind, of special scientific ability, of effective citizenship, as well as professional and business occupations, to say nothing of mechanical labour or engagement in gainful pursuits' (1916:307).

Such a perspective invites considerations of other issues related to WP, including those concerned with quality of provision and with the development of the 'whole student'. Thomas (2000) argues that HEI's have a vested interest in encouraging mature students as a 'wider market' to fill places, but that a central issue for HEI's has been how to widen access without diluting the quality of education, while

Burke (2002) makes the point that, although people may return to education to reform their lives, the policies and practices of HEIs often undermine any commitment to combat social inequalities which are institutionalised and reproduced within the academic world. Reminding us that WP needs to take appropriate account of students' broader lives, she argues:

> 'Effectively widening participation depends upon explicitly addressing the experiences, practices and meanings of the students themselves'. (Burke 2002:2).

Ostensibly, the Physiotherapy course was set up as part-time course to offer the choice of flexibility appropriate for adult learners. It was, however, the only part-time course offered by any HEI in the local area, and therefore technically there was no choice at all. The main concern of adult learners was to attend a course reasonably local to their home, as they did not have the luxury of being able to live away. This, on the face of it, would appear to contradict Emma's earlier statement about travelling times, though other students indicated that the nearest similar course was offered in Colchester. In addition, the clinical placements were meant to be close to home. However, in reality students could be travelling for up to two hours each day to reach specific placements. This is because they all had to attend certain core placements and, as one student indicated, being a relatively new course it was in competition with all the traditional three-year courses that had been in existence for years and had already got placement networks set up more locally. To reprise a point already made, that will be developed more fully in Chapter 8, there is something of a sense in the students' testimonies of disparity in the working relationship between the HEI and the workplace - and, as Boud and Solomon (2008) among others have pointed out, an effective working relationship is essential for mutual understanding between the two sites of learning. Also at issue, however, is that there appears to be a tension between the WP agenda/discourse and the quasi-market position of competition between academic institutions (Bernstein 2000). Within this analysis, the structure of the Physiotherapy course and the target students' experiences of it may be over-dominated by a 'bums on seats' agenda which tends to be more utilitarian in

approach - in line, perhaps, with the utilitarian perspectives of the students - than focussing on knowledge in its own right. Bernstein goes on to argue that, rather than a need for discipline-specific knowledge and skills, the new paradigm (the economy-driven approach) emphasises 'generic skills' and 'a jejeune concept of trainability' (2000: 53), focussing on potentially transferable skills and placing the emphasis on:

> 'something" the actor must possess in order for that actor to be appropriately formed and re-formed according to technological, organisational and market contingencies.' (2000:59)

This concept of trainability is devoid of social content and is actually divorced from more traditional views of vocationalism that help shape learner and practitioner identities through a negotiated, collective sense of purpose: It is part of a wider 'silence-ing the cultural basis of skills, task, practices and areas of work' (ibid., p.53).

In sum, from the target students' perspective courses such as the Physiotherapy course might be seen to favour a new form of vocationalism, which emphasises generic rather than disciplinary knowledge and which takes scant account of individual students' needs and experiences at the same time as individualising (in an essentially isolating way) the student experience rather than developing a collective professional experience such as the 'Communities of Practice' described by Wenger (1998) (for further elaboration, see Chapters 3 and 6), encompassing the university and the workplace in a seamless manner.

The students on the Physiotherapy course were certainly accessing HE as non-traditional students as defined by the WP agenda. It was clear, however, that often their study skills were variable and may have needed to be developed in order to facilitate their learning at degree standard. Responses from student questionnaires indicated that most students' previous educational experience had been at school (generally progressing up to 'A' level standard but not beyond), but that this had been some years earlier, before undertaking their clinical assistant positions. Therefore, academically many were not as well prepared for the course that lay ahead of them as some of the other students - although clinically and experientially,

from a work-based learning viewpoint, they had perhaps a clearer and more nuanced insight of what was expected of them.

In the student responses to the structure of the course there is an indication, which is examined in more detail in Chapters Five and Six, of the students' perceptions and attitudes towards study and some of the accommodations the HEI have made in the formulation of the course that begins to address the first of my research questions:

> 'What are the students' perceptions of and attitudes towards study, to what extent has the university accommodated their learning preferences, and how effective do they feel provision is?' and 'What are the tutors' perceptions of curricular/institutional change associated with the changing demographics of health professions students, including what they feel about student diversity and how potential 'barriers' have been recognised and responded to?'

Examples of such attempted accommodations have included an ongoing dialogue between students and staff, most notably on the timing issues of study and the structures of the teaching days in the HEI, and on placements. Although preferences have been accommodated where possible, I will argue that those changes have not, however, materially altered the pedagogic approach to course delivery, and although more convenient are scarcely innovative. In addition, there are links with my second research question, concerning inclusive pedagogies and how students and teachers perceive the teaching-learning spaces as inclusive and flexible. For example, tutors talk about adaptations to teaching styles and identify areas of bad practice, such as the booking system for teaching facilities, but admit that if they are to get through everything that the students require they have no option but to persist along their present route.

The students at the same time appeared content to continue with the traditional approach to study, associated with their previous educational experience – perhaps because this was all they knew. Friere (1973) argues, in his theories of 'banking education', that conventional education is based on teacher power/authority and student submission/passivity. He argues that the true pedagogue should assist students to understand their everyday experiences. His 'critical pedagogy' places

importance on a student-centred approach in the classroom, giving students a 'voice'. The curriculum and pedagogy are expected to be directly responsive to students' needs. Interestingly, responses by Physiotherapy tutors tended to place emphasis on 'standards' and 'standardisation' - which arguably has constrained innovative approaches to pedagogy, shifting the focus to frameworks and structure. To some extent the Physiotherapy students colluded with this philosophy, as they showed no inclination to adopt a more innovative and flexible educational approach for fear that this would mean more work for them rather than the 'banking-style' education described by Friere (ibid.) - which, for the majority of students, was indicative of their previous educational experience. Most Physiotherapy students had been used to being told what to do by their teachers in school during their early years of education and subsequently in their clinical roles as assistants.

The Occupational Therapy Course

The OT course was full-time over two academic years and, like the Physiotherapy course, consisted of block teaching periods when all students would be in the university, followed by block clinical placements for 6 - 8 weeks in NHS facilities in a fairly widespread area to encompass all core elements of the OT clinical experience. The course documentation describes this course as, *'being established in 1989 as a result of a strategy to widen the range of programmes and access routes to pre-registration occupational therapy education'*. Unlike the Physiotherapy degree course, this was an accelerated full-time Masters' course where applicants were expected to have an *'Honours degree, in any subject area, and relevant experience of working in health, social care or a related area'*. This was with the expectation of having already demonstrated degree-level academic ability but, unlike the Physiotherapy course, no requirement of prior clinical knowledge or experience (although an understanding of the role of an OT would be required).

The course adopted a Problem Based Learning (PBL) approach throughout the programme – an approach that aims to develop self-directed learning abilities, to

integrate learning and practice, and to motivate learners by engaging their curiosity (Dewey 1917). Boud and Feletti (1997:2) suggest that with PBL it is also important for students to work co-operatively as a group, exploring information in and out of class with access to a tutor who knows the problem well and can facilitate the group learning process. Collaborative skills, particularly in health care perhaps (given the socially interactive nature of these professions), are important, and group work can enhance students' ability to remember and retain critical information - which is why PBL is commonly used in professional education. There is also an argument that PBL is linked to an understanding of the value and need of 'deep learning' and autonomous 'life-long learning' (Nation of Life-Long Learners' Report, 1997). Despite the resistance or scepticism of some students (expressed in interview) who preferred a more directed pedagogy, it was considered by course tutors that if students had attained an academic level, and therefore were likely to be adult learners with life experience in related areas, the concept of PBL as a pedagogic approach would be particularly suitable. One of the OT tutors, Helen, explained the reasoning behind this as follows, in a way that both asserts explicitly the course's pedagogic philosophy and raises implicitly the issue of a possible tension between the kinds of learning already experienced within a dominant pedagogic discourse of teacher-led knowledge (Moore 2000) and those intrinsic to PBL:

> "PBL... the thrust of that was to promote deep learning rather than surface learning and for learners to learn how to learn and take responsibility for their learning ... to become autonomous and to become self-directed... very much about the professional role and a lot of 18 year olds ... really struggled with the idea because they came from a system where they were not given much freedom to learn so they were very surface learners". (Helen, OTT)

The course was consequently set up for adult learners, but of a specific kind. Helen felt that:

> "There is a big difference in my mind between an older learner who has done the degree ... who has made a very clear career choice and they will therefore choose an accelerated route to be alongside other graduates and to learn in a problem based way because they are more connected to life ... they are not looking for a first degree

now, they are looking for something that is going to give them responsibility for their learning and help them become a professional person". (Helen, OTT)

To compare and contrast this with the Physiotherapy course, we might say: The target audiences are both adult learners, and both courses offer a pre-registration level course that confers a professional qualification in two separate disciplines within the AHPs. However, the OT course was at Masters' level, commensurate with the existing academic ability of the students, while the Physiotherapy course was an undergraduate degree course for students with non-traditional entry requirements. Perhaps because of this, the Physiotherapy course had rather more of the 'trainability', neo-utilitarian aspect about it, while the OT tutors were more inclined to adopt - or at least to be sympathetic to - 'Dewey-esque' perspectives on vocationalism. Although the pedagogic approaches between the courses clearly differ, there was no indication, from any of the participants in the study, that student representatives had been involved during the development of the courses, so that both courses were effectively conceived by tutors rather than in a collaborative discourse with the mature learners/WP students for whom the courses were set up.

In addition to the two-year Master's course described in this study, the tutors in the OT department had the benefit of experience from teaching on a four-year part-time OT course, which was very similar in format and entry requirements to the Physiotherapy course, and they were thus able to offer comparisons of what they felt were the differences in approach between the courses. One OT tutor, a previous course leader, Trish explained this by saying that:

> "On the four-year course there was a very different kind of student who were often older, working, with families and they needed a different kind of support …. I know the health authority likes these students … because they are seen as people who are going to stay longer in service and they are cheaper to train… so widening access favours the four-year route…. We have done some analysis of how much it costs to train someone at Masters level…. Where they go and what they do in the profession. You could make the case that it is the two-year graduates who are better value for money and impact services more fully".

(It is interesting to note in passing how Trish slips into technicist, trainability 'value for money' discourses to 'fight her corner' [LMST 2000] here, rather than focussing on more obviously educational issues.)

The applicants for each of the OT courses were in general correspondingly different, the traditional three-year undergraduate degree attracting younger, more 'traditional' students, while the two-year Masters course was designed for the 'quasi-WP' adult learner - academically equipped and capable of learning in a different manner. Both courses recognised that *'that many people have a wealth of valuable skills and knowledge developed through their time at work. We assess this prior learning and take it into account when judging whether a student should be exempt from certain course units'* (LCU entry requirements 2010) - and were clearly aimed at 'WP students'.

Chapter 5. Wider participation: constraints of time and timing.

'Constructed inflexibility'

It could be argued that time and timing are major issues for any organised course of study, and such a view would certainly chime with my own experience. In my previous (IFS) study (Wood 2008), the course had been extremely 'full-time' and the pressure to 'fit everything in' had clearly thrown up a barrier to a number of students fulfilling their potential - most notably, the students who had accessed the course via a WP route - as well as pushing the teaching into a more technicist, teacher-led, 'authoritarian' mode.

Many commentators have cited timing as a problem to be addressed in relation to university courses in general and WP-oriented courses in particular (e.g. Ozga and Suknandan 1998, Morley 1999, Burke 2002, Bowl 2001, Ramsden 2010). Gorard *et al* (2006), in their extensive systematic review of WP, also highlight the issue of time, both in *situational* and *institutional* terms: i.e. how students manage their own time (adult learners are usually highly motivated but heavily committed with their 'other roles' in life), and how the institution (the HEI and the placements) manipulate the timing of courses. In an attempt to facilitate adult learners, each of the courses in the current study had adopted either a longer part-time route or a shorter accelerated full-time approach in order to attempt to overcome some of the time issues endemic to traditional courses for WP students. On the face of it, each department was making a genuine attempt to remove the component of time as a potential barrier, and to create more flexibility, particularly for adult learners; however, the overarching complaint from students on both courses was precisely about the issue of time - or, more accurately - the lack of it, and especially no time for reflective thought (Ylinjoki and Mantyla 2003).

The part-time students had, in theory, more time to succeed with their studies, as these were spread over four years. However, time was constantly alluded to by all of the interviewees. The structure of the course meant that students were in at the university for just two days per week, one result being a concentration of teaching

so that both days had extremely full programmes. There was, thus, what can be described as a *constructed inflexibility* in the programme. It was clear from what students said when interviewed that this concentrated teaching did suit their perceived need to fully utilise their time, and in some respects staff had complied with their requests by adjusting the timing of teaching sessions. (As the Physiotherapy student, Emma, observed: "11 am until 5pm" fitted in well with their other life commitments). The Physiotherapy students were content to spend the minimum amount of time possible in a formal learning setting in order to 'receive' the information the tutors deemed necessary for them to pass. One clear effect of this was to promote 'passive' orientations to learning, in which students accepted - or acceded to - a conventional 'banking style' approach to teaching and learning (Freire, ibid.), allowing the tutors and the prescribed syllabus to determine what was relevant and what was not within essentially 'transmissive' learning spaces - the opposite of those kinds of 'co-constructive' pedagogies elaborated by commentators such as Bruner (1972), Billett (2006) and Watkins (2005, 2009), in which students and teachers embark together on more leisurely voyages of intellectual and practical discovery, toward learning ends which are not necessarily identified 'in advance'.

In addition to spending as little time as possible in taught sessions, the Physiotherapy students appeared to spend as little time *on campus* generally as was possible. The result was that students did not necessarily make best use of the facilities when they were in. The tendency was not to come in early and use the library, or indeed to stay at the end of the day. To summarise the effects of 'outside commitments' on course design and on student and teacher orientations on the PT course:

- Both tutors and students acknowledged that concentrated teaching and learning are tiring and far from ideal but perhaps unavoidable given the circumstances.

- The students had, in their own way and in order to time-manage home and study elements of their lives, colluded with the staff in the construction of inflexibility.

- Students were not making full use of the time allocated to study. (That is not to say that they did not allocate time elsewhere in the week, but they did not necessarily take time for preparation or reflection on the days they *were* in. Certainly, there were limitations placed upon opportunities to broaden their educational experience in the university itself.

These observations resonate with a study by Bowl (2001), who found issues of time-tabling such as not allocationg time to study meant that time management became a major problem for students, with a marked lack of reading around subjects. At the same time, Bowl's study found institutional issues such as learning the 'rules of academia', how to structure assignments and so on were hampered by the limited advice, support and guidance tutors themselves had time to give.

In another review, Gorard *et al* (2006) suggest that access to services and facilities often act as a barrier to part-time students:

> 'Whilst full access/entitlement to services facilitates transition and integration, restricted access acts as a barrier. Furthermore, perceived status comes into play in that part-time students do not feel valued as highly as full-time students if they do not have access to the same services.' (Gorard *et al* 2006:43)

This problem of marginalisation and 'not belonging' via 'reduced visibility', and its impact on students' self-perceptions, is an important one which will be returned to a little later in this chapter and again in Chapter Six. To develop it a little more fully here, Kember *et al* (2001) found that part-time and distance learners lacked time and opportunity to meet fellow students. As a result, their sense of cohesiveness as a cohort of students was reduced. This was very clearly the sentiment of the Physiotherapy students in the present study, and to a slightly lesser but still significant extent, the OT students. In a study by Redmond (2003), similar reports from mature students indicated that not only did they lack the time and money to socialise, but that they felt conspicuous in places such as the Students Union. This

lack of time to engage with university life is also highlighted by Crozier *et al* (2010, 2008), who describe the problems of students not making the most of their opportunities afforded by the wider university life, resulting in students not being - or feeling - a part of the 'academic family'.

In contrast with the PT students, the OT students were *expected* to make more use of the facilities, not least because their course was established on PBL, and independent discovery was seen as a key aspect of the learning process. Generally, there was an expectation that these students would be in the university between three and four days a week even though, as will be noted in a later section, their home-life commitments were not necessarily any less demanding than those on the part-time PT course, and these students also felt the effects of lack of time. The OT students (like the Physiotherapy students) also had to fulfil the clinical elements of their course, which meant having block placements away from the university. Health courses are by nature time-intensive, partly because of an extensive knowledge base which is constantly changing, but also because students studying for a degree have to incorporate in the region of 1000 clinical hours. This meant that for the OT students, proportionally more clinical hours had to be incorporated into each year than on the longer courses.

From a staff perspective, time was also a major issue - chiefly in terms of 'fitting everything in'. Despite being accelerated, the OT course still had to enable students to attain the levels required to qualify as an OT, and it was difficult for the staff to create individual pathways for students when they needed teaching in core skills: from a recent course audit, it had been identified that there was no opportunity to include potential alternative pathways of study, as the students needed the time to cover everything in the syllabus in order to qualify. The student's choice of pathway, therefore, would have to be made on pre-course advice relating to whether to register for the two-, three- or four-year courses of study. Unfortunately, these courses were quite separate, so there was very little opportunity to vary the conditions of their course between one or the other of the programmes. Unlike the three- and four-year courses, the two-year course was not modular in format, so that the students would generally need to interrupt their

study until the following year if significant amounts of work were missed. The course team did make adjustments where possible to cover extenuating circumstances affecting study, such as illness, difficulties with placements, or problems with exam boards, and there was some flexibility in the possibility of finishing late. However, there was a limit to what could be done. One of the OT students, Liz, did make the point:

> "I know others [students] who have had to leave the course because you have to attend for 80% of the time …. They have to complete so many hours [to] then be registered for the Health Professions Council so I can only really see that as a barrier".

Depending upon the amount of time missed in any one semester, there may be no other option than to repeat the year - which perhaps defeats the object of doing an accelerated course in the first place. When making the consideration to embark upon the course, it also meant that the student would be committing herself to two years without earning, and if this was extended to three this might lead to her being forced to drop out.

Trish, the OT course leader, observed:

> "I'm concerned about recruiting people (students) at the wrong time. I think it is good to be inclusive but it is recruiting somebody that is capable of doing this course at this time. I don't think it is being inclusive if you set someone up to fail… I don't think our systems are good … I think we are improving and good at filtering people out… people select this course because it's quick… and they (say they) can manage their workload… [but] you can't make a judgement about a group … because everybody is an individual."

This tutor has clearly recognised a conflict between what was ideal for those entering the course and what was practicable. There was prejudgement of students - but this was less to do with individual educational capabilities, and more about coping with time and having sufficient space for the work/life balance in two years. Perhaps Trish was being realistic in implying that the course would not suit everyone who was educationally qualified to be accepted on it, by recognising that she could not adjust the timing to comply with everyone's needs: some students might be better placed on one of the longer courses.

Socialisation and belonging

For both Physiotherapy and OT students, undertaking the courses involved an adjustment in lifestyle which might be possible for that individual, but was more of a problem for those students with dependants or in long-term relationships - a situation that all those interviewed were in. It has been suggested that partners, as well as children, can reduce the time available for learning in women's lives far more than for men (see, e.g., Abroms and Goldscheider 2002). The loss of time, particularly for a social life, is another cost of learning in some cases (McGivney 1990, FEU 1993) - although elsewhere Kelly (1992) has argued that adult education suffers not so much from lack of leisure time as from the multiplicity of opportunities available *for* that time. The general consensus of the Physiotherapy students was that they did not have time to feel part of the wider university as a whole and did not even communicate with other members of their own professional group in other years, as timetabling constraints meant there was no opportunity to do so. As Beth, a Physiotherapy student put it:

> "On our course we literally go to one room twice a week, we go to the canteen and have our lunch, go back to this room and then go home…….. We don't socialise but we get on really well as a group but we rarely go out after university".

Bourdieu (2000) argues that friendships and socialising are devices that reduce solitude, and Crozier and Davies (2006) suggest that loss of peer contact constrains learning experiences. This aspect was highlighted by the fact that the Physiotherapy students would leave university as soon as formal lessons were over, in order to get home and deal with their other life commitments. The idea of going in and spending time developing their learning skills did not fit in with why they were there. When asked about this, another Physiotherapy student, Ann, expanded on what Beth had said:

> "It has all been just to get through the course. When we are there for two full days there is just so much to take in. Even when you had a full day and then you know you have a study day, the last thing you want to do is check out the sports hall and see what's going on. It's a shame really because if you want to do that you know it is going to

> take you two hours to get home and it is just the fact that everybody
> lives so far away and as soon as it is over you want to get home."

This was not an uncommon comment, and it seemed to contradict the concept of mature students studying locally to home who were better placed to organise their home life simultaneously. In fact, 'local' did not necessarily mean 'on campus', and those students (usually traditional students on other courses) who were living in university accommodation had the added benefit, to return to the central issue here, of not having to take time travelling to and from university and home. Studies by Forsyth and Furlong (2003), and Quinn and Thomas (2005), have observed that students who remain living in the family home experience certain restrictions; for example, the extra financial cost of travelling in terms of time and money can limit the extent to which they can become involved in social activities (see Wilson 1997, Bowl 2001). In the case of the Physiotherapy students, these students still worked part-time as Physiotherapy assistants outside the university, which further restricted the amount of time they had available either for study or for socialising with other students. A significant point relevant only to the Physiotherapy students was that they had shorter holidays than full-time university students, because they still had their paid jobs, which were technically full-time with time off to go to university. When not at university, they were still expected to work as assistants during the holiday breaks. Overall, the course still had to be fitted in with their lives and perhaps if anything, trying to fit everything in part-time was perversely more of a disadvantage in study terms to the WP student than a full-time course of study. Even for those on full-time courses, according to Gorard and Rees (2002), adult students want to fit learning around other tasks of equal importance in their lives. However, because they cannot always get time off from study during academic terms, students often have interrupted patterns of participation and diverse progression routes.

By comparison, although the OT students' course was full-time it was only of two years' duration. This meant that in those two years they had to fit a lot in. As one OT student, Vicky, said in interview:

> "I felt [the course] wasn't an awful lot of things that were very difficult to understand, but there was just such a huge volume of work compared to people on other courses".

Some students did feel the lack of time affected their studies, because they still had outside commitments and in some cases part-time paid employment. Another OT student, Ros, said:

> "I work as well at weekends (paid employment to subsidise cost of study). Sometimes it is really hard to juggle your time and you always feel that you are not reading up as much as you can and you are mainly doing work you have to do, like the assignments and you don't get a lot of extra time that you feel that you should be doing to increase your knowledge".

This statement highlights a fundamental difference between the two sets of students in this research project. Although both sets of students were complaining that lack of time affected their study, the Physiotherapists complained that everything else in life took them away from study, so that what they needed to learn had to be condensed and 'fed' to them without extraneous content. The OT students, on the other hand, felt they had a lack of time to reflect on their study and expand its horizons, even though they might want to. Time, or more precisely time management, was thus a major issue for both courses, for differing reasons but both associated with other commitments of mature students interfering with their teaching and learning objectives.

Time and the tutor: limited feedback

Although the emphasis of the current study is on the student experience, they were not the only ones to experience time-associated difficulties, and many of the difficulties they experienced could be traced back to the pressures of time on their tutors. A particular 'time issue' to emerge from the interviews with both sets of students was that because they were only in for restricted times feedback on course issues was often rushed, with little opportunity (again) for reflection. Feedback at more formal events, such as pathway boards that nominally included student participation, was in fact not made because they were held at times when

students were unable to attend. Interestingly (see also Chapter 1), virtually all staff interviewed believed that the pathway boards *were* available and a useful conduit for student feedback - suggesting a conceptual mismatch with the students. Despite that, there was recognition of the limitations of the system from some staff members. As John, an OT tutor, put it:

> "I think it is difficult for [the students] because the lines of communication are not clear and there are many meetings and committees that students could belong to but actually they are not advertised terribly well …. This year we only got to find out who the rep was for the year about a week before the pathway board so they can't get good quality feedback to feed into the system … by the time they have fed back into the system the minutes are done they have nearly left and will not be revisited for 6 months so it's almost, 'what's the point because we (the students) won't seen any benefit of this'."

Discussion

Reference was made earlier to Lasch's (1978, 1984) notion of 'presentism' in teaching and learning: that is, the compulsion, the directive and perhaps the culture to devote one's attentions within situations of rapid policy change and overwhelming demands to immediate issues and the achievement of short-term goals. One aspect of this notion, which will be explored a little further in Chapter Nine, concerns the way in which an immediate goal of achieving accreditation becomes more important than pedagogic and curriculum issues and developments *per se*: we might say, in which the qualification becomes more important than the learning that it ought to represent. In this current chapter, we have considered another force or factor promoting presentism: that is, the pressure for students but also for their tutors of having to fit too much learning (and in the case of the students too much life!) into too short a time - a factor whose many effects include eschewing social integration into the university in favour of dealing with domestic issues and getting academic work done; receiving inadequate feedback on assignments; focussing more on 'completing the syllabus' than on the quality of learning; and not moving beyond the basic requirements of the course (Gibbs 2010).

Reference was also made in Chapters One and Three to Bernstein's conceptualisation of recontextualisation. In Bernstein's account (Bernstein 2000), recontextualisation is mainly described in relation to the way knowledge becomes transformed when it 'enters' the specific context or contexts of formal education. What has become apparent from the data analysed in this current chapter is that we might also apply the concept of recontextualisation in relation to how an idea and its underpinning ideology may become transformed in the move from policy statements and directives to the contexts of formal institutions - in this case, the idea of WP and the associated ideas of inclusion and access. With reference to the description of WP used in Chapters One and Three what was interesting from my own interviews with students and their tutors was what happened to this understanding of WP once it was recontextualised or realised within educational courses themselves - we might say, within the lived experiences of those students for whom WP is ostensibly provided. In broad terms, when the policy is inserted into a practical arena which (in this case) is insufficiently flexible and perhaps insufficiently resourced fully to accommodate it, it inevitably undergoes something of a transformation. In the current chapter, for example, the lack of time experienced by students - and, less explicitly, by staff - clearly constrains the policy imperatives regarding 'participation' and 'extending conceptions of learning', tending instead to revert to a baseline in which participation is understood in terms of attendance and (to a lesser extent) accreditation rather than participation in its fuller senses. At a greater level of detail, the recontextualisation of the imperative that 'widening participation is … concerned with diversity in terms of ethnicity, gender, disability and social background' may also be said to produce a delimiting effect. In his account of 'presentism' (op.cit.), Lasch refers to the ways in which pressures on teachers to 'get through' what they are told to get through limit possibilities for individual and collaborative institution-based curriculum and pedagogic development. This same difficulty, as will be explored more fully a little later on, has also clearly affected course provision in the current study, as tutors in addition to students struggle under a workload made ever heavier as the time available to complete it grows ever shorter. Without the time to effect such changes in line with a changing student population, it is likely that courses and

programmes will continue unaltered, rendering them inappropriate to many 'non-traditional' students so that 'diversity' becomes recognised essentially and primarily in modified application criteria rather than in curricular or pedagogic terms. The time issues in the current chapter begin to highlight this issue, which is further explored in subsequent chapters, in particular those dealing with recruitment targets (Chapter Seven), and 'performativity' (Chapter Nine).

CHAPTER 6. 'Belonging' (and not): issues of space

Situated learning and Communities of practice

The fact that students like Beth raised it themselves suggests that this aspect of 'belonging' (or 'not belonging') is of some significance in our understandings of what is meant by 'participation' and 'access' in their 'recontextualised' form in the lived experiences of students in learning institutions – reminding us, perhaps, that in Maslow's (1943) 'hierarchy of need' the sense of belonging is given very high importance in terms of meeting physiological and safety needs. Belonging has a great deal to do with identity, with and how people perceive themselves in terms of memberships of important groups, and is central to any social theory of learning. As has already been suggested in Chapter Three, learning strategies in the context of social interaction are an important aspect of *Situated Learning Theory.* In Lave and Wenger's (1991) account, situated learning is not so much about learners acquiring structures or models through which to understand the world, but about their participation in frameworks that have structure, and being successfully initiated into 'Communities of Practice' (CoP). In such an approach to learning: there is an intimate connection between knowledge and activity. Learning is seen as part of everyday living; problem-solving and learning-from-experience become central in the learning processes; and 'newcomers' are integrated into learning communities by appropriate action on the part of 'old-timers'. As Lave and Wenger put it:

> 'Learning viewed as situated activity has as its central defining characteristic a process that we call *legitimate peripheral participation.* By this we mean to draw attention to the point that learners inevitably participate in communities of practitioners and that the mastery [sic] of knowledge and skill requires newcomers to move toward *full participation in the sociocultural practices of a community.* Legitimate peripheral participation provides a way to speak about the relations between newcomers and old-timers, and about identities, artefacts and communities of knowledge and practice.' (1991: 29, emphasis added)

The additional work of Wenger (1998) on the analysis of the development of identities across CoPs provides a useful framework for exploring and understanding student identity. Wenger suggests three *'modes'* of belonging to describe the way

in which members interact and participate; engagement, imagination and alignment. *Engagement* is the way in which members take part in the activities of the community together. *Imagination* is the construction of an image of the community, wherein the individual has a clear place within the community and an understanding of the community's place within a larger context, 'enabling social actors to be able to reflect upon options and possibilities, and to interpret their participation and influence within a community' (Wenger 1998:227). *Alignment* involves making sure that the individual's activities follow frameworks or methods that are used by other members of their specific CoP.

To relate the theory to this present study, we might discern what Lave and Wenger (1991) describe as a situation wherein the students (and teachers) have a 'shared domain' - in this case, the domain of Physiotherapy or OT. Within this domain exists a community in which members of the domain interact and engage in shared activities, help each other, and share information with one another. They build relationships that enable them to learn from one another. Merely sharing the same job does not in itself constitute a community of practice; rather, there need to be people who interact and learn from one another. An additional element of is the concept of *practice*. Members must be *practitioners*; for example, they might develop a shared repertoire of practical resources which could include stories, helpful tools, experiences, and ways of handling typical problems.

This kind of communication between practitioners is fundamental to the development of identity and to the sense of belonging referred to by students. It was evident that such communication, however, was not always easily achieved on either course, with students and staff seemingly happy in general to rely on electronic mail or media in order to communicate: indeed, as will become evident, Wenger's modes of 'engagement' and 'imagination' were scarcely discernible in the case of the target students, while even 'alignment' tended to reduce and confine itself to doing as requested rather than engaging in the kinds of adaptation, accommodation and interaction implied by this mode. On a personal note, I experienced considerable difficulty, as has already been indicated, in accessing

students, especially when trying to establish the initial focus groups for the study, being compelled to use e-mail and 'Blackboard' to advertise my study, to give detailed information of what the study was about, and why I was undertaking it - followed up with an invitation to participate.

A number of sources refer to the 'technical age of teaching'. Bennet *et al* (2008:775), for example, suggests that students *"have been immersed in technology all of their lives, imbuing them with sophisticated technical skills and learning preferences for which traditional education is unprepared"*. Many sources appear to identify electronic media as 'the way forward' - perhaps not just another route into communities of practice, but a community forum in its own right: it is what the students 'want' and, above all, it saves time. Indeed, some of the tutor suggestions in interviews advocated greater use of e-learning, often related to student numbers (economies of scale) or student difficulties in getting in. I will return to the subject of electronic media later on, but for now the concern is about communication, and particularly the way in which a lack of personal communication, especially with the part-time students, highlighted a sense of isolation - not only between staff and students, but also among peers.

The problem of distance

If the (over-)reliance on electronic communication highlighted this difficulty, it by no means constituted the difficulty itself and indeed in a sense was symptomatic of it. The students in the study interacted with some of their peers, certainly, but tended to form small, introspective friendship groups, which they relied upon for their support. At no stage did these students give the impression of being 'part of the university'. As one Physiotherapy student, Ann, put it:

> "people live so far away you could go months without seeing each other.....There are probably about four people I am friendly with on the course, four or five I regularly talk to and give each other support.... It is a shame not to be there physically to work together, I think that would make life a little bit easier as well and not to feel so isolated a lot of the time".

When the Physiotherapy students where asked what they did in the lunch hours or after lessons, it was evident that the university facilities they used were primarily various canteens and (occasionally) the library. (However, even with the library facility, many preferred to access online literature rather than spend time in the university). This was also true for OT students. As Vicky, an OT student, remarked, evidently subscribing to a view (a 'justificatory' view, perhaps) that physical distance does not matter, while at the same time illustrating how learning-in-isolation (Bowl 2001) has become hegemonically internalised:

> "these days just about everything is online. I am definitely not complaining and I find it so helpful. I have to say that our librarian who deals with OT and other AHPs is brilliant."

This failure to connect with others - this self-imposed or at least self-validated isolation - was, of course, sometimes initially prompted by circumstances (typically, the difficulty of fitting everything in, as described in the previous chapter). As Burke (2002:23) observes: *'Study at home will reinforce feelings of isolation. Learning in groups cannot be replaced - interaction, sharing and collaboration are very valuable to learning'.*

Modes of 'alignment'

It was evident that the students of each group positioned themselves very clearly within 'their own' professional identities - i.e. either as a Physiotherapist or as an OT - but also by preconceived 'allegiances'. However, as discussed earlier, each professional body was in itself part of a wider CoP of health professions students, both within the university and out in the workplace practice. In theory, inside the university students were part of a health CoP of over two thousand students. Here, there appeared to be subtle differences between the two groups studied, with the Physiotherapy students being far more comfortable in the work place and the OTs aligning themselves more with the academic world. This aspect was highlighted by contrasting comments made by both sets of students. Beth, a Physiotherapy student, explained:

"It is not like university is our life as such. It is just part of it.... Because we have so many other things going on in our life, then this is just part of it".

On the other hand, Liz, an OT student, said:

"When you question [clinical] educators ... they won't necessarily know so much in-depth theory as the lecturers.... especially with reflective working .... You definitely rely more on the university to learn those kinds of skills".

This difference may be partly explained by the fact that, being full-time students, the OTs were in the university together for longer periods than the Physiotherapists, and the Physiotherapists had come from a 'work-place' background to start with and so naturally felt safer in this environment. Although the constraints of my study prevented access to the work-place environment or to canvass opinion from clinical educators, there were clearly issues that were brought up by both sets of students (and staff for that matter) which they perceived to be problematic in some context by the divided site nature of such courses - in some cases, the physical divide being very wide indeed.

Shared space (and its absence)

One of the striking facts to emerge during the interviews, most notably with the Physiotherapy students, was the lack of a common shared space. Students did not have access to a common room or communal area where they might have met up with other students at different stages of their own course or students from other health related courses. There was a student union building, but no one used this. Perhaps this was because the 'Student Union' was housed in a small temporary building scheduled for demolition and despite considerable new building taking place, including a new AHP building, no obvious allocation of such student recreational space had been identified. Interestingly, this was in stark contrast to my own institution where there was a departmental common room and small canteen facility for students where all years mixed, as well as a much larger student common room on the main campus specifically for medical and AHP students. The students in my IFS (Wood 2008) did appear to have a greater sense of belonging by mixing with traditional students than did the students in the current study. The

absence of a 'home space' and the students' comments of going to a single room for lectures, the canteen and then home emphasised their sense of isolation (see, again, Bowl 2001, Crozier *et al* 2008). Even among the OT students who were classified as post-graduate students and had access to the post-graduate common room, there seemed to be no interaction between the years, one OT student, Ros, remarking:

> "We always wanted to talk more to the year above to find out their experiences.... We were never able to do (that) because there is no way of knowing where they are, they are not in at the same time as you, you don't know who they are and there's no opportunity to mix. I think that would be quite a benefit..... We do two hours of PBL, two hours break, two hours of lectures ..... We never see anyone else and we are mainly... on our own".

Another OT student, Liz, reinforced this sentiment:

> "I remember at one point we spoke to some second-year students just by bumping into them in the toilets ... we were just about to go on to our second year [clinical] placements ... we had a ten-minute chat... it was so reassuring to get some idea of what was expected of us on placement.... Just having that kind of support [from the second-years] would be really useful ....we wouldn't even have a clue how to make contact with other professions."

This lack of mixing not only isolated the WP students socially, but evidently also represented a missed opportunity for shared learning (Crozier *et al* 2008). When staff-members were asked about this situation, they tended to agree, indicating this was an institutional problem. Roger, a Physiotherapy lecturer, said:

> "The bug-bear with the staff I think ... We have too many courses and too many students and not enough teaching space."

To cope with this 'space issue' the university has a two hour block booking system, alluded to by a number of the students in their interviews. But, as Roger indicated, this can create difficulties for students:

> "[The students] hate the two-hour block because they have lunch but not many people will go off and do work. If they do go to do some work by the time they have found space in the library or the learning resource centre, which is where the computers are, that can take a long time and if you have half the university free during

> that time there is not enough space ... So we have lost teaching time,
> they have more time hanging around and there is just no flexibility".

Here, we can see the overlapping or coming-together of a 'time and timing' issue with a 'space' issue, with students having to adapt their studies to fit in with the institution rather than vice-versa. Vicky, an OT student, mirrored Roger's (PTT) comments when asked about the resources at the university:

> "I can't work [at the University] because it's so overcrowded.... If you
> go to the computer rooms there are not enough computers and it's
> always incredibly noisy.... People are talking on mobiles not using
> the computers for work .... The library is quite noisy too."

There was a common acknowledgement that the constraints of the university's resources impacted on students' study capabilities – a scenario reminiscent of Evans' (2004) description of universities as 'overcrowded places... of mass production' (see also Chapter Three above). Although this was an institutional issue, it was clear that the issue was also associated with perceived demands from the commissioners of education, which will be dealt with in a later section. In an attempt to be more flexible and offer a range of courses to suit all students - that is, an attempt to Widen Participation - the concept of the university as a central *'educational resource'* may have become a victim of its own success in attracting students with diverse needs in such large numbers. We might say that the HEI has welcomed students on to courses without adequate consideration for them when they arrive, in which case the initial 'welcome' quickly loses its enthusiasm and sincerity. This has, indeed, produced a barrier to student participation rather than liberating students. Trying to facilitate all student needs appears merely to have resulted in the isolation of certain groups of individuals, especially in the case of part-time courses such as the Physiotherapy one.

Professional isolation

Importantly (to revisit the notion of 'symbolic interactionism'), the concept of 'professional isolation' was viewed differently by staff and students. The staff of both courses felt that the students *did* have opportunities to communicate with other health professionals within the university setting, tending to interpret 'access'

as 'availability' or (perhaps less so) 'opportunity'. They felt that the interprofessional learning programme (IPL) in the university had been developed to promote integration, as it involved students from different professional disciplines working together. (IPL is a form of learning in which students from different disciplines are brought together to study common subjects - the assumption being that this will mirror what the students would encounter in clinical practice by working in groups.) However, Moira, a member of staff who had previously run the IPL programme for the OTs and was not herself a health care professional, felt that students were taught in such large groups that for some this was intimidatory rather than inclusional: that is to say, she was able to take note of some of the *affective*, *idiosyncratic* aspects of learning (Moore 2004; 2012) that other tutors had apparently not. Moira commented that student feedback after the units was by no means entirely positive:

> "A lot of students reflected on how they felt in the group work and their initial feeling and their initial experiences and a lot of them were completely put off and lost confidence because they were in groups of people who were much more eloquent than them, much more clearly well educated than them and they just clammed up".

This comment on the face of it appears to support Burke's (2002) observation that WP participants in HE may feel intimidation and inferiority based upon their level of previous educational experience, where educational space is seen historically as a *'colonialist, patriarchal domain regulated through class privilege'* (2002:77). It could be argued, however, that students *additionally* felt uncomfortable outside their own professional area. This was suggested when the students were asked about the elements of interprofessional IPL/education in the university, and said they felt that this was a case of 'shared learning' (as in being in the same rather large lecture-room as other people from other health professions) but without significant interaction or small-group work on assessed projects: i.e. shar-*ed* in the sense of occupying the same physical space (the lecture-room) and listening to the same lecture - but not in the sense of shar-*ing* with one another.

Class sizes varied, but some students indicated that lecture classes would include upward of 100 people. As one Physiotherapy student, Mary, put it:

> "It is such an enormous group. You could ask questions but if you didn't really understand it you just kind of missed the boat and you would never understand it".

The issue for many with the group work was the mismatch numerically between participants of courses. Some numerically strong courses would tend to swamp the numbers in smaller courses, so dominating the session (or alternatively, if they were the larger group, they dominated the session). Vicky, an OT student, made the observation that:

> "We do IPL every week but because of the mix of courses that we do, there is quite a lot of OT which seems to be dominant .... I felt sorry for people from smaller courses ..... OTs just ended up talking about OT.... We were with professions we wouldn't realistically interact much in the real world ... midwives and operating department practitioners ... Physiotherapists and nurses would have been useful."

The attempt to mix professions may itself have backfired: even when the university created a learning environment involving different professions, the mix of professions would not necessarily - and perhaps could not - mirror what each of the student groups would meet in practice. In effect, the constraints of institutional administration prevented professional integration by mismatching groups as a result of timetabling issues, rather than constructing a creative learning situation. The outcome was that even though students were placed with other health care students, they still had a sense of being isolated in the wider (health) professional group. Equally, it could be argued that the students had a strong sense of community towards their *own* profession. Beth, a Physiotherapy student, expressed a sentiment that most of the group shared:

> "They would obviously mix us up now and again and we would sit with the other group and we would revert straight back at lunchtime.... with our Physiotherapy colleagues. Looking back now it sounds pathetic but that is just the way it happened ..... Actually, I think if I hadn't have been in clinical practice and working as a Physiotherapy assistant then I would have absolutely no idea what say an OT does from those lectures. I don't think I gained anything from them".

One positive concept to take from such statements was the potential for work-based learning to strengthen the education process between different professional groups, and it is something that the course team might consider more in the future. However, this arguably limited sense of professional identity came over repeatedly, perhaps because these Physiotherapy and OT students were so focused on what they needed to do to achieve their immediate goal. Both sets of students, being mature and 'WP', had researched which profession they wanted to belong to and in a sense were very protective of their own boundaries, not necessarily wanting to be part of the wider identity of the health community. Indeed, many commented that they could not see the relevance of lectures and assignments related to the IPL elements of the course. On the other hand, the students were broadly supportive of the teaching by Physiotherapy and OT staff, and the clinical placement educators.

The views expressed by the staff and students support this assertion that there is a strong sense of a *Community of Practice* within their own professional community rather than in the wider health professions or, in the case of the students, in the wider university or HE setting: that is, the sense of identity is profession-specific first and foremost, with the sense of belonging to the wider community only secondary - if it exists at all.

Discussion

An interesting feature of the WP students' experience of space in the current study was that although spaces, as with all other students, had been identified for specific purposes (a library for study; a lecture-room for whole-class teaching; a canteen for eating; and so forth), those that were more 'available' than requisite (e.g. the library and the canteen, as opposed to the lecture-room), tended to be avoided. (Indeed, it is worth considering the extent to which the lecture-room would also have been avoided had attendance at lectures not been compulsory). The reasons for this self-exclusion from spaces is clearly in part pragmatic and circumstantial: that is, a sense of urgency and lack of time, and/or a need to get home to deal with

domestic matters made visits to the library or canteen appear as something of a luxury. Enough of the students made reference to feelings of awkwardness with other students, and of 'not belonging', to suggest that in addition to these pragmatic reasons there were serious and fundamental affective ones. It might be suggested that the WP students had in some way internalised a sense of 'place': that is to say, a sense of their own place in the social order of things that itself placed certain spaces effectively out of bounds. In short, these students may have been self-policing their own movement about the institution's spaces (Foucault 1977) in a way which replicated the sense of isolation brought about by the physical distance between their homes and the university, and the psychic space between their lives and experiences outside the institution and the lives and experiences of most of the more 'traditional' students. This is not exactly making a virtue out of a problem; but it could be seen as one way of coming to terms with it - and perhaps of avoiding the potential embarrassment of venturing in to voluntary space only to experience further alienation within it. At least as long as physical distance can be cited as the main cause of 'not belonging', there is no need to worry overmuch (despite those nagging feelings of 'otherness') about actually been inferior or actually being looked down on.

CHAPTER 7. Top-down pressure: numbers and workers

Higher Education, the economy and the market

In a scathing attack on the current UK government's Higher Education policy, Stefan Collini asks: 'What are universities for? Should they be businesses competing on price? Are students consumers? Concerned only with getting jobs?' - concluding that 'The government is hell-bent on trying to make universities function more like cost-cutting skills retailers, to whom employers can outsource their job training,' deploying a 'half-baked market ideology [that] undermines an ideal that a vast number of people cherish' (Collini 2012a:2: see also Collini 2012b). The ideal that Collini refers to embraces both learning for its own sake and (after Veblen) 'the cultivation and care of the community's highest aspirations and ideals' (ibid.).

In relation to Collini's (rhetorical) questions, much of the writing about WP and its underlying purposes has emphasised the *right to HE access* of students from diverse backgrounds (Burke 2002, Gorard *et al* 2006, Watson 2006, David *et al* 2010) - an emphasis that very easily incorporates the view of HE's roles embedded in Collini's account: that is to say, establishments providing critical thinking environments in which all can have access to the development of a love of learning and perhaps develop a commitment to the betterment of the social world in which they find themselves. Government policy over successive years supporting WP has also presented WP as a right; however, it has increasingly focussed on WP as economically desirable, in creating a workforce that can *'regenerate the national economy'* (Williams 1997:42). This is a view which suggests not only a very different core purpose for HE establishments, but also a rather different way of achieving that purpose: that is to say, a greater emphasis on practical rather than thinking skills, with a greater emphasis on meeting the needs of external agencies - specifically, 'employers' - than on the 'internal' needs of the student or indeed of the HEI itself. This might also be seen in terms of an emphasis on 'acquisition' rather than development, and (Britzman 1991) on 'being' rather than 'becoming'.

While it could be argued that courses like those in the Health Related (or teaching) professions will inevitably - and not inappropriately - include a significant element of

skills development and acquired (practical) knowledge, this does not necessitate (although it might be seen to encourage) transmissive pedagogies, or student 'cramming'. These professions, like any other - perhaps more so than many others - require workers who think flexibly and creatively and can solve problems individually and as part of a team, drawing on a range of theory, knowledge and research: thinkers and creators, that is, rather than mere 'technicians' (Giroux and McLaren 1992). In their account of Initial Teacher Education and the impact of a dominant 'competencies discourse' on reflective thinking, Moore and Ash (2003) cover similar ground in relation to the school-teaching profession, referencing both the positives and the negatives of a growing emphasis on the practical as embedded within an increasingly overcrowded curriculum. To point out an issue developed in the following chapter, they highlight the difficulties of such professional courses in effectively re-combining theoretical and practical elements which were once brought together in the same 'place' (i.e. with HEI tutors managing both university-based and placement-based learning) but subsequently dis-aggregated as schools were given a greater role in course 'delivery' and student assessment.

The 'quasi market' and the numbers game

In my earlier study (Wood 2008), I argued that HEIs have, in the main, embraced the WP initiative not only in terms of equal rights for all students but also out of a financial and survival need to fill places on courses. This latter need was mirrored in the case of the health related professions in a recognition on the part of the commissioners of the courses - the NHS - that there was a need to increase students in training to satisfy the requirements of the service (DoH 2000 : *Meeting the Challenge*). It was also lent more recent impetus by a House of Commons Public Audit Committee Report (2009) expressing encouragement at the increase in uptake of female adult learners on courses in HE (though not by the uptake of male adult learners), concluding, however, that despite investing £392 million over the previous 5 years recruitment to HEIs was not yet at a level they felt acceptable.

From the points of view of both the universities and the commissioners, therefore, there was a desire to see WP succeed - not least, in two related imperatives (a) to

recruit to revised targets; (b) to introduce sufficient numbers of qualified practitioners into the workforce. While such imperatives do not necessarily dictate the pattern and content of courses, of preferred pedagogies or of the student experience, this emphasis on meeting targets and end-performance, rather than on the learning experience *per se*, certainly has the capacity to do so.

From the perspective of the mature female students in the present study, HE might have come to be been seen as a quasi-market (Walford 1996, Gewirtz *et al* 1995, Whitty *et al* 1998), open to all potential consumers in a customer-provider relationship in which they, in the search for widening *markets*, were suddenly a sought-after group rather than (as was, arguably, previously the case) a patriarchal, elitist opportunity restricted in practice, if not in policy rhetoric, to a relatively small, already privileged section of society. So far so good: however, as Evans (1995: 74) has argued:

> 'Universities can recognise a lucrative gendered market but then ignore the gendered needs of the group'.

This tension between extending markets and then struggling to meet the needs of the new members of it (students here representing both consumers and future 'goods') had an obvious impact on some of the Physiotherapy students from the very moment of entry into the course. One of the course entry requirements was that they had to have been in post as an assistant for at least a year before they could apply. On the one hand, this suggested that from a student's point of view there was a motivational force to embark on the course as a natural progression of an already-selected and -started career. On the other hand, evidence from the students' interviews indicated that the university had actually taken students on earlier than was stipulated in the entry requirements in order to ensure meeting targets. This seemingly minor adjustment to the entry requirements manifested itself by students' having shifted from an initially positive response of having secured a place earlier and more easily than they had anticipated, to a widespread feeling once on course of not being ready to start psychologically, and feeling disadvantaged during the course's early stages.

Two of the Physiotherapy students' (Ann's and Mary's) testimonies illustrate this change of perception once the experience of being on course got underway, including an insight into the role of emotionality in this change - revealing a tension between (a) the understandable joy and relief at being offered a place on a course leading to a professional qualification (particularly welcomed at times of high unemployment and an economic downturn), (b) the more fearful feelings of inadequacy and possible failure when the reality of the demands of the course begins to temper those initial feelings. Thus, Ann in interview said:

> "When I started the degree I was pleased to get a place ... because I was late in applying ...I didn't actually think I would get on ... I was so excited (but found) ...this is really intense ... the level of learning that you start off at is quite mind-blowing really".

Mary, whose initial response was not dissimilar, also referenced the 'external' pressures (notably finance, domestic arrangements) driving her to accept a place early despite the alternative logic of another voice suggesting that it might be *too* early and that there might have been very good reasons for the HEI laying down the initial entry requirements:

> "I work at .... and they have a waiting list where the longest serving member of staff gets to apply first ... I had the option of saving up until I could afford to do the course full-time or wait until the three people above me do it [the part-time Physiotherapy degree] and I worked out that I would be in the same intake regardless of which pathway I took."

When asked if new students had been required to do anything other than be employed as an assistant, Mary replied:

> "Yes and no, I phoned the uni to ask if I should do a related 'A' level, so I enrolled in Human Biology about three years before I was due to start here, then two of the others before me did not get in so I was bumped up the list and I'd only done ten weeks or so (of the 'A' level course) before the uni rang and asked me if I could do it (the Physiotherapy degree) now. So they asked me to do it and I'd paid for the A level but at the end of the first term they said it didn't matter (about the A level) - they'd take me now"

While such flexibility on the university's part might be seen as in the spirit of widening access and participation, the fact that its roots were numbers-related

rather student-centred revealed itself and its negative impact in Mary's account of what this fast-tracking had meant to her studies. She complained that, regardless of what the university had seemed to imply, those students who already did have a science background had a clear advantage in being able to understand the course content far better than she did. She suggested that, with hindsight, if she had undertaken more foundation study in a science topic, as she had intended to do, she would almost certainly have got more from her professional studies. It would be a valid question, in this case, to ask if WP was of optimal value for the benefit of the student's education - or simply more convenient for the HEI to fill its commissioned places.

Numbers, admissions, and inclusion

In contrast with what the students were saying, tutors who were responsible for recruiting students on to the course all talked of the validity of giving non-traditional students a chance that had been previously denied them, rather than mentioning numbers or targets. Of course, this might be an example of what Moore (2004) describes as the insertion of an uncomfortable practice into an acceptable discourse: in this case, academics distancing themselves from the hard-to-justify numbers game of the marketplace by referencing academic advantage and social inclusion. For tutors, a more pressing admissions issue - in interview, at least - concerned the care that needed to be taken not to take on students who would end up *failing* (usually expressed in terms of a duty of care for such students, rather than the equally pressing but again less easily justifiable need to produce evidence of success rates in an increasingly competitive marketplace patrolled by increasingly punitive monitoring and assessment procedures). As one tutor said:

> "I think the real difficulty is judging, at the beginning of the
> programme or at interview or whatever your admission procedures
> are, whether they are going to be able to stick with the course."
> (Jane, Physiotherapy Tutor)

Such observations are interesting, and worth dwelling on - raising, as they do, fundamental questions about what 'WP' and 'inclusion' actually mean in both

theory and practice. Statements such as Jane's were made by more than one tutor, and they appear to contradict other statements made by the same tutors. Specifically, Jane appears to be suggesting a pre-judgement (possibly, a pre-judice) of applicants' capacity to successfully complete the course, based largely on the evidence of what any individual applicant has already achieved academically, and appearing to assume - with little or no obvious evidence - a certain developmental ceiling for them once they are on course. Given that the access and WP agenda are very much about attracting 'non-traditional' students on to courses, including those who will not arrive armed with the statutory A levels or degree classification, on the basis that any academic deficiencies will be made good through institutional tuition and support, to turn applicants away at the possible point of entry seems to send out a very different message along the lines: *You are welcome as a non-traditional student, as long as you have already demonstrated your ability to succeed* - a message which, of course, implies no radical changes in the HEI offer to students, including changes to pedagogy, curriculum or assessment.

While this attitude is clearly unhelpful and not in the spirit of WP, it is perhaps understandable to a degree, given the wider milieu in which HEIs operate, and is again partly driven by fear. The tutors cannot, it seems, afford to give a chance to students who they perceive may fail. Within a dominant policy culture in which failure equates to attrition, which in turn affects the 'performativity' of the institution - especially at a time when funding is seen to be shrinking - and in which tutors are already being expected to drive up results with *less* funding, the tutors' reluctance to open their doors to students whom they perceive as possible failures or 'drop-outs' is not altogether surprising. As the aforementioned House of Commons Report (2009) rather unhelpfully stated:

> 'The Committee noted that students from backgrounds without a family or school tradition of participating in higher education are, on average, more likely to withdraw from higher education. In recruiting them, *universities accept the risk of reducing overall retention rates.'* (2009: 10, my emphasis)

When faced with such stark challenges, it is no wonder that tutors hold back from giving all students a chance, especially when reports such as this suggest that the

burden of risk - including potential financial and reputational costs - is on the university.

The tutor (Jane) already quoted went on to suggest:

> "There seems to be an academic level that they have to work at, and not everybody can work at that level...... Because some of them have been in service they have been great in terms of communication, they have been great in handling skills but actually it was the clinical reasoning they weren't able to do at a level, even at a relatively basic level....... I think there are two groups of people ....the group who are bright enough but never had the chance initially ..... And sadly, there's the group who aren't bright enough to do it no matter how hard they work..... no matter how hard we try to help them they are never going to reach the standard."

Jane is less than clear, however, about how, in the recruitment and selection process, the 'bright-but-denied' applicants are distinguished from the irredeemably 'not-bright'.

The 'hidden' costs of inclusion and the pathologisation of WP students

Jane's observations here reveal an interesting and perhaps worrying dichotomy of thought. It appears from her interview responses that tutors have to judge applicants based on an 'educated guess' as to what they are able to achieve academically, at the same time making *academic* achievement a priority. This might be seen as indicative of a certain reluctance regarding WP that contradicts the inclusive rhetoric elsewhere in the interviews: the 'once-bitten-twice-shy' justification for turning applicants down; the 'public safety' justification; and a hierarchical understanding, almost amounting to intellectual snobbery, which essentialises and narrowly defines 'ability', and seems to suggest some people are just more 'able' or 'intelligent' than others.

We might say, after Walkerdine (1982, 1990), that this amounts to a 'pathologising' of WP applicants, which begins with an assumption of correctable or incorrectable weakness on the potential student's part - calling to mind Hockings *et al*'s (2010) warning that staff should not consider prospective students as in some way in 'deficit', which would have a limiting effect on the development of inclusive pedagogies, but to seek to understand and respond constructively to the diversity

of student backgrounds in social, cultural and educational terms. Such a pathologising approach facilitates in turn a policy which places the onus on students to prove they will be able to make it within an existing system, rather than widening participation *per se*, which requires institutional rethinks and modifications to accommodate non-traditional students (HEA Report 2008:19). The big, though perhaps ignored or repressed question in all this is: *How do we square WP to students who may not initially have the academic backgrounds of traditional students, while at the same time maintaining or improving standards of public service and successfully satisfying QA/QE requirements in terms of pass rates?* And more to the point: *How is this to be achieved within existing resource levels?*

This question of resourcing - effectively, of *cost* - is an important one. An extensive study carried out in 2002 by Universities UK (UUK 2002), referred to in Chapter One, indicated that the additional cost of recruitment and retention of non-traditional students might be as high as 35% for individual HEIs. Despite some increase in funding for such WP initiatives, many universities are, however, in financial crisis (*Financial Times* 2010), and under constant pressure to save money or to find alternative sources of income. Given that they are generally perceived as expensive, WP courses will inevitably be threatened by such a situation, particularly given that, as Crozier *et al* (2010) point out, they are very often located and developed in the newer universities where retention of such students is a significant problem (Archer *et al* 2003). While these courses might well have been established by universities *initially* partly for financial reasons, subsequent changes to funding arrangements may have left them wondering if they have been led up an ultimately impoverishing garden path - those students seen to be from less privileged socio-economic backgrounds being subsequently constructed as a 'problem' and perceived as a risk in investment terms (Leathwood and O'Connell 2003). As Grove has recently argued, the funding premium for WP has been awarded in the largest amounts to post 1992 universities (Grove 2011). However, Callender (2011), speaking at the *British Educational Research Association* conference at the IOE, University of London, has suggested:

'My guess is, the Hefce widening-participation premium will [be removed]. ... All costs of widening participation will land in the lap of higher education institutions.' (quoted in Grove 2011).

If, as is likely, government policy decisions did follow this direction then,

'Post-1992 institutions would be hardest hit by any reduction to the premium, which reflects the higher costs associated with teaching part-time students or those from poorer backgrounds.' (Grove 2011).

The conundrum therefore, is that universities and departments are being encouraged to economise but at the same time still perform at the same level as before in terms of courses and student numbers, and perhaps even increase student numbers at the same time as 'rationalising' staffing. One proposed solution to the problem is to adopt the current vogue approach of 'thinking smart' in teaching practice - which in essence involves increasing the number of block lectures, reducing individual face-to-face tutorials, and making more use of modern (especially electronic) media. This would suggest more remote-access pedagogy, which, as has already been suggested in Chapter Six, can have the effect of increasing the 'isolation effect' on students - particularly those on part-time courses who may already feel a physical, social and intellectual distance between themselves and the institution (including its teaching staff and other students). This concept of 'more for less' does appear to focus more on the (contrived) economic viability of education than on the quality of teaching and learning, and those courses perceived as expensive to the HEIs and to their commissioners may be the most in danger of closure.

(Meeting) the demands of the workforce

At the time of this research study, the commissioners for courses in the AHPs were the local Strategic Health Authority (SHA), whose remit was to commission services for the local population. The Physiotherapy course, for example, enabled less academically qualified assistants in local employment to develop their skills via the 'skills escalator'. At the same time, those same students still contributed to the local workforce, albeit on a part-time basis. The OT course could be seen as beneficial to workforce planning since, because of its accelerated format, qualified

staff could be online a year quicker than in the case of traditional courses, and indeed two years before the part-time route. In both cases, although some variation is made in the contract negotiations with the university, there was a clear expectation that the majority of students would complete their courses successfully and, in the main, within the allotted time-frame. Failure to accomplish this could result in financial penalties to the university.

From the students' point of view, an obvious issue arising from this (which applies to all WP students) is the handed-down requirement to complete their course in the allotted time, so that they might enter the 'qualified' job sector to facilitate the workforce requirements of the SHA - and, of course, the emotional pressure that such a requirement can impose, particularly on students whose out-of-institution lives are so unpredictable in terms of finances and family demands. In such a pressure-cooker environment, it is not hard to see (to return to Collini's point) how students can easily come to be perceived - and even to self-perceive - as commodities in a marketplace rather than as individual learners attempting to access their full potential. As the European Students Union (European Students Union 2011) has argued in this regard, once again throwing into sharp relief the tension between HEIs as 'skill retailers' (Collini, op.cit.) focussed on producing professionals on the one hand (Bernstein's 'performance' mode, op.cit.), and a traditional emphasis on learning and personal development on the other (Bernstein's 'competence' mode):

> 'It is imperative to ensure that accessibility to higher education is not hindered or dictated by market forces. Degrees are not commercial products. Higher education institutions are not supermarkets and whilst education may be traded, this should not be allowed to prejudice accessibility to education and the basic human right to education.' (European Students Union 2011 15:15)

One of the OT tutors, Trish captured this imperative in her own statements about the NHS/University relationship, relating WP to a wider 'performativity' discourse:

> "I think that the commissioners are more interested in measuring outcomes at the moment, numbers and things, although they are now beginning to ask for some qualitative information .... They wanted to know that we respond to feedback from practitioners

(but not students interestingly)... They are trying to make sure that we are responding to concerns from practice. I am not convinced it is particularly effective the way they are doing it but they are trying".

When it was suggested that there might be a mismatch here in expectations, Trish's interpretation was:

"The university wants you to broaden access and participation, and the commissioners want everybody to qualify on time at the end without becoming pregnant, getting sick or failing assignments. I think it is a conflict between what the university wants, which is probably right, and what the commissioners look at in terms of output without considering the reasons behind attrition or the reasons behind late progression in any kind of depth".

It is fair to say that all the tutors interviewed expressed an assertion that WP was a right and proper undertaking to be engaged in, but that they were first and foremost training health care professionals in appropriate numbers for the workforce, and hence driven by economic necessity. The concept of educating the individual learner, understandably perhaps in the circumstances, came secondary to ensuring there were adequate numbers of students on the courses, with the emphasis on minimal attrition or delay in qualification. The HEI had to comply with the demands of the commissioners in the NHS; the staff had to deliver the courses within the university remit to comply with academic and practical standards. The students had to fit in their education and training with the limitations of both work (in the case of the Physiotherapy students) and the constraints of the University - particularly the timing arrangements and reduced access to resources due to the numbers of students and numbers of courses the HEI offered in order to fulfil their contractual obligations (see also Chapter Eight below). Helen, an OT tutor made the point that she felt the whole feedback process was somewhat artificial, indicating that the university wanted to show they were listening and responding to the students without actually doing so. However, as Helen expressed her concerns about pathway boards and feedback generally:

"It is all very delivery based. There is nothing that is more philosophical. There is nothing more about them becoming professional people and it's just about them as objects going

through a system and that they should, because the university says they should, have a voice somewhere. If they have a voice, which is wrapped up in the university system, that somehow is acceptable."

The impact on both pedagogy and curriculum (in particular, making adjustments that took full account of learning experience and how to work with patients and colleagues) meant that communication with students tended to be limited, and to a degree, as we have seen earlier, somewhat mechanistic. Students did give feedback, but there was a sense that this was done begrudgingly: generally the feedback they gave did not directly benefit their own cohort, and so valuable time, in their eyes, was taken up when they could have been doing other things. The staff recognised the importance of communication, but again there was a sense that they were not really communicating with the students on a productive level. Students of both courses felt there was *opportunity* to communicate but on the whole did not do so with any real enthusiasm (this topic will be reviewed further in Chapter Ten). Staff in general, meanwhile, felt mechanisms were *in place* and that students had a 'voice' but what came across in the interviews was that this voice, such as it was, was invariably deployed in relation to structure rather than pedagogic considerations. Tutors were not encouraged by the constraints and dominant discourses to develop 'WP pedagogies'; rather, they appeared to be in danger of becoming technicians (Giroux and McLaren 1992: xiii) rather than instructors. We might suggest that the outcomes of the courses have been for too long the focus, while not enough emphasis has been placed upon inputs and how balances between work and life, theory and practice, and how the whole pedagogic approach of health professions are negotiated.

Discussion

This chapter has considered the impact on WP of imposed work- and economy-related imperatives as they operate against the development of more appropriate pedagogies and curricula or allow for sufficient time and resources needed for students with little time outside the institution to study and work or to 'make up for lost time'. The chapter includes a consideration of the ways in which admissions tutors are inclined to make overly early judgements regarding applicants' ultimate

chances of success within the given time frame, made within the context of top-down pressures on themselves to meet targets. The point is made that such pressure does not only apply to the HEIs but also to the NHS as the commissioners and ultimately potential employers of the students.

A further discussion of the relationship between HEIs and the NHS as it impacts on the students is offered in the following chapter, which explores a separate but related issue: that of the balance and articulation between the more academic, HEI-delivered aspects of the courses and the more directly practice-focused placement elements. An issue touched on in the current chapter, however, which is worth dwelling on briefly and suggests additional future research, is the role of emotionality or 'affect' in the WP policy agenda as imposed and as experienced and implemented locally by providers, tutors and students. In times of economic hardship, the desire to obtain employment - or to be accepted on to a course that might lead to employment - is bound to be greater than during times of plenty; so great, indeed, as to encourage applicants to set to one side reservations they might have concerning the appropriateness of their existing qualifications and knowledge or the amount of time and energy they will be able to give. To adapt a phrase from *The Godfather*, the offer is simply too good to refuse. But the offer of additional students and additional funding is also too good to refuse for HEIs, who may themselves set to one side issues that might moderate their adoption of WP in more plentiful times: issues concerned with resourcing, for example, or curriculum and pedagogical development, or the need to modify or extend assessment procedures, or questions regarding the future availability of appropriate levels of funding. Effectively, both students and staff may find themselves drawn once again into that mode of 'presentism' discussed earlier (Lasch, op.cit.): that is to say, driven to embrace what is offered today, with, for no fault of their own, less than adequate thought for tomorrow - an embrace based on a 'promise to self' that any potential difficulties and barriers that do exist will be dealt with 'when we come to it'.

CHAPTER 8. The 'work'-'study' divide

Student 'ownership'

As was indicated in the previous chapter, the NHS were effectively the paymasters of the students *and* the commissioners of the course, and given that both the HEIs and the NHS were on the receiving end of financial cutbacks there was a clear issue regarding the quality of educational provision generally, let alone in terms of an ongoing commitment to WP. As Rainbird *et al* (2004) have pointed out, the primary function of almost any workplace is the production of goods or services rather than learning *per se* (the same might even be said, increasingly, of sites of public education) and in situations such as those under discussion in this thesis, which involve education very specifically *for* work, partly undertaken in the workplace, it is not difficult to see how conflicts and tensions can arise. Work and learning may be experienced as coincidental but they may not necessarily be perceived as the same. They may be understood as reinforcing one another, but they might also be seen as having different goals. (In the case of the NHS, for example, work is directed towards services for patients, whereas learning in university terms may be more about the acquisition of and engagement with knowledge and ideas (Boud and Solomon 2008). As one Physiotherapy student, Anne, commented:

> "Work have been very good in the fact that when I have exam time they are more lenient with the work they give me..... (However) I would say that at work in particular over the four years, my colleagues have been fantastic but the bosses are not. [....] As there are obvious problems with the NHS and we are short on staff, they keep giving us a bigger area and more patients to deal with."

The implication in such statements is that service, in job terms, takes priority over study: or to put it another way, effective 'ownership' of the student belongs more to the NHS than to HE. Anne's comments also imply that the positive aspects of work-based learning - e.g. support from colleagues - may be compromised by the service demands of the managers, which invites the question: Are the management of the NHS fully signed up to collaborative working *with* the HEIs?

The point has already been made that there is a clear conflict of interests, especially in times of financial crisis, wherein the education of students appears to suffer as a direct result of government policy changes which are themselves driven by wider economic concerns mediated by a combination of market forces and policy theory and ideology. In my previous study (Wood 2008) I made the observation that *'policies have been made in response to identified inadequacies in the original policy reviews and ... these policies have often not improved the situation, sometimes even compounding inequalities for students in the widening participation agenda'.* Since then, there appears to be little that has changed: concerns about WP remain secondary to other government policy decisions. What can be said is that Government policy all too often appears to perceive and construct WP as merely facilitating course entry (David *et al* 2010), while the commissioners' policy is to impose punitive sanctions if students 'fail' - essentially, two 'numbers exercises' which are themselves in tension with one another, neither having much to say about looking after the students when they get on to courses. As David *et al* (ibid.) remind us, as well as rendering access *to* HE courses wider and more straightforward, Widening Participation must attend to students' needs and concerns while they are *on* courses, encompassing and responding appropriately to diversity and equity for all learners regardless of ethnicity, age or any external barriers to learning.

'Training' or 'education'?

In the Introduction to *Critical Practice in Teacher Education* (Heilbronn and Yandell 2010) Ruth Heilbronn draws a clear distinction between 'training' and 'education', invoking the concept of practical judgment:

> 'Practical judgement might be characterised as a capacity "to do the right thing at the right time", to respond flexibly and appropriately in particular situations in which the unique correlation of variables cannot be known in advance.' (Heilbronn 2010:7)

Education, as in Bernstein's conceptualisation of competence (ibid.), involves arming students both with sufficient knowledge and with the skills to make selective use of knowledge - including knowledge that is experience-based - to

decide on the best choice of action in accordance with the uniqueness of whatever situation they are in and whatever problem they are being asked to deal with. Education is thus distinguished from 'training' (as in Bernstein's 'performance' model), both in the degree of autonomy it confers on the student and in its recognition of contingency (that is, of the different, often unpredictable circumstances in which professional practice occurs). Elsewhere, in the same volume, John Yandell develops the contingency theme in his reminder that expertise and practice are always 'situated' - but that this is too often overlooked in discourses of performativity and 'standards' which, in their efforts to produce a one-size-fits all model of professional effectiveness, construct what he calls the 'context-free individual' (Heilbronn and Yandell 2010:17).

Heilbronn and Yandell, in tune with the other contributors to *Critical Practice in Teacher Education*, construct their arguments against a background of increased 'practical learning' on courses leading to teaching qualification - undertaken in schools or FE colleges - and reduced HE inputs in teaching students about educational theory and teaching strategies away from the institutional setting (sometimes referred to as 'the workplace' - as if what students do in HEI does not qualify as 'work'). While schools and HEIs can build on a history of working together with beginning teachers, the fact that large sections of courses are undertaken *en bloc* in schools and colleges under the broad banner of 'training' while other blocks of time are 'HEI-only' inevitably creates (or reinforces in the student experience) something of a divide between a site of learning that focuses essentially on learning from experience and from 'doing', and a site of learning that is more concerned with theory and knowledge 'decontextualised' from specific sites of practice but (intended to be) applicable in one form or another to all and any. Where the partnership between the two sites of learning works well, what Heilbronn and Yandell refer to as *praxis* can occur: that is to say, the conscious application of theory and strategy in practical settings, the practical and theoretical elements combining to promote further learning and development - the type of co-collaboration sometimes described as the 'collaborative community' (Hughes, Jewson and Unwin 2007; Billet 2006). However, as Moore and Ash (2003) have

pointed out, it is not always the case that the two sites of learning do operate effectively together, and they may even be at odds with one another both in their understandings of course priorities and in their preferred pedagogies.

The arguments that Heilbronn and Yandell, and Moore and Ash, put forward regarding initial teacher education and training resonate clearly with health professions courses, where course 'delivery' is also shared between HEIs and placement institutions, with a tendency toward more academic teaching and learning in the former and more practical teaching and learning in the latter. Heilbronn and Yandell's notion of 'praxis' is equally desirable as an ideal form of professional learning delivered across different institutions, as is the notion of 'situated cognition' (Brown *et al* 1989) in which knowledge comes about and is refined as a product of appropriately informed and theorized practical activity. (See also Collins' [1988:2] definition of 'situated learning' as the learning of knowledge and skills in contexts that reflect the ways in which they will be made use of in 'real life'.) In contrast to many didactic teaching methods, which assume a separation between 'knowing' and 'doing', wherein knowledge is a kind of self-sufficient, reified 'substance' theoretically separate from the situations in which it is learned and used, situated cognition theory encourages educators to immerse learners in an environment that approximates as closely as possible to the context in which their new ideas and behaviours will be applied (Schell and Black, 1997). Frankel (2009:4) argues that '*[the] ability to apply knowledge to practice is fundamental in creating competent and highly skilled practitioners*' and that in order for this to be achieved individual learning preferences must be fully taken into consideration.

The appeal of the practical

Unfortunately, there is, within health related professions courses, considerable potential for just the kind of separation of practice (in the workplace) and academic theory (in the university) that Moore and Ash describe, given that the HEIs and workplaces do not have the same history of collaborative teaching that had existed for a great many years between HEIs and schools even before 'partnership' provision had become enshrined in mandated policy. This 'divide' was certainly

experienced by the students interviewed in the present study, and given their particular backgrounds it was not difficult to understand how students might be very easily led toward one separated aspect of their learning (the 'practical') or the other (the 'academic'). Although, because of the previously mentioned constraints of time and accessibility, the study did not canvas the views of placement educators, sufficient commentary was made by both tutors and students to indicate that there was a serious concern here and certainly an issue worthy of discussion.

During the course of the interviews in this study, there emerged a distinctly different point of view in this regard between the Physiotherapy students, who were already in workplace employment, and the OT students: a difference which might be said to represent an expression of feeling 'work worth' as opposed to 'university worth' - or vice versa. The Physiotherapy students, for example, aligned themselves to the practical side of their course far more than the OT students, and generally appeared to regard the knowledge gained from the university as *supplementing* their own pre-existing concepts of what it was to be a practitioner (a case perhaps, of Mezirow's [1991] concept of incorporating new information into existing 'meaning schemes' rather than developing knowledge *per se*). Ann, one of the Physiotherapy students, who expressed her favoured learning style as being 'practically' orientated, highlighted this sentiment in her reflections of the university and practice based elements of her course:

> "We had to cram so much in to our two days when we were there (University), it was quite often like a whistle-stop tour of things, which only actually when you go on placement, you end up doing it a couple of times a day, in some cases, and that is really how you learn it".

Ann's testimony importantly reveals how the *structure* of the 'divided course' seemed to favour practice-based learning, with insufficient time for the academic study to take root, lending further support to a marginalisation of theoretical inputs and their application to practice.

The Physiotherapy students all identified with the 'practical-learner style', already having an image in their heads of what (from a practical point of view) was needed

from the course to move them from the level of assistant to a fully qualified Physiotherapist. Another of the Physiotherapy students, Emma, who had also come to the course from a working environment and already had undeniably useful insights into the clinical aspects of the work of a Physiotherapist, expressed the difficulty of 'taking' theory from one site of learning and applying it at a distance (of both place and time) in another, highlighting again one of the potential difficulties described by Moore and Ash (ibid.) - that of 'disarticulation' - at the same time as expressing a greater easiness with the apprenticeship style of learning in which comment and teaching about practice could be both immediate and personalised:

> "When you are doing a treatment or assessment technique on a 'real patient', it is totally different to practising on each other in the classroom. I think that is when you really can find what you are doing. Also you can have your teaching style, it is more individual and more individual support from your Supervisor, because when you are on placement you can say to them, I learn better if I watch you first and then I do it, etc. You can let them know and they will accommodate the way you want to learn so that you can get the best out of it".

While such orientations are understandable and perhaps not surprising, there is an evident danger of their narrowing educational horizons, particularly when it comes to reflecting on practice constructively and critically - not least, in the company of other students with similar-yet-different experiences (students in the main were on placement on their own and not with others, even from their peer group). To return to the reference to Mezirow (ibid.), students might very easily over-rely on preconceived ideas of what it is to be a new Physiotherapist, with the preconception offering a not always reliable safety net: i.e. the student already knows what is required of the job, and anything outside their existing 'image of the profession' does not need or warrant much attention. Mezirow suggests that these kinds of 'acquired meaning schemes' and perspectives effectively 'protect' the individual from some of the more difficult aspects of genuine knowledge development and from challenging existing assumptions and beliefs. 'Meaning schemes' thus:

'constitute our "boundary structure" for perceiving and comprehending new data, allowing our meaning system to diminish our awareness of how things really are in order to avoid anxiety, creating a zone of blocked action and self-deception' (Mezirow 1991:.49).

It might be argued that the need to 'reduce anxiety' is likely to be particularly strong in WP students, given their life circumstances, and that both the relative comfort of learning in a familiar work place and the anxiety of trying to 'cram in' learning that may be new in terms of style ('academic') as well as content act as very strong additional drivers to prioritising workplace experiential learning over what takes place in the university where (as suggested in previous chapters) they may already feel uncomfortable and marginalised. Set alongside the strong sense of individual professional identity expressed by the Physiotherapy students (Chapter Six above), it is possible to speculate that these students were not only liable to 'fit' new information into pre-existing understandings but were equally liable to fit learning in general into a pre-existing 'identity' of practical learners who (feel they) need hands-on experience in order to facilitate their learning. As Beth, a Physiotherapy student, said, underlining the problem raised by Mezirow of 'diminishing' learning horizons:

> "I wouldn't say I have had time to do any other learning apart from what I have done on the course. Even picking up a different book apart from a Physiotherapy book is a bit of a challenge. Like I said, we just go [to the university] and come home."

When asked if she would have liked the opportunity to broaden her studies beyond the boundaries of her chosen course, she responded:

> "No. I think I can manage doing the Physiotherapy and getting the work/life balance. I am happy with the learning that I have had and I don't think I could have taken on any more anyway."

Beth's response was typical of all the Physiotherapy students interviewed, highlighting further the recurring theme of a lack of time to fit everything in - in relation to the demands both of the course and of life in general. An interesting undertone to this constructed 'I'm-a-busy-person-who-needs-to-learn-on-the-job' identity was a suggestion on the part of some students, sometimes made explicit in

interview, of wanting or expecting someone else to 'do their thinking for them' and tell them what to do. When asked about *reflecting* on their learning and practice, most of the students showed a distinct lack of real interest or sense of value in the exercise, feeling that reflection amounted to no more than filling in end-of-unit assessment forms. When it was put to the students that this question was more about reflection 'by themselves, for themselves' and that it was rooted in a belief in independent learning and student 'ownership' of learning, Emma provided the following typical response:

> "I hadn't really thought about it like that [...] They [the course team] didn't really give you enough time to really think about it."

Such comments appeared to speak of a complete abdication by the students of their part in the 'learning contract', handing everything back to the tutors who were expected to be responsible for all aspects of their course. It was evident in the interviews with the Physiotherapy students that most had not ever reflected in a deliberate, fully articulated way on what they had been experiencing for the last four years prior to my interview with them. Their general perception of reflection was that it was more 'ritualistic' (to quote Moore and Ash, ibid.) than educational - a course requirement whose value they neither saw nor saw fit to question. Indeed, it was as if, in the interview process, they had for the first time been taken out of the 'comfort zone' of the course and its syllabus, and been allowed to think about it from a different perspective. To return to a point made in Chapter Two regarding 'case study research', students were enabled to reflect on their own study rather than being directed by tutors (or by the researcher).

Interestingly and importantly, when their tutors were asked the same questions about the broader educational implications and possibilities of the course they were quick to acknowledge that the course continued to impose limitations - although they appeared to see this as a difficulty beyond their control. When one of the Physiotherapy tutors, Jane, was asked if there was opportunity for a wider educational experience, she said:

> "I think 'no' is probably the answer, in terms that they [the students] are so directed down this physio route".

However, Jane did qualify this statement when asked about reflection and its role on the course, and indeed how they (the tutors) envisaged developments in this area:

> "I think what's difficult for me now is, it's changing out there [in the clinical world of work] and they've got to be more adaptable and much more flexible. I don't know if the model we've got is the right one but I think it's giving them the right skills".

While this apparent 'Bernsteinian' competence approach to teaching and learning suggests the need for students to have a range of theoretical and practical tools at their disposal along with the generic thinking skills to make the most appropriate use of them in any contingency (implying the inseparability, perhaps, of the practical and theoretical aspects of the course in *praxis*), the reference to 'skilling' someone to do a job, rather than educating them for the world of work, may be seen to expose an underlying work/study distinction and, as we shall see, a fundamental difference in approach between the two courses studied.

If this is indeed the case, then it needs to be considered within the wider discourse and policy within which Jane and the other tutors were working - discourse and policy which make her approach more understandable if not less problematic. The teaching and learning agenda in the health professions has been increasingly driven by a quality framework (HPC 2009a:4) laid down by regulators in the same vein as those of the Training and Development Agency for teachers (Heilbronn 2010:2) - a product of which has been increasing standardisation and benchmarking of intra-disciplinary and inter-disciplinary learning outcomes (HPC 2009b:3). Vocational education generally, as in the case of teacher education and training (Moore and Ash, ibid.), has tended to adopt a competency approach (not to be confused with the Bernsteinian 'competence' approach, whose almost-shared name conceals a difference amounting to an opposite), based more on outcomes than inputs. Related to this, in professional vocational courses there has been a greatly increased use of competency 'standards', devised for hundreds of tasks within an increasingly rigid curriculum (Gonczi 2004:20). One (perhaps inevitable) effect of this move is that to some degree educators have set up practical situations to enable students to be observed doing the various things specified in their

occupational standards - a process which (perhaps equally inevitably) can lead very readily to a 'tick-box' approach both to 'recording' competency and to the teaching and learning that goes into it ('we have covered this "competency" and the student has demonstrated it by...'). A problem with this version of competence is that it can be inferred from performance but is not in itself directly observable - not to mention that one may appear 'competent' at something on one occasion but less so on another. There may also be a considerable gap between, on the one hand, the 'display' of a particular competency and its recording in the more academic setting, and its use in practice on the other. There are bound to be times, for example, when a student might be taught a subject long before, or indeed long after, they are exposed to it in a practical setting; but as long as they have 'had the teaching' and encountered the scenario in practice they can be 'ticked off' as having achieved the related competency whether they have demonstrated the desired learning outcome or not. One could say that all students interviewed in this study experienced such a mismatch at times. Sometimes, this was of a chronological nature, such as covering topics after encountering them on placement, or indeed some considerable time before placement, rather than a matter of logical sequencing. As one Physiotherapy student, Mary, said:

> "In my last placement I got placed in an outpatient department and we hadn't had a musculo-skeletal unit since the second year and we're halfway through one now but our last formal teaching on it was two years ago".

Given the structure and consequent logistics of the course, this sort of problem might be seen as something of an inevitability; the positioning of placements to fit in with the curriculum would be a logistical nightmare, for example, unless all placements were done 'in house' - a model which was abandoned here, as elsewhere, some years ago. What is perhaps more surprising, however, is another mismatch experienced and articulated by some students concerning the assessment of their learning and practice - a mismatch which some were inclined to attribute to lecturers and clinicians having differing views about 'education' and 'training' and failing fully to understand the nature, and causes of the mismatch, let alone consider its possible solution. Just as the academic tutors might not have

been entirely up-to-date with clinical practical issues and protocols, so placement tutors might not have been cognisant of changing methods of teaching. The same student, Mary, qualified this by saying:

> "Stuff that we did then (two years ago) is already out of date. They [the university] taught us things like muscle length testing and special tests that are now proven not to be valid or inappropriate. So when we had teaching on placement we were asked, 'How would you do this?' and we'd all piped up, 'We do this' and they replied, 'No please do not do that" [now].

Though such testimony appears to suggest a clear lack of 'joined-up thinking' or collaboration between the university and the placement educators, the tutors would dispute such a suggestion, pointing out that regular mentor training is undertaken and that, where possible, tutors are involved in clinical practice or go out to placement providers when students are there. Such claims were obviously not without foundation; however, the student interviews suggested that these visits and training might themselves have been insufficiently embedded and articulated within the course as a whole, serving only to underline a practice-theory, workplace-university divide in which the universities continued to assume overall responsibility for pedagogy and for 'educating' the clinicians, while the workplace supervisors themselves continued to operate alongside rather than in conjunction with the university tutors in an environment in which many students clearly valued the practice-based learning more highly. In this case, to return to Lave and Wenger's 'communities of practice' and the notion of 'situated learning', a community of practice did not seem to exist in terms of the course as a whole, in terms either of collaboration or of agreed pedagogic principles. Nor did the courses appear to contribute strongly to Nias's vision of the 'whole institution' approach, 'to belong to a community, to share the same educational beliefs and aims, to work together as a team, to acknowledge and activate the complementary expertise of colleagues, to relate well to other members of the group [and] to be aware of and involved in classes beyond one's own' (Hargreaves 1994:235, summarising Nias *et al* 1992).

The appeal of the academic

As already indicated, the structure of the OT course was different from that of the Physiotherapy course, in that most if not all students had had no previous work experience of OT before starting the course, so that they had to gain all of their clinical hours during their two-year course. This tended to mean that whereas the Physiotherapy students were more comfortable on placements, as this was 'home territory', the OT students were more inclined to identify with the university setting, valuing the wider educational opportunities offered by HE rather than adopting the 'cognitive apprenticeship' approach more favoured by the Physiotherapy students (Collins 1988, *et al* 1991). A number of their reflections concerning the clinical-university divide were thus significantly different from those expressed by the Physiotherapy students. The PBL approach to their course meant, as one OT student, Vicky, put it:

> "We basically have an assignment after each (clinical) placement ...
> where you kind of apply theory and evidence to what you saw on
> the placement."

There was thus rather more of an attempt on this course to integrate the theory with the practice in a real-time setting. When Vicky was asked if she felt that there was a difference between the teaching on placement and that of the university, her response was:

> "We don't really get taught as such.... We go out on placements but
> they don't teach us as such we kind of shadow.... Educators on the
> placements signpost you a bit more [than academic tutors] rather
> than try to teach you things, it could be from another colleague or
> perhaps a journal rather than sitting you down and dogmatically
> saying it is this way and this way. It doesn't feel like teaching."

This is an interesting view of teaching and learning, which suggests more of an attempt than with the Physiotherapy course to adapt pedagogy (at least on one 'part' of the course) to suit students' previous experience of learning as well as of the clinical educators facilitating a *learning experience* rather than perpetuating a sense of divide between work and study. Indeed, one of the concepts of clinical education (as opposed to 'training') is precisely that educators will signpost possible

clinical options for the student to reflect upon rather than suggesting there is only one possible way to do things. Helen, an OT tutor reflected,

> "things we asked them (Clinical Educators) to do are very hard but educators are quite rightly focused on their clients primarily. Some of them are more concerned about supporting and facilitating people to learn rather than teaching people and there is a real difference there."

As Boud and Solomon (2008) suggest, academics face difficult challenges in converting work practices into learning practices that have legitimacy inside the academy - issues such as the placing of theory and critical reflection in an instrumentally driven programme, and the place of generic as opposed to context-specific learning.

Of course, one has to be careful of drawing conclusions too hastily. It could, for example, be the case that the clinical educators on the OT course were more comfortable in their role as facilitators than trainers (something one usually associates with 'experience'), but it could also, conversely, be that the educators felt out of their depth with these more educated, high performing students and were more inclined to suggest that the students 'look things up' than give potentially misleading information themselves. To continue with Boud and Solomon, mentor training itself must encompass both experienced and inexperienced placement educators who need to work together with academic tutors - but as Boud and Solomon pointedly add, this whole process is very costly to resource (Boud and Solomon 2008).

One of the OT students, Liz, hinted at a slightly different interpretation on this point, when she postulated:

> "I think because practice has changed a lot now … you really rely a lot more on lecturers who are the theory side of Occupational Therapy. I have found so far when you question (clinical) educators about it, especially those who qualified quite a few years ago, they won't necessarily know so much in depth of theory as the lecturers because I think at the point they graduated there wasn't such a lot of emphasis on it, especially with reflective learning. You definitely rely more on university to learn those kind of skills and obviously

> clinical placement is a lot more hands on... the main difference now
> is that everything is becoming more evidence based."

These statements from the OT students appear to encapsulate a fundamental difference in views between students of the two courses researched. The Physiotherapy students identified far more readily with the on-the-job clinical training, which is valued highly by the NHS to create its workforce. The OT students, on the other hand, appeared more concerned to be educated to a level at which they could undertake the clinical elements of their job and *adjust their approach* based upon critical review rather than relying on being told what to do. While this apparent allegiance to PBL may have revealed itself in the student testimonies, however, it was apparently not altogether favoured by the clinical supervisors, who often liked the idea of having more 'educated' students to work with, but had reservations about the kind of teaching that was going on in the university and were not necessarily in tune with it in terms of their own preferred pedagogy which, by and large, continued to favour an apprenticeship model. Having suggested that she felt that the opinions of clinical educators differed a lot in this regard, Ros, an OT student, continued:

> "I have been in one placement where they really like the students
> doing the post-graduate diploma at the university because they feel
> they are more able and confident... [However] other educators don't
> agree with the two-year course at all ..... 'How can you do three
> years in two years?... it is not enough time'. Therefore you are
> probably not as well equipped as people who have done the three-
> year course".

From the OT tutors' perspective, there was also a recognition that things were done differently on placement and at the university, and that the academic-clinical divide was a real one. While attempts had been made to bridge the divide, largely through the university's offer of pedagogy-related sharing and training, there appeared to be a lingering reluctance, sometimes bordering on resentment, on the part of the placement tutors to take up the offer or to modify their 'tried and tested' practice, even if they did attend the relevant courses. As John, an OT tutor, said:

> "[The clinical educators] have to attend an educators' course that is
> run by us telling them what we expect of the - for instance, teaching

learning styles and methods that can be used. They can always draw upon us, they can ask our opinions, they can contact us but other than that they are on their own really".

Given the nature of the course, such a situation is perhaps not altogether unexpected. There may well be conflicts of interest, for example, given that the clinical educators also have a clinical job to do (and not just teach students). As that role becomes more pressurised by demands of working practices in the NHS, so the teaching commitment may well suffer - including their own time for self-development related to teaching.

Discussion

For both courses, there appeared to exist differences of opinion concerning the success and desirability (or otherwise) of the pedagogical articulation of the 'work-based' and 'university-based' elements and sites of the course: differences of opinion, that is, between the groups of students; between the students and tutors; seemingly also between the academic and clinical tutors; and, by implication, institutionally between the university and the NHS commissioners. Broadly speaking, for the Physiotherapy students, education tended to be viewed essentially as a means to an end, a system of accumulating credits towards a qualification, whereas the OT students' approach seemed closer to the traditional paradigm through which, McKernan (2008) suggests, HE is intended to develop flexibility, a reflexive disposition, and the critical thinking required of an individual to develop practical reasoning. The attitude of the Physiotherapy students to their course might thus be understood in terms of compliance and the fulfilment of requirements, not requiring a great deal of the students beyond recalling and recognising key facts and skills - a somewhat superficial, surface-based learning, we might say, which matches Freire's (ibid.) 'banking style' of learning in which compliance offers the path of least resistance. The OT students, on the other hand, appeared more willing and able to tackle issues with greater complexity, allowing them, perhaps, to extend their deeper and broader understandings of the world in addition to acquiring and developing new skills and subject knowledge (Parkinson 2009). What was common, though in different ways, across the two cohorts was an

experience of the disarticulation of the two sites or elements of their course, each characterised by a different pedagogic approach, coupled with a tendency on the students' part to favour one approach or the other rather than incorporate both into one overall practical-theoretical learning experience. While this may be a problem for all students on professional courses of this kind in which 'education' and 'training' are expected to operate harmoniously and interactively together (see, again, Moore and Ash 2003 on the case of Initial Teacher Education and Training), we need to ask if it is likely to be a particular problem for part-time students including the older female students in the current study who had to balance work and development on the course with jobs and home lives 'outside' it.

In their study of the development of reflective practice in initial teacher education and training, Moore and Ash (ibid.) argue that the ability and opportunity to *reflect on practice* are not just essential aspects of the learning process but potentially provide the best route to 'bridging' the workplace-university divide. If there is nothing that can be done to bridge this gap from the point of view of physical geography, there is, they suggest, another, educational and psychic geography which - however difficult - *can* be bridged.

Unfortunately from the point of view of the students in the current study, opportunities to reflect on practice in this (or any other) way were severely limited in terms of time, structure and support - not helped, it must be said, by a persistent tendency among the course *tutors*, whether HE-based or 'workplace-based', to operate against Lave and Wenger's CoP approach, in accepting an unhelpful distinction between 'academic' and 'practical' learning. As McCormick and Murphy (2000: 213) remind us:

> 'The situated approach is likely to avoid the distinction of conceptual
> and procedural knowledge. More important, those who support this
> view (Lave and Wenger, 1991) reject the distinction of abstract and
> practical knowledge.'

Chapter 9. The tyranny of outcomes

Are we doing things for the right reasons?

It was suggested in Chapter Seven that the experiences of tutors are inexplicably caught up with 'performativity' in response to 'top-down' pressures. However, as Ball (2008) suggests:

> 'The first order of performativity is to re-orientate pedagogical and scholarly activities towards those that are likely to have a positive impact on measurable performance outcomes.' Ball (2008:54).

All too often, Ball continues, tutors' judgements concerning pedagogy are superceded by *'demands of measurement ... [which sets] the tyranny of metrics over and against professional judgement'* (Ball 2008:54). Clearly, from the tutors' testimonies in this current study there are conflicting issues regarding the purpose of the courses, and it was apparent that despite tutors' partial efforts to create an inclusive environment for WP students, generally participants focussed less on pedagogy, more on outcomes within a dominant discourse prioritising work and the economy. This was particularly true for the Physiotherapy course, on which the students also appeared to see the main - indeed, perhaps the only - purpose of the course as to produce practitioners who would be able to contribute to the workforce. One of the Physiotherapy tutors, Jane, supported this notion, indicating that the tutors' role as educators was to produce sound clinical practitioners:

> "Our niche ... is to take these people with widening access and to up-skill them and to really focus on clinical skills".

Jane, like the other tutors, readily adopts a 'market language' (their position being 'niche'), that effectively constructs the students as goods or commodities, with the institution itself providing a service (to the NHS commissioners). WP then becomes just another aspect of market-place competition, with the distinct possibility - some might say the inevitability - of driving professional standards down rather than up. Within this discourse, the chosen way of WP, and at the same time competing with other institutions for student numbers, seems to have involved a downgrading of the academic - of the students' thinking, reading and research skills - in favour of a much greater emphasis on the practical. As we have seen, from the student

perspective the motivation of paid employment was also greater than that provided by the learning experience itself. When specifically asked about why the 'work' element of the course *was* so important, Ann, a Physiotherapy student commented:

> "The thing that, potentially, I am hoping [is that] at the end of [it] makes us a little bit more employable because obviously it is a very competitive job [market] and as we have all been assistants for that period I think that really works in our favour".

The commissioners of the health courses base their commissions on service needs: for example, studies are undertaken (NHS London Report 2010) to determine how many Band 5 vacancies exist in the area served by any given Strategic Health Authority (SHA), and contracts are issued accordingly. Thus, although there may be a commitment on the part of HEIs to the ethos of WP, in any conflict between that ethos and the necessity to meet completion targets it is the latter that, in current circumstances, seems likely to prevail. This situation is not helped by the unpredictable nature of many non-traditional students' lives, which itself can have a seriously detrimental impact on attrition rates, especially if HEIs do not have the resources to see students through often very difficult circumstances. As already recorded, it was clear from the interviews and questionnaire responses in the current study that the WP students did not live on campus and were not, as Crozier *et al* (ibid.) describe it, part of the 'academic family'. All lived at home and largely had to work part-time as well as studying to supplement their income.

A recent personal experience at a re-validation of a health professions course whose WP figures are high illustrates some of these difficulties. This course had experienced an unexpected upsurge in student pregnancies and major life events involving final-year students, resulting in a substantial number of interruptions of study. Unfortunately, the way in which the SHA sets out its contracts means that such students are classified under the category of 'attrition', and there are incumbent financial penalties in the contract. The Catch-22 result in this particular case was that even though staff vacancies existed and the institution was not up to staff compliment numbers, no provision of new staff could be countenanced until attrition figures had been brought down. It is not hard to see how - and why - this type of contractual constraint results in HEIs focussing on student retention and

measurable achievement rather than devoting time to better understandings of students' learning needs. Far from pedagogy for the individual learner being at the forefront of the educational experience, it was apparent that the student, the teaching staff, the employers, the commissioners of education and the HEI all have a stronger vested interest in producing functioning practitioners in the shortest, most economic time frame possible.

Institutional conundrums

To an extent, as we have seen, both courses in this study were devised with an emphasis on attracting WP students within a competitive marketplace. London Central University was in competition for students, and therefore had to offer something different from their competitors in order to attract (in this case) a more diverse student population. In the case of the Physiotherapy route, for example, the university was the only one locally offering part-time courses and specifically to students who were in assistant posts already. One might anticipate, therefore, that the course would be tailor-made for WP students to be able to study close to home in order to develop their own skills in a profession they were already associated with. On one hand this might be seen as a genuine attempt to broaden horizons for such students and provide them with new opportunities. However, precisely the fact that this was the only institution offering such a course meant that in another sense there was no choice, unless the students chose - or were able - to make greater sacrifices and undertake full-time study. This was, in essence, a captive market, with perhaps insufficient motivation for the HEI to do very much more than consider it 'job done' simply by offering a part-time mode of study. Crozier *et al* (2010) point out that the structural inequalities between the élite institutions and those at the lower end of league tables tend to undermine students' dispositions to learning, their argument being that unequal funding streams exist between new and old universities, wherein the newer universities lack funding and resource but often have to achieve more with less. As Abbas and McLean (2010) have argued in relation to this situation, the current configuration of education provision continues to reproduce 'distributive injustices'.

It would be fair to argue that such courses as the two described in this study owe much of their development to the requests and demands of the course commissioners who, in the past, have had to purchase places on traditional three-year full-time courses at HEIs but now are looking at different models of delivery to encompass the WP element of the diversity of students. It might also be argued that the value-added element of the OT course, from the commissioners' point of view, was that it produced practitioners in two years rather than three, resulting in a financial saving and thus ticking two boxes (financial savings *and* a contribution to WP) in one go. The commissioners themselves, of course, would be acting upon instruction from the Department of Health, who in turn would be administering government policy to invest in courses providing a more flexible approach to study. What this means is that the market was driving the courses, around a series of interrelated demands, i.e.:

- the NHS required more qualified practitioners;

- at the same time WP policy demanded more flexible routes of study;

- the HEI needed commissions to expand its own 'health faculty';

- departments needed to recruit more students to maintain staffing levels;

- students needed to take the courses offered to qualify for employment, which was the original market aim of the NHS commissioners.

It is important to note that from a tutor's perspective the teaching and delivery of courses such as those described is but one aspect of the tutor's work. The university expects all aspects of those courses to be delivered, but also that they comply with the constraints of the contract agreed with the NHS commissioners. At the same time, tutors have other responsibilities in addition to teaching: their administrative duties; their individual research profile; and, being in the main health professionals themselves, having some form of clinical load - as well as self development in the form of CPD. It should be further noted that many of the staff involved in the part-time course were part-time themselves. When Jane, a Physiotherapy tutor, was asked if the course could be better resourced she replied:

"I think if there were more of us [tutors] or if it were full-time it would be better. The priority is to put students first but there are a lot of time pressures…. There are only two members of staff who work five days……It is quite difficult [for students] to get hold of specific people [especially] If they've got a personal tutor who only works two days a week."

Thus far, this study would appear to agree with the argument that the relationship between the HEI, the tutors and the commissioners suggests a utilitarian approach of *training* a workforce rather than *educating* it (Jones and Thomas 2005). Such an approach does not only speak of a dominant *purpose* (reproducing a workforce) but also of a dominant *pedagogy* - certainly, one far different from the more student-centred and leisurely 'dialogical practice' described by Freire and Macedo, in which dialogue (between students and tutors/institutions) is understood as 'a way of knowing' rather than 'a mere tactic to involve students in a particular task' (Freire and Macedo 1995: 379).

It is clearly important to consider the drivers both for participation in health professions courses and in the promotion of participation. While it might be tempting to locate, interrogate and understand the WP agenda *either* in terms of an inclusive, democratic ideology *or* as a more pragmatic, perhaps even cynical response to an economic need, the testimonies of the tutors suggest that this is never likely to be an either-or matter: as Mayo (1997: 57) argues, there is by no means a single spectrum with development led by economic, market and political agendas at one end and an alternative approach for national liberation and social change at the other. In locating the nature of WP as experienced and implemented in the current study, however, Shanahan *et al*'s account of the 'training tendency' proves helpful. Training, Shanahan *et al* argues, is:

'geared to fitting the adult learner into the requirements of the current socio-economic and political context, again fitting in with the concept of a market-led approach.' (Shanahan *et al* 1997:58)

It was evident from the data collected in this study that although tutors were able to articulate ideological, inclusive rationales for WP and for their own embracing of it, there was a great deal both in their approach, in their concerns and in their language that spoke of a market-led imperative - which they may have been less

comfortable with but which nevertheless constrained much of their thinking and practice. This apparent contradiction between espoused ideology and actual practice in the professions is, of course, not new or limited to issues of WP, as Moore (2004), among others, has argued. Indeed, there may be an element of what Moore describes, in relation to the teaching profession, as professional 'settlements': that is, the professional's re-location of enforced practice within (to them) more acceptable discourses with which they can feel comfortable (for example, in relation to the current study, the rhetorical or discursive insertion of the more pragmatic, market-centred for WP within that other WP discourse of inclusion and access).

In developing his argument, Moore draws on Coldron and Smith's claim that external policies which 'impose greater degrees of uniformity and conformity' threaten to 'impoverish the notion of active location, restricting the number of potential positions the teacher might assume' (Coldron and Smith 1999:711). While WP thus might be presented and viewed as an example of policy *flexibility* (the encouragement of new routes to widen access to additional members of society), the pragmatic, market-driven rationale behind it appears to bring about a certain rigidity or *inflexibility* within the movement itself. The commissioners (NHS) liked to see concrete results or (we might say) 'returns on their investment' and 'value for money' in terms of unemployed people back to work; the academic institution (the HEI) had their own agenda in terms of academic standards, student numbers, validation and so on; and in health care terms there were the implied concerns of the professional bodies in relation to standards, student numbers and numbers required by the workforce.

Discussion

Both courses in the current study were set up to attract the 'WP market' and, as such, had in part signed up to the need to 'diversify' (in market terms) in times of economic downturn. This is not in itself either surprising or, given the 'businessification' of universities and their need (like any other business) to survive, particularly reprehensible. It does, however, raise important questions as to what

WP might mean and, consequently, how it is likely to be experienced by 'WP students' and on what terms its success or otherwise might be measured. Bernstein (1990:232) has argued that the belief that institutions have 'no choice' but to compete with other HEIs for students shows, in their apparent willingness to accept market logic and to accede to revised roles for the academic institution as entrepreneur and service provider, a worrying lack of reflexivity. If academics accept this premise, then the students become paying customers - both the purchasers of commodities, and commodities in themselves.

The question Bernstein asks is: *Why* have senior managers in HEIs become so accepting of this dominant discourse of consumption? - his answer to which lies in the fact that there has been a 'discursive shift' in which the recognised 'value' of HE courses (most particularly, perhaps, those that may be said to have a strong vocational element anyway) is determined by quantifiable 'outcomes' that can (and only need to) be justified in economic, work-related terms. The fact that such outcomes themselves might require modifications to course 'delivery' (pedagogy, curriculum and perhaps assessment) if they are to be achieved, is itself subsumed within a sub-discourse of performativity concerning the nature of teaching and learning, which avoids the complexities in favour of a simple input-output model of 'teacher or text-book transmits, student receives and practises'. The dominance of such a discourse, allied to the lack of time for curricular and pedagogic development within HEIs, ensures that the modifications required to adequately accommodate students from non-traditional backgrounds is bound to struggle even to get off the ground. Not surprisingly, one of the adverse outcomes illustrated in the current study has concerned greater external regulation and a corresponding reduction in resources leading to a downgrading of 'education' in favour of 'training' and thereby radically reducing the intellectual element which has always been such an essential component of HE. Original thought and reflexivity are powerless luxuries against the social economic impact of creating a workforce. As highlighted in Chapter Three (above), Bernstein (2000) has pointed out that the hierarchical nature of universities perpetuates inequalities, with students from less privileged socio-economic backgrounds gravitating to the less well resourced

universities (Archer *et al* 2003, 2008, Reay *et al* 2005, Bowl 2006). Courses must therefore be run 'economically'; however, there are grave concerns about whether, given the relative lack of wealth of the host institution, such courses can compete on quality issues (Abbas and McLean 2010) - especially where government scrutiny concerning value for money is paramount. (Morley (2003) has described this as 'global capitalism' driving a 'marketised agenda' that does little to incorporate the redistributive principles necessary to address educational inequality.

Ironically perhaps, the very market-driven rationale behind the development of 'WP' courses can all too easily bring about their downfall. In the current study, the variability and fragility of markets was starkly illustrated when one of the courses - the part-time course in Physiotherapy, which had been specifically constructed for and in response to the WP agenda and had therefore been in existence for less than ten years - learned that it was to no longer be commissioned and would have to close in a run-off period of four years. The SHA had made a 'strategic decision' that they would only commission three of the five existing Physiotherapy courses it was in contract with, and this one was perceived as having 'poor performance' in terms of recruitment, retention and progress when compared to the more traditional courses. In short, while on the one hand 'WP courses' had been encouraged to accommodate students who might previously have been put off (by personal circumstances and/or previous educational experience) entering or progressing within HE, on the other hand they were expected, without the funding to fully modify the courses, to behave and progress in the selfsame way as students who did not have such backgrounds or difficulties. When they failed, not surprisingly, to do so, their course was liable to closure, and the opportunity for other such students to attend the course was closed off with it. Evidently, in this case the long-term view of the WP agenda did not fit in with short-term strategy of the SHA. Meanwhile, the impact on the HEI of the course closure will be the loss of an already-committed investment in new facilities, and therefore a search for new markets to maximise the use of this resource, while several teaching staff will lose their employment. If we were to adopt a 'Freirean' perspective on such issues, we might be tempted to ask if the entire project of WP - *as currently configured within*

the 'official recontextualising field' (and therefore the 'pedagogic recontextualising field') - is itself little more than another form of 'oppression', in which the 'false generosity' of the oppressor merely masks and appears to justify the oppressive act (to control, manipulate, exploit and limit a compliant workforce) (Freire 2003).

PART THREE

Chapter 10. 'Inclusive Pedagogy, Exclusive Practice'

Changing perceptions: Inclusive Pedagogies

The market-led approach to education discussed in the previous chapter has, according to Ball (1990), produced a mass market geared to provide entrepreneurial potential and a cheaper 'product'. Ball extends this argument to suggest that 'élite' institutions are equated to quality standards while mass education is presented as 'second-class'. Elsewhere, Williams (1997) has argued that discourse related to mass education has centred on 'standards' rather than pedagogy. As will be evident from the analysis so far, these accounts resonate with the findings of the present study at least in terms of the speed and manner of 'production' (of a suitably qualified and 'educated' workforce) and of the imposition of 'élite'/élitist models of curriculum and pedagogy which result in the adaptation of the 'mass' to the course rather than of the course to the 'mass' (see again Freire 2003). Related to this, we might add that the study does not contradict the argument put forward by Malcolm and Zukas (2000:1) that:

> 'The opportunity presented by "massification" to promote inclusionary pedagogic practice in higher education has been overshadowed by the pressure to a) teach vastly increased numbers of students on less money and b) produce the right kind of evidence of effective teaching'.

This emphasis on 'inclusionary pedagogic practice', which involves teaching in a manner that enables all students to process and understand inputs in whatever ways are best for them (Fallon and Brown 2010), emerged as a matter of great significance, too, in the current study. As has already been indicated, the students in this study had diverse academic and personal needs that clearly did, at times, cause conflict in terms of prioritisation - in particular, students having too much going on in their lives to be able to give full and appropriate consideration to their educational endeavours. It has been suggested that often, in the past (Brunton and Gibson 2009), lecturers were used to designing their courses with a particular type of 'traditional' student in mind (if only implicitly): that is to say, able-bodied, 18-21

year olds, culturally predisposed to undertake university study and, in the main, from a middle-class western cultural background. Inclusive teaching throughout education, however, is about giving access to all students whatever their background. The OT tutor John indicated that this can be interpreted in at least two ways. It can, simply, mean making the same inputs available to all students without pre-selection or modification; or it can mean giving students an element of choice, as well as making (pedagogic) judgements about their own approaches to learning, so that although the same overall curriculum is offered to everyone it is not necessarily offered *in the same way*: that is to say, a 'differentiated approach' (McGregor and Moore 1999). It is fair to say that the opinion of John, that differentiation was not the way to approach WP but that a wide range of the same learning opportunities should be offered to everyone reflected both the comments of the other tutors and, as far as one is able to judge from the data, their pedagogic practice. In place of differentiation, John was more inclined to accept 'compromise' and increased 'effort' - which, he acknowledged, was not always easy given the wide variety of students with whom he was now working.

John's position may be regarded as in part pedagogical, in part pragmatic. As he quite reasonably argued, much of the curriculum for his students lay outside institutional or tutorial choice, rendering flexibility immediately less possible. He made the point that written reports, for example, are legally binding and therefore must make sense. It would be impossible, he pointed out, to approach the whole course in terms of practical delivery, despite the fact that many students might show a preference for this. On the other hand, he was aware that his students needed to be encouraged to participate in their own education, and to develop a sense of 'ownership' of it. Such a view, however at odds it might appear in practice with the presence of a curriculum whose content is significantly mandated, is promoted in much of the teaching and learning literature, including in relation to HE and FE (see, for example, Bowl *et al* (2008), who emphasise that effective pedagogy promotes the active engagement of students and is aimed at promoting learning that is both 'deep' and 'independent'). This kind of learning - and teaching - involves engaging students actively *in* their own learning, and ensuring that they

acquire a repertoire of learning strategies and practices, develop positive learning dispositions, and build the confidence to become agents in their own learning. Burke (2002) makes the point (see also Chapter Two, above) that this is not easily achievable, given that, while adults typically return to education to reform their lives, too often the policies and practices of HEIs undermine the commitment to combat social inequalities that are institutionalised and reproduced within the academic world. An additional difficulty - or perhaps, more precisely, a different manifestation of the same underlying difficulty - to emerge from the current study is, as we have seen, that the kind of 'engagement' identified by Hockings *et al* (2010) is often resisted by non-traditional students, either because of the pressures of time and 'life' or because of negative self-images as HE students.

An identified aim of both courses in the present study was, as we have seen, to be more inclusive. However, it was not at all clear what discussions had taken place between the stakeholders to test how far these aims had been achieved - or indeed how they might be achieved, and what the resourcing implications might be. To investigate just how inclusive these courses were, it was deemed appropriate for both staff and students to be initially asked about their understandings of what inclusive pedagogy meant. (For example, to return to John's testimony, did it simply mean giving everyone access to the same materials in the same way? Or did it necessitate some form of differentiation or 'personalisation'?) Not surprisingly, perhaps, given their differing experiences and relationships to formal education and theories of teaching and learning, notable differences of opinion were to emerge - between teachers and students, but also, interestingly, between teachers and teachers and between students and students, that might be described as programme-specific. For this reason a decision was made to focus the analysis of the research data less in terms of comparing the differing views of students and teachers *within or across* each course, more in terms of comparing and contrasting the views and understandings of students and tutors *between* the courses.

Contrasting opinions: 1. The Physiotherapy staff

Opinions regarding inclusive pedagogy varied significantly between participants in the study, often appearing to be related to the different backgrounds and different experiences of those involved and their degree of understanding of the concept. The tutors on each course had strikingly differing interpretations of inclusive pedagogies and approaches to them. In contrast with (the OT tutor) John's apparent suggestion that inclusion required the same thing to be taught in roughly the same way to all students, for example, one of the Physiotherapy tutors, Roger, recognised the extent to which inclusion needed to take account of *difference* - not just in terms of students' 'learning styles' and experience, but also in relation to methods of teaching:

> "My own personal philosophy is that I do not think you can teach anybody anything. I think you encourage people to be motivated to learn something… I am trying to facilitate somebody or motivate somebody to be interested enough to actually want to know it or learn it or know it better and have a deeper understanding of it."

Although not consciously aware of making specific adaptations to his teaching practice, Roger felt that he had tried to adopt different styles to suit individual learners. However, he did not feel that the Institution itself dealt with the individual student at an undergraduate level, suggesting that although there must be a degree of independence regarding student support (rather than creating a dependency by 'trying too hard' to support everything), some students genuinely did need more guidance than others. In this regard, he was particularly concerned that the part-time students had less access than their full-time counterparts to the student support services unit, which in most respects was geared to the rhythms of a traditional three-year degree starting in September. The part-time degree in Physiotherapy, he pointed out, started in February, with the result that the support services were not set up to deal with the students' 'start of course' issues. He also felt that his own individual efforts at inclusion were not helped by the what he saw as an inbuilt inflexibility in the course produced by its modularisation - citing the fact that there were times when students would cover something in Year One but

perhaps would not see this clinically until a year or so later on clinical block placement.

Such structural barriers to developing inclusive pedagogies - e.g. having to 'squeeze' all the learning in to a very restricted time frame, not being able to dovetail student care with support services in the wider institution - were picked up on by another of the Physiotherapy tutors, Jane, who was concerned at the lack of time and opportunity to *develop and refine* pedagogy in light of ongoing issues and experiences. While the Physiotherapy course was reviewed on an annual basis, she complained (with some justification, it seemed) that the tutors *'could not just keep changing things'* despite a widespread view that things clearly *'do have to be changed'*. The reason things could 'not keep changing' was, she suggested, more to do with a lack of institutional support and inflexible institutional systems than a reluctance on the part of tutors themselves - although Jane was also quick to point out that changes made previously had not always proved successful, contributing to a wider culture of reluctance or resistance to change among colleagues. Her current stance within these wider constraints was that as there were relatively small numbers on the course (10 – 24 in any one year), it was more sensible to offer students who were struggling with the traditional nature of the course localised or contingent 'assistance' instead of changing practice *per se*: that is to say, to adopt a form of personalised learning which, rather than constituting a revised pedagogic orientation driven by education theory, offered help pragmatically, when it was 'needed', within a largely un-theorised pedagogy that retained a teacher-led 'transmissive' pedagogy as its default setting. This approach, of course, contradicts the recommendations by David *et al* (2010) that in order to improve WP in HE 'connectionism' as a pedagogy rather than 'transmissionism' would encourage learners to adopt deeper learning strategies (see also Chapter Two, above).

Even when more radical changes were put in place, they were not always unqualified successes and, as indicated above, could be counter-effective in discouraging tutors from entertaining subsequent developments. Jane was of the opinion, for example, that the revised modularisation of the course favoured the 'less academic' student, as had been one of its intentions, but that this had, in turn,

led to an unwanted 'labelling' of these students as being 'less able'. The preferred solution to such difficulties appeared to be 'so don't do it again' rather than, 'let's think about what we have to do to make it work better'. Jane went on to observe that in the initial formulation of the course, they had included *'little in the way of written examinations'*, having consciously tailored it to be more practice-orientated. Again, such a development set itself up to be interpreted as WP 'dumbing down' academic courses to meet the students' 'abilities', rather than preparing students with the skills and motivation they would need to succeed *within* academic courses that were of equal quality to any other university courses.

Jane was not the only Physiotherapy tutor to claim that allegiance to WP and developing correspondingly inclusive pedagogies was repeatedly tossed on to the rocks of institutional barriers. Kath, another tutor on the course, raised the issue identified earlier in this thesis that it was not only the *students* who were part-time but the vast majority of the staff as well - so that there had been, from the start, a 'staffing barrier' created, ironically, by the very construction of the course itself, designed to facilitate extended access. Both Jane and Kath suggested that as students were only in for two days the teaching team might investigate the possibility of a greater use of e-learning - a suggestion qualified by Jane, who recognised a potential reluctance on the part of tutors to go down this route on the basis of their own lack of confidence and (unsupported) training, but also seeing it herself as possible 'issue-dodging' - i.e. another way of reducing demands on staff time, rather than a constructive suggestion to benefit student learning:

> "I think what we don't do, and this is in part because I am not up to speed with it or the team's not up to speed, is we don't do much e-learning …. Whether this is right or wrong it's a sort of cover for our own insecurities … [The students] are only in two days a week and we feel we have to keep contact with them, we've got to see them … it is a practical profession and we have to see to that".

This viewpoint corresponds to findings by Crozier *et al* (2008) that new universities feel the need to devise systems of learning like online packages that reduce the need for student attendance at the university, and that resources be targeted at remedial support of students rather than encouraging students to be more involved

with peers and tutors in order to be less likely to become simply passive learners fed the information they need to pass assignments.

The general sense of opinion from the tutors, as indicated earlier, was that from an institutional point of view WP was an aspect of market competition with other institutions. While the tutors seemed broadly in favour of forms of inclusive pedagogy that entailed some degree of personalised learning, they felt that such an ideological stance was not necessarily supported by the more pragmatic, market-driven approach of the HEI which appeared content to accept, in the interests of increased student numbers, a downgrading of the academic aspects of thinking, reading and research skills in favour of a greater emphasis on the practical. The overriding message coming out of responses of tutors from the interviews was that there was an awful lot to cover with limited resources and that, while they did the best they could to support their students, wider institutional policies and constraints meant that more concern was given to the structure of the programme than to its pedagogy. In contrast with Freire's 'dialogue' approach to teaching and learning (ibid.), there was never any real collaboration with the students, whose problems only became an issue when they became obviously visible. Structural and institutional components of the course meant that tutors were unable to engage with students sufficiently well to adopt student-centred strategies and make connections with students' life experiences. As with Hockings *et al's* study (2010), the tutors did not want to see the students as being 'in deficit', but knew very little of their backgrounds.

Contrasting opinions: 2. The Physiotherapy students

When the same question about inclusive pedagogies was posed to the Physiotherapy students, it was immediately evident that the concept was unfamiliar to them. Even when the concept was explained in interview, most had nothing to add; it was as if they had never really thought about what type of learner they were, and so were perfectly happy to accept that the 'tutors knew best'. Indeed, the initial response was that to ask them to participate in their own 'learning contract', far from being an ideal to be aspired to, was a 'step too far'.

When probed further, it did emerge that these students all preferred a style of learning that was essentially 'practical' - which in many cases seemed to have played a large part in their choosing this particular course in the first place. They were, after all, employed in the practical clinical world, and had had less opportunity previously to access the academic one or even to see its relevance. One student, Ann, typically located her initial response to the question within precisely this practice-study dichotomy, continuing to emphasise the *tutor*'s role rather than engaging with the possibility of collaborative or 'co-constructed' learning (Watkins 2005, 2009):

> "I have never heard that word [inclusive pedagogy] before …So just really how they teach the course, the different styles that they use and all the elements that are included with the course, their teaching … I suppose you are looking at practical and written elements of our learning … obviously we have to do quite a lot of both."

In apparent half-agreement with the tutors' comments, this student thought that the course had been a big jump for her and many of her colleagues, but that the tutors had recognised this and made adjustments accordingly, making sure that everything was covered by every student (as in OT tutor John's commentary) but at the same time providing individual, tailored inputs and also, significantly, asking for student feedback:

> "They have got to tailor the course to everyone's needs and have got to tailor it to the level of knowledge at which you need to learn to be able to qualify … they are always adapting it … they were always quite good at asking for feedback … I am not always great at giving feedback."

An interesting feature of this comment is the reluctance it reveals to engage in the co-critique and potential refinement of the course, underpinned perhaps by that abiding conviction that the 'student is the student' and 'the teacher knows best' and that time does not allow for such niceties. It is also significant that the student emphasises in her response the professional qualification and its requirements and achievement, rather than the academic rigours of obtaining a degree.

As previously indicated, the Physiotherapy students had a strong sense of professional identity, to the point where there was a non-acceptance of things that seemed too distant (in educational terms) and that consequently gave them a sense of doing something for the sake of it. With most students, but with the Physiotherapy group in particular, there was, for instance, a general feeling that the IPL (inter-professional learning) sessions offered in the university setting (themselves designed within discourses of inclusivity and collaboration) were not useful. There was also some confusion when these students encountered practices designed to reduce memorisation and regurgitation in formal assessments while at the same time reducing the potential dangers of cheating in coursework assessment. Emma offered one example of such confusion in her interview, indicative of a reluctance or inability to locate her tutors' practice anywhere other than in a very traditional, familiar pedagogic paradigm:

> "One assessment that I didn't really know why they had picked that style of assessment … was an open book exam … they gave you the question six weeks in advance … you had to do all the research of the evidence at home … write out your answer at home … [then] be ready to write it out when you got to the exam …. I didn't really understand why they made us do that instead of just letting us hand in an essay."

This sense of 'what was the point' of trying something which was outside their educational experience came over very strongly, and it is fair to say that the students on this part-time course were far less interested in the methods of teaching than they were in doing less academic work and more practice-based learning. In line with Haggis's (2006) study, the problems they were experiencing were perhaps connected to a conflict with the cultural values underpinning some of the more significant aspects of pedagogy and assessment they were encountering - problems also highlighted by Bowl (2001), who observes that the structure of assignments, coupled with the limited advice and availability of the tutors, produces institutional barriers to effective study. There was certainly a clear sense that the students interviewed were happy to be told what to do rather than to have to think for themselves, and certainly no sense of outrage that a combination of life circumstances and a dominant performativity culture might be promoting

pedagogies that made few concessions to their specific circumstances or that promoted 'deep' rather than superficial learning. In opposition to the concept that adult learning should involve as much choice as possible in the availability and organisation of learning programmes, and that adult learners should be constructed as self-directed and responsible for their own decisions (Knowles 1984), the circumstances in which these students found themselves appeared to have persuaded them to short-circuit such arguments in order not to over-complicate what, for them, was the main purpose of being on the course in the first place: that is, the achievement of a qualification with the promise of possible job security.

Contrasting opinions: 3. The Occupational Therapy Staff

The responses of the Physiotherapy course staff and students contrasted significantly with those on the OT course. Helen, an OT tutor who had been instrumental in setting up the course from the beginning, said:

> "I have always been interested in how the lived experience enables students to transform knowledge or build knowledge so they can actually transform into professional people".

Helen suggested this might be described as a constructivist approach. Unlike the more 'transmissive' approach adopted by the Physiotherapy tutors and favoured by their students, this approach draws on the theories of learning and development of Piaget and Vygotsky (e.g. Piaget 1926, Vygotsky 1962) which emphasize the way in which cognitive changes only take place when previous conceptions go through a process of 'disequilibrium' with the new information (see also Slavin, 1994): that is to say, the learner is required, with the teacher's support, to challenge existing assumptions and knowledge in order to move on, rather than simply internalising reified knowledge in the manner of a fixed entity. This is perhaps what Bernstein (2000) in the description of his pedagogic device would describe as 'Sacred knowledge' allowing the students to reflect on society so that they might change that society. In relation to 'WP students', this would involve the teacher developing understandings of their students' existing understandings and where they had come from, and the student, rather than feeling a sense of ignorance or academic

inadequacy, learning to value their previous learning, to have the confidence nevertheless to accept it and approach it as provisional, and to recognise that this provisionality applies to all learning and learners and not just to them.

In keeping with this approach, inclusive pedagogy meant to Helen that students should have more say in:

- shaping the curriculum structure and the choice they have within it;
- how they approach their learning;
- and even to the kind of assessment they would most like and benefit from.

This suggested a clearly more student-centred approach to the course than that adopted by the tutors on the Physiotherapy course, whose adoption of a 'loose framing' approach (Bernstein 1996) created dependent learners where the tutors seemed to be suggesting that they would decide on course content and delivery and, if at all, the students would help to 'adjust' it by giving feedback (something, as we have seen, that the students were reluctant to do). As described in Chapter Four, the OT course was based on problem based learning (PBL). Such an approach has many variations, often depending on the degree of flexibility within the curriculum and consequently the amount and nature of student choice. Helen went on to suggest that if you are trying to support people to 'learn how to learn' for their career choice then you have to set them free from curriculum constraints to an extent, but that this was difficult to do given the amount that was mandatory and necessary. She indicated that it was more likely in these circumstances to end up with a quasi-inclusive structure in which it *appears* that students have a choice but in fact they do not, so that an espoused student-centred approach can, in the end, become as tutor-centred in practice as one that is more didactic to begin with. (A not dissimilar issue has been raised by Moore [2012] in his account of the way in which, in assessment-for-learning practice in schools, students are encouraged to identify gaps in their knowledge which themselves are determined by externally imposed examination criteria - so that their identifications are not so much related to their own meta-learning as to working out what someone else requires of them. See also Edwards and Mercer 1987, Edwards in Wells 1999, and Daniels 2001, on

how in allegedly student-centred, discovery-based classrooms, teachers create an illusion of students 'finding out for themselves' what the pre-set curriculum requires them to know.)

Students on the OT course were given some choice, albeit limited, in: *how* they wished to study; the *order* in which they did it; and what they thought were the best ways of *assessing* it. By way of introducing this approach, Helen said:

> "What we do is we prescribe lectures and the content. We think it supports learning but we really don't know if it does in the student's minds".

An example she gave of an action arising directly out of student feedback was that one PBL group felt that they were being disadvantaged when they compared themselves to other PBL groups. At the students' request, she disbanded the group and redistributed them to other groups. The outcome of this action was that the group eventually reformed, reporting that the other groups were no better than they were, and that what they had learned from the experience was what they themselves had not been functioning well internally - specifically, not tolerating their own inter-subjective differences: not accepting that they could be 'wrong', and not willing to decentre sufficiently to look at issues from others' perspectives.

Helen went on to indicate that she felt that one of her key functions in the PBL process was to role-model how to include people in the group process - that is to say, her approach to inclusion embraced a need to teach her students how to be inclusive themselves, *in relation to one another*. (Such an issue did not arise in the Physiotherapy course, where, as we have seen, students perceived themselves very much as individual, 'atomised' learners within a group, rather than as a group working and learning together - a view apparently endorsed by the approach of their tutors with its limited version of personalised learning.)

Helen felt that overall the teaching team tried hard to be inclusive, but also that at times they were not performing as well as she would have liked in dealing with individual students. The team had therefore set up a support network group specifically for the staff. While this support network had proved helpful, there

remained problems in terms of promoting inclusive pedagogies, in part resulting from (again) a lack of time, in part from recalcitrance in discussing learning with the students - the result, perhaps, of a lack of familiarity with pedagogic theory on the tutors' part. *'What worries me,'* she said, *'is that we don't have an adult dialogue with our adult learners about learning'* - a failure, that is, to engage in the kinds of 'learning conversation' between teachers and students recommended by Watkins *et al* (1998) in their work on school-students' learning.

These acknowledged weaknesses apart; there clearly had been an attempt on the part of the teaching team to make some adaptations to practice to suit the changed student demography. Another OT tutor, for example, Moira, revealed an understanding and approach markedly different from the standard 'access' approach apparently adopted on the Physiotherapy course:

> "teaching, learning and assessment should be accessible to all; whether or not that is ever totally achievable, I think what we try to do is deliver material and provide learning opportunities and assessments in a number of ways across a programme."

Another OT tutor, John, also emphasised the need not to do things one way only, and said that he was conscious of the large number of written assignments in the programme and that the team were actively investigating ways of making more use of verbal or presentation type assessments. John felt that, despite the pressures of time and the concentrated nature of the accelerated course, adaptations to the course had been made based on feedback from the students, giving examples such as more study skills early on in the course for students who need it. Some subjects - such as anatomy - had also been adjusted so that they were applied rather than taught out of context, and other adaptations had included an increased use of electronic media such as VLE, which enabled lectures to be recorded and accessed by students at their own pace or returned to subsequently by way of checking and revision. John intimated that students had expressed the desire to have more small-group sessions on applied skills, but made the point that small-group teaching was intensive and could be difficult for a small staff team. As an alternative option (which offers an interesting contrast with the students' own perceptions of interactions between year groups outlined earlier in the thesis) he suggested:

> "Encouraging students to support each other more. [...] We are looking at peer support between the first and second years and they can fully understand each other's plight and support each other through that".

When John was asked if he perceived any problems with the course, he did, however, express concerns:

> "Pastoral and academic support is very low on the agenda. [....] There is no time for academic thinking [for the staff] and that is one of the big problems of working here."

Yet again, John's testimony returns us to the issue of time and timing - though in this instance connected to the time required for broader student support and for staff thinking and professional development rather than for teaching the course *per se*. The underlying feeling is, as Evans (2004:2) suggests, that the universities are so inundated with students and courses that 'academics have no time for contemplation - time is taken up with mass production'

Contrasting opinions: 4. The Occupational Therapy Students

Overall the comments on inclusion from the OT tutors were far more connected to the student experience than what was expected from the course by outside agencies. There appeared a genuine desire to 'get it right', and an expressed desire to include the students in their own education. Whether or not the tutors achieved these aims would to some extent depend upon the perceptions of their students - some of which chimed with those of the tutors, others of which did not.

One OT student, Vicky, interpreted inclusive pedagogy as follows:

> "It is teaching, but not to your standard white middle-class person. To be able to teach in a way that everyone can understand, whether they are from a different cultural background or they have some form of disability".

Another student, Liz, suggested that inclusive pedagogy (which, however, she couched in terms of 'training' rather than 'education') meant making the course universally accessible:

"Preventing barriers from preventing people from being able to take on such training".

While there was a tendency, especially early on in interview, to equate inclusion with physical disability rather than with learning issues, another OT student, Ros, suggested:

"I understand that it is directed and suitable for a range of different learning styles and learning needs, so that everyone is able to understand what they are being asked or what is expected of them".

Ros gave an example from her own experience of what she saw as poor pedagogy centred on a specific aspect of the assessment of the course. This initially arose from a controversy concerning assignments that were very dependent on the placements people were sent on. Students were given assignments or evaluations that were practice-based, but which might easily be on an area they had not, to date, had much experience of and therefore found difficult to write about - even though marks were dependent on the answers given. Ros suggested that two years was a very short time and that therefore it was not only difficult to get to grips with what they were being asked about in terms of assessment in the first place, but impossible to *learn from* if assignments were mis-timed. Citing her own case, Ros thought she had got a reasonable mark on her first assignment and then a poor mark in her second, despite incorporating the feedback she had got from the first assignment. By the third assignment, she was struggling to understand what was expected of her before *'something finally clicked and it began to sink in'*. Ros concluded that she felt she had not understood the instruction, rather than failing to understand the topic itself. She reported that a number of people had had similar issues with the intensity of the course, and that even if allowed to defer an assignment because of outside pressures they would simply get into a very difficult 'backlog situation' - the next assignment being upon them before they had completed the previous one, with even less time for feedback. Although the course team argued that they were accommodating the needs of the students by being flexible on hand-in dates, there was, evidently, a larger, in-built inflexibility which appears to have done little to enhance the learning process: the assessments,

ultimately, were time-dependent, and although the parameters *of the course* were flexible, time itself unfortunately was not.

The last of the OT students, Clare, did not understand the term inclusive pedagogy at all, but felt the course did not address the needs of all learners because, "of the academic focus and the high amount of writing work there is." She felt that the value of the assignments was based on how *much* work a student does. From Clare's discussion it was clear that she was a student who felt far more comfortable more with the practice element of the course than with the academic approach favoured by the other OT students interviewed. She tended to identify with lecturers who had a clinical passion about their subject from their own life experience, feeling that they were more motivational for the students, and felt that there was *'too much PBL'* and would have preferred more lab sessions as a means of learning. In an echo of the preferred learning styles expressed by the Physiotherapy students, she felt that some of the PBL was too hands-off and that slightly more direction would have been useful:

> "With problem based learning we had lectures and then instead of seminars we have PBL groups with some tutor facilitation, but not much … I think the idea of PBL is great but I haven't found it that useful … What benefitted my learning most are placements and actually doing things. In PBL you are kind of pretending to do things … you don't have enough information … you are working with cases that don't exist. I personally really don't like it."

Because of time constraints, Clare felt that she needed to focus on herself, and therefore, she felt unmotivated to explain things to other people - an example, perhaps, of 'presentism' (op.cit.), with its emphasis on personal survival, overriding the tutors' attempts to promote collaborative learning.

Discussion

Some years ago, writing of the sustainability of the 'NHS internal market', McLaughlin (1991) described two kinds of change that institutions and practitioners might experience and adopt in relation to policy change: 're-orientation change', which involved minor and potentially temporary modifications to existing practices and structures (which could be speedily returned to the previous position should

the policy directive itself change tack) and 'colonisation change', in which the institutions and practitioners 'absorbed' the policy into their own thinking and ethos on the tacit assumption that the policy would remain in place indefinitely. In the quasi-market places of education, in which changes can appear, as in any other market, at very short notice and with little or no consultation, the appeal of the former is fairly obvious - and there was indeed a sense in many of the tutors' comments that while WP was a concept they could all 'buy into' they were not entirely convinced that it was more than a short-term, temporary strategy aimed at stimulating a particular market at a particular point in time (an understanding which, in turn, is likely to impose its own limitations on the amount of actual internal change ventured by institutions and their staffs).

A little more recently, Ball (1997) has developed McLaughlin's argument in exploring the ways in which schools and teachers respond to centrally mandated education policy - in particular, policy which might go against the grain of their existing ethos and practice. Ball draws on McLaughlin's account of reorientation change, in which the school adopts 'the language of reform but not its substance' (Ball 1997:261) and of the more durable 'colonisation' change that involves a major shift in 'the cultural core of the organization' (see also Moore 2004).

McLaughlin's account might also be usefully applied to understandings of what was happening in the two courses of the current study, in relation to their approaches to WP generally and inclusive pedagogies more specifically. The approach to both on the Physiotherapy course appeared to be one of principled approval, tempered by an institutional reluctance, inevitably impacting on and reflected in the experience and practice of the course tutors, to undertake any radical changes to provision: a reluctance that the tutors could, quite rightly, attribute in no small part to resourcing issues, and a tension (between on the one hand believing in WP and inclusive pedagogies and on the other engaging in relatively non-inclusive practices) that they could resolve by 'recontextualising' it into a very limited, same-for-all version of inclusion. The tutors were certainly aware of the needs and problems and demands of their 'WP' students, and sympathetic toward them. However, they were also keenly aware that WP had been under-resourced nationally and that,

consequently, the existing inflexibility of a large and complex institution offering a wide range of courses had been unable to modify its approach sufficiently to include this new group of students into its 'normal' (to quote Vicky, above, 'standard white middle-class') student body, enjoying the same level and quality of access and care.

The OT tutors had also been aware of the needs of their 'WP' students - although such students, having already successfully completed HE courses and therefore being more immediately comfortable in and *au fait* with the university setting, were very different from the Physiotherapy courses - but had felt more confident about modifying their approach accordingly. As with the Physiotherapy tutors (and unlike some of Ball's teachers), these tutors found no contradiction between the WP agenda and their own ideological and pedagogical positions; however, whereas circumstances (including a recognised lack of experience) had driven the Physiotherapy tutors into a position resembling re-orientation change, these OT tutors had had the confidence and approval to design a very specific course which they hoped would meet at least some of their new students' needs.

What tutors and their students on both courses came up against were: barriers of time, compelling too much to be squeezed into too little; inadequate flexibility in responding to contingencies (typically, problems related to students' home and family lives); inflexibility in terms of wider institutional student support; and 'outsider' feelings brought about by a lack of space and by the fact that these students were only in at the university on a part-time basis.

It would be churlish to blame the HEIs entirely for these difficulties, some of which may be seen to be inherent in the nature of access courses themselves. Whoever, or whatever, was to blame; however, there was a clear sense of the students having been constructed in terms of the market rather than of a market responding to the needs of potential new clients: that is to say, once they were enrolled on course, the job had been done. This might not matter too much - after all, in the end the students wanted a qualification, the institution wanted more students, and the government wanted to secure a workforce - but for the negative impact on the

students' learning, no less than on their sense of self-worth. We might also, even, suggest that these localised practices and experiences both reflect and support an issue and a problem in the wider society, in which different people are automatically perceived and treated differently according to what job they do, how much disposable income they have, or their social or cultural background.

PART FOUR - Chapter 11. Summary and Conclusions

Introduction

This research has provided an insight into two courses that have been specifically developed for groups of students who have been 'targeted' to facilitate access to widening participation in higher education. Based upon case studies of students (and their academic tutors) at a single HEI it has provided glimpse of the lives of a diverse set of 'non-traditional' learners and their educators, both illustrating a commitment to further their commitment to Life Long Learning. Evidence from the testimonies and stories of the participants in the study has been analysed in relation to current literature in order to illustrate, agree with or dispute how far progress has been made in producing pedagogic change to promote inclusionary education at a higher education level. The researcher acknowledges the limitations of such a study (as previously discussed) but would argue that valid responses to the research questions have been made that shed light on the complex issue of diverse sets of students studying in an HEI and some of the problems of creating an inclusive pedagogic approach by the tutors, the HEI and (by inference) the wider group of stakeholders including work placements, commissioners and policy makers.

Accommodating students

The first research question explored the students' perceptions of and attitudes towards study - to what extent the university had accommodated their learning preferences, and how effective it was, coupled with the staff perceptions of curricular/institutional change associated with changing demographics of the health care students (in this case as adult learners) and what their feelings and approaches to these students were. The overwhelming opinion from both sets of students was that they were, in the main, satisfied with their respective courses, albeit from two quite separate pedagogic perspectives. The Physiotherapy students were quite happy to have an almost completely guided programme of enquiry since they felt that this required less input from them and that was what their limited previous educational experience had prepared them for. The OT students, on the other

hand, were approaching their studies having had the benefit of a previous university experience, and were more prepared to undertake a more student-centred form of enquiry learning such as PBL. On the face of it, in both cases the staff of the university had developed courses that fitted in with the student expectations of study towards professional qualifications as well as a degree at BSc level for the Physiotherapy students and at MSc level for the OTs. The fundamental problem with this conclusion, however, is that student satisfaction does not necessarily equate to teaching and learning effectiveness, and in the case of the Physiotherapy students was constructed on an internalised conviction of inadequacy. Furthermore, from the tutors' point of view the shadow of performativity loomed so large as to perpetually put pedagogic issues in the shade. This was, again, particularly true for the Physiotherapy students, who, to use Piaget's terminology, were required to accommodate to suit an existing academic environment rather than experiencing opportunities to assimilate that environment into their own preferred practice (Piaget 1975, Barnes 1976).

To an extent, this emphasis on 'accommodation' was also experienced by students on the OT course, where, as with the Physiotherapy students, the pressures of time contributed to a sense of urgency to fit everything in to a short time frame: a circumstance which focussed students' attention on getting things 'ticked off' rather than engaging in independent enquiry (this was true to an extent even for students engaged in classroom-based problem-solving activities, some of whom found it difficult to engage in an activity that did not bear within it an immediate effect of 'completion'). Students and tutors on both courses demonstrated an attitude toward time and timing that there was simply too much to fit in and that the structure of the courses and the rigidity of the curriculum made it virtually impossible to build in true flexibility. Ylinjoki and Mantyla (2003) have described this phenomenon in terms of a reduction of 'timeless time': i.e. time available for reflective thought being swamped by an overwhelming use of 'scheduled time' with its external imposition and accelerated pace. This, again, was particularly noticeable on the Physiotherapy course where, unlike the OT course which made a far greater attempt to build in reflective time, reflection was broadly perceived as a luxury the

students could not afford (or seemed willing to undertake). As Bowl and others have argued, the concept of part-time or accelerated full-time courses does not in itself produce the answer to this question of time (see Bowl 2001, Gorard *et al* 2006, Thomas 2005, and Hockings *et al* 2010).

To return to the dominant role of performativity in this situation, these attitudes illustrate what Gibbs (2010) highlights in his argument that students tend increasingly to be seen as 'consumers' of education, and that 'consumption time' is a process which shapes the 'temporality' of the HEI's educational goals, narrowing the horizons of learning and reducing its possibility of 'adding significance to the world'. In this situation, the past and future cease to have importance, and it is the present that matters, so that:

> 'Consumption of education replaces our notion of education as a means to think of a future of imagination, hope and opportunities not yet known.' (Gibbs, 2010:59).

Gibb's account, which challenges the very purposes of (higher) education, is very similar to that of Lasch's 'presentism', discussed earlier in the thesis. As Lasch (1978:5) puts it:

> 'To live for the moment is the prevailing passion - to live for yourself, not for our predecessors or posterity'.

The past and the future are, so to speak, lost within the individual's (understandable) obsession with surviving the present - whether this individual is the student, in terms of not making best use of their own experiences, or the tutor, being forced to abdicate their authority to bureaucratic processes which hold them accountable and which expect them to 'manage' learning rather than engaging in education. Barnett (2007:53) argues very persuasively, from his own extensive experience of working on professions-related HE courses, that education needs its 'own time' - what he calls 'pedagogical time' - for ontological change of the kind proposed by Vygotsky (1962) to occur. There is certainly an argument, that seems foreclosed within performativity agendas, that university education should allow students the time to strive forward into the unknown in order that they might prepare themselves for uncertain futures - to enable the student to 'confront the

anxiety of the future with confidence, creativity and criticality' (Gibbs 2010:61). An essential difference between the student groups in the current study was that the Physiotherapy students accepted the here and now and were effectively passive in their study. The construction of the OT course certainly allowed more opportunity for reflection, although even here the time to 'fit everything in' rendered that correspondingly short. What did not emerge from the interviews was any indication of real discussion with or among the students regarding their 'learning styles' (that is to say, their preferred ways of processing information). Both tutors and students in their testimonies were in agreement that the syllabi were so full that there was no time allowed to consider alternative pathways of study that might give a variation to the available learning opportunities, and rather than discussing the issue were compelled to 'make the best of it'.

Education and the 'market'

It could be argued that courses such as the OT and Physiotherapy courses, in spite of the attachment of a university degree, need not be about developing independent, inquisitive, lifelong learning - that university courses these days are of many different types, some perhaps more 'academic' than others, and that the main aim of professions-related degree courses such as these is to produce competent, reliable professional workers. It has already been made clear that this view is not shared by the researcher of the current study. However, it is a view that is not unpopular or uncommon, both in HEIs and in the workplace, and may itself be linked to a wider 'anti-intellectual' discourse which prioritises immediate, practical contributions via applied knowledge (in particular, to a nation's economy) rather than or (in addition, perhaps) promoting learning itself as a route to ongoing personal enrichment and development.

One of the striking features in the tutors' testimonies was the extent to which they and their institution appeared to be immersed in the culture of 'the market' (again, more so on the Physiotherapy course): that is to say, to return to McLaughlin (1991), while the adoption of WP might be seen in terms of 'reorientation change', the marketisation of education might be better understood as 'colonisation'. (There

are, of course, extenuating circumstances as to why this is the case. So powerful has marketisation become in the public sector that to say no to it can very easily amount to professional or institutional suicide.) As Morley (2003) argues, managerialism and marketisation as an agenda does not address the redistributive principles that are necessary to combat inequality. The courses that were examined in this study have been successful in enrolling specific targeted student groups who have been obliged, for reasons of convenience or a sense of feeling comfortable, to choose an HEI at the lower end of the university 'league tables'. Unfortunately, as Bernstein (2000) and Abbas and McLean (2010) suggest, the ultimate consequence of these choices may be to increase inequality rather than decrease it, given that institutions such as this one have will be in more financially precarious positions and therefore less well placed to deal with wider issues such as the impact of previous experience on current experience or the practical difficulties of managing study. The suggestion that resources were limited came over repeatedly in the tutors' commentaries, chiefly regarding numbers of courses and numbers of students, coupled with competition for access to physical and staffing resources.

The evidence from the interviews indicated another market pressure, which, dressed up in discourses of 'efficiency' and calls for 'efficiency savings' and 'working smarter not harder', demanded an increase in the quantity of both students and courses but without a corresponding matching of resource - apparently underpinned by an assumption that such an economy could somehow be achieved without any impact on quality (see again Molesworth 2011: 232). In Chapter Six, I reported that tutors had suggested that one way of making efficiency savings without threatening jobs or provision was to extend the use of e-learning. Given the increasing demands on tutors' time, not just in terms of their teaching but also given the pressure to develop their own research and publications, the appeal of e-learning, offering (for example) the opportunity to record a lecture once rather having to physically present it time after time, is understandable. However, it has been argued that despite tutors' hopes to the contrary such a move does, in fact, threaten quality of provision. Pinar among others, has been particularly sceptical of

the, *"promise of technology for education"* (2012: 143), citing recent research (Brooks 2010: A17) that electronic media is creating a *"short attention span culture"*. According to such a critique, students may fail to make links between course content and their own experiences, and become more reliant on information fed to them, a transmissive pedagogy, and in turn a process which impacts upon their ability to think for themselves. Brooks argues that the *"multi-distraction, hyperlink world degrades people's ability to engage in deep thought or serious contemplation"* (2010:A17), while Pinar (2012) contends: *"computers cannot perform, for us or our students, the intellectually and psychologically demanding labour of academic study" (p.xvii).*

Clearly, the significant change in AHP student demographics had produced the impetus for tutors to change the way they taught subject matter and discipline content. Students, meanwhile, came with new and differing ways of demonstrating their understanding of content. The research data, however, suggests that the learning styles of the students had not been sufficiently investigated by the staff on either course - a feature which was perhaps first highlighted in the construction of both courses as illustrated in Chapter Four. The Physiotherapy course was an adapted version of a traditional three-year full-time degree course, whereas the OT had attempted to produce an innovative pedagogic approach using PBL to utilise the experiences of adult learners. During my analysis of the courses I inferred that perhaps this had suited both sets of learners. However, it could be argued that the Physiotherapy students were coming on to the course with a wealth of first-hand experience which was never given the opportunity to be expressed or utilised. Unlike the OT students, with whom they had much in common in terms of general life experience, they had been employed in the field of their studies and had come to the course with a great deal of experiential wisdom. As we have seen, rather than focus on such matters, which might include developing pedagogies that might reach and draw out such wisdom or seek to develop strategies that would recognise students' different learning styles (as Gardner [1997] puts it, their individual 'intelligence profiles') there was a tendency on this course for tutors to address market issues through producing a 'niche product' which would have

enough about it to be promoted and sold to a new set of consumers: as Olssen and Peters (2005: 313) put it, 'learning for earning', whereby the institution becomes a provider 'of employer sponsored curricula'. Adaptations to the course had thus involved changing 'processes' to accommodate the needs of such consumers; however, rather than pedagogic change, any support that was offered to students limited itself to helping them cope with the existing demands of the set course. As Crozier *et al* 2008 argue, such adaptions are more about retaining students on the course than addressing the pedagogic needs of the group. Indeed, the tutors' approach to WP students had more to do with 'selecting' students whom they prejudged to be capable of undertaking the course as it stood, rather than making changes to the course that would suit a wider range of students: access for some, perhaps, but not for all.

To a lesser extent, the influence of market forces was also evident from the responses of the OT staff, and might in turn be extrapolated to Health Professions courses in general - supporting Foskett's suggestion that staff themselves in this process become a human resource to meet the needs of an 'employer led curriculum' aimed at generating economic value (Foskett 2011). Foskett argues that central government and its agencies effectively 'manage' such teaching programmes through the funding councils, NHS commissioning, and other bodies such as the HPC and the QAA - all helping to shape curricula by creating benchmarks for curriculum content in each discipline and through monitoring 'standards' through institutional audits. Foskett maintains that central government specifically limits the market in subjects providing a 'public service' - such as medicine, nursing, AHPs and teacher training - by dictating the number of places it will provide and changing these numbers at short notice. Teaching staff are very conscious of this determining factor when planning their courses; they have to remain competitive to attract students, knowing that not to meet pre-specified targets could result in those targets being reduced, with serious consequences for staffing levels. Thus, tutors and their institutions have a very real; vested interest in going along with performativity-driven policies, knowing that not to do so might lead to both job loss and course closure. Not surprisingly, therefore, as Brown

(2010) suggests, institutions are likely to use their resources to improve their 'brochure attractiveness' to students at the recruitment stage, rather (other than ensuring low attrition and high success rates) than using those resources to improve on-course quality. One unfortunate side-effect of this, highlighted by tutors and students in the current study, was that recruitment could go 'too well' and that the institution could end up recruiting more 'WP students' than it could effectively deal with (Evans 2004). This specific difficulty - attracting too many students sharing too few resources – creates what Gorard *et al* (2006) describes as an *institutional* barrier to genuinely widening participation, wherein the admissions procedures are sometimes not in the best interest of the students.

The tutors' belief that institutions have no choice but to compete with other HEIs reveals a willingness (which, as has been argued, may be understandable in the circumstances) to accept the inevitability of market logic and to compete for limited funds - thus developing (or perhaps reducing) the role of the academic as entrepreneur and service provider. As Molesworth puts it:

> 'As witnessed in other professions, from nursing to politics, many who teach in HE do so now as "pseudo-academics" who…. accept a work-and-spend culture where the 'job' of the academic is to maximise efficiency'. (Molesworth 2011: 232)

As for the students, most of them, in line with Molesworth's (2011) account, seemed to have bought into the concept of 'educational consumerism', in which education may well lead to a job but whereby education itself becomes correspondingly impoverished as the value of studying for a degree becomes limited to personal professional (and often financial) ambition. As Molesworth puts it, students will often position themselves in this way

> 'rather than immersing themselves in the ambiguity and angst of deep learning. But they do this because the HE institutions let them and therefore allow them to see their experience of getting a degree in such a limited way as, for example, no more than a necessary hurdle before employment that ensures future consumer pleasures.' Molesworth (2011:233).

Making an effort: toward more inclusive pedagogies

Despite these constraints, the OT staff did make some attempt to create a curriculum and pedagogic approach that was directed to the type of learner they were attracting. The course was directed at post-graduate learners and therefore necessarily encompassed adult female learners; thus, although not widening access in the same way as the Physiotherapy course, it was still encouraging students who might otherwise not have done so to return to study in order to become health professionals. It also attempted to create an environment in which students' experiential learning could be utilised via enquiry learning rather than purely guided study. However, the impression of not having enough time to engage with the students, to discover what it was that students required to fulfil their own learning preference, came across clearly, and staff acknowledged that they still had some way to go before they could describe their course as truly inclusive.

This issue leads us into the second research question, about what the different actors in the study understood by the term 'inclusive pedagogies' and how they saw their teaching/learning spaces as being inclusive and flexible. The Physiotherapy students were at the end of their course - indicating that despite having been at the university for at least four years they had not reflected on what was meant by this concept. Indeed, they were so focused on the end product of job qualification that they had no real constructive opinion on pedagogy at all. As far as they were concerned, the less contact they had with the university system and the more contact with the clinical placement the better. Though they had a clear and genuine affinity with practical learning, they displayed scant interest for the kinds of knowledge acquisition one might expect from a university education, being apparently content to be told what to do to the exclusion of all else not directly connected to the Physiotherapy course. For their part, the Physiotherapy staff recognised the need to deliver the teaching in a variety of ways but were too entrammeled with systems and processes to consider any radical change to the delivery of the course. Equally, they were over-committed, in many respects as a result of the part-time nature of the course. The course had been set up as part-

time to overcome problems for WP students, but had in itself created a 'constructed inflexibility' that left very little time to develop inclusive practice.

The students on the OT course were much more aware of what the term 'inclusive' meant and were far better prepared to give thought-out answers to the question. The majority of them found the wider experience of university life as well as the teaching methods to be inclusive, though they felt they had not really been included in the development of the course - a perception that was borne out by comments from the staff, who would have liked to have included students more in decision-making. The OT staff themselves had clearly thought very carefully about inclusion in relation to their target clientele, as was evident from the initial construction of the course and its underlying philosophy. There was a general recognition that the inclusive practices of staff did not always extend well to the clinical educators who taught the students on placements, and though they did try to give support to these staff their efforts were hampered by the fact that there was considerable tutor diversity given the numbers of clinical placement sites involved. The students were supportive of their HEI tutors' efforts, but also indicated that they saw the role of clinical placement teachers to be different from that of the university teaching staff, the latter of whom they felt were directing their learning whereas the clinical tutors were facilitating them.

The feeling of being different

The specific use of the term 'social class' was not alluded to in the study, but the evidence showed that learners identified with close participants on their own courses to the exclusion of the wider student body. This was particularly evident among the Physiotherapy students, who in the main did not align themselves with the university at all; indeed, they were generally comfortable with perhaps three or four close friends, although even here some students commented that contact with such friends might be months apart. The sense of isolation and not belonging was very strongly felt by these students, and this led, as we have seen, to a partly self-imposed exclusion from the HE setting. The OT students felt more at home in the university setting, and generally made more use of the facilities than did the

Physiotherapy students; however, they also excluded themselves from contact with the mainstream students on the basis that their priorities were now somewhat different from those of their first encounter with university life: that is to say, their goal was now more to do with achieving a qualification and employment than with the 'educational experience'.

Returning to the Physiotherapy students, the barrier to participation in HE was greater than for the OT students as their previous educational experience had not prepared them for the expectations of university education. Perhaps this is an indication that more educational support is required prior to commencing such programmes in order that students are able to succeed in HE in a wider sense other than simply gaining a qualification (important though this undoubtedly is). At the same time, these students had accessed HE at an institution at the 'lower end of the league tables' (Bowl 2003, Leathwood and Read 2009) with lower entrance requirements to be with 'people like us': i.e. all in the same boat - contributing to a tendency to associate with students of similar backgrounds and thus, in accordance with Hockings *et al* (2010), limiting their own social circles. The courses' original constructions in their own right were also limiting, in that the students were not placed with 'traditional' students and therefore not exposed to those students' ideas and influences.

The overall result, discussed in Chapter Six above and relating to Research Question Three concerning the students' self-perceptions in communities of learners, was that most of the students did not have a sense of 'belonging'. While there was a slightly different perspective between the Physiotherapy students and the OT students, both identified themselves as non-standard students, partly because they were older than most other students. This feeling was exacerbated on the part of the OT students by a feeling that they had already 'been students' and were now really at university preparing more specifically for work. The Physiotherapy students, on the other hand, never really felt they fitted in, and generally felt far more isolated. Even when they were at the university, they were only there for two very fully-occupied days, and if they ever did have free time their first thought was to get home and get on with their other life commitments. Unlike the OT students,

they had no shared space at the university, and so they did not integrate with each other, with other cohorts of their own course, or in general with other health professionals. The OT students also experienced this kind of detachment from the institution, not even being acquainted, for example, with the year below them. (An initiative that might go some way to encouraging more interaction between students would be the provision of dedicated social space for health students, as the facilities that were currently available were clearly inadequate or unappealing. As Crozier and Davies (2006) point out, lack of socialisation constrains the learning experience.) As a result of this 'outsider' experience, neither group of students took much advantage of any of the facilities and resources of the university that were open to them, other than that which was specifically needed to complete their own courses. In addition, the students often found that the facilities and resources that were open to them were not always geared to their needs - largely because of the institutional barriers previously alluded to. A further issue for both sets of students was that often the educational resources of clinical placements could be quite limited or non-existent, which did not help when they were out on block placements for six to eight weeks at a time. This block structure had been adopted by both courses. It meant that at any one time many of the students were simply not at the university. The HEI staff did go out to visit students on placement, but generally would have to be in the university to teach those other cohorts of students who were not out on block placements at the same time. Block placements were inevitably designed to fit in with time-tables, but from an inclusive pedagogic viewpoint clearly warrant more detailed investigation.

One possibility to emerge from the study is that the students involved may have felt that they did not have as much 'right' as other students to be there. Perhaps they felt alienated by 'traditional' students - although it is equally possible that these 'traditional' students may have had negative feelings toward the presence of the 'WP' students, who were present in such large numbers as to render the educational experience for all students akin to 'mass production education' (Evans 2004). For whatever reason, the opportunities for shared learning, extending the horizons of their study, and creating or engaging in overlapping communities of

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practice never really found much chance to develop, indicating perhaps a certain fragility in the framework available for the development of communities of practice within the university setting. As Lave and Wenger (ibid.) suggest, knowledge is part of everyday living; but clearly, in student terms, newcomers were not able to learn from 'old-timers' as they simply did not encounter many during their time at the university.

Just as the students on both courses had been corralled by circumstance into 'presentism' (op.cit.), so those same circumstances aided and abetted to an extent by their own choices and senses of self, had, we might say, placed them in a position of 'absentism.'   By this, I refer to the fact that the students were 'present' in the sense of being enrolled as students of the university, but for the greater part of their time were not physically there - either because they were only in for two days a week, or because they were out on block placements, or because their feelings of detachment and differentness had encouraged them away from interaction with other students or engaging with university life more widely. Certainly, they were largely 'absent' students in the eyes of most 'regular' students at the university.

The Practical/Academic 'Divide'

The concept of diverging communities of practice is also of relevance in relation to the final research question, about pedagogical inconsistencies between the HEI based and the practice based elements of the students' courses, and was evident in all tutor interviews, although everyone in their own way defended their own professional colleagues. It is important to emphasise that the research was located within the HEI so that perceptions were from academic tutors and students, not the clinical educators in practice. That said, there was sufficient evidence presented to argue that the practical/academic divide was not as seamless as perhaps it should have been. To a degree, all health professions courses have this dichotomy between theory and practice, and the further apart these elements are the greater the deterioration in the learning experience is likely to be. In part this is due to the difficulties of recontextualising knowledge from one setting to another, itself

connected to the failure (in this case on both courses) to effectively co-construct theory and practice between the HEI to the workplace. In the current study, certainly, there appeared to be a work-based community of practice that was quite separate from the community or practice within the university.

The OT course had been established longer than the Physiotherapy course, and the department also had other OT courses running, with the result that their relationships with the Local Health Trusts were better formed. Mentor training for clinical teaching staff was also on a more advanced footing than on the Physiotherapy course. Even so, some of the OT tutors expressed concern that some of the clinical tutors were being 'left to their own devices' once the mentoring sessions were complete. This meant that they were less included in the teaching team, but were still expected to cover fairly significant amounts of teaching on the course. The students endorsed the suggestion that this arrangement was less than ideal, in their comments on the clinical tutors they encountered and the experience of those tutors. The Physiotherapy course appeared even more disadvantaged, in that the course was relatively new in comparative terms and so had been in competition for placements with other, more established Physiotherapy courses. There was also more evidence, in the Physiotherapy course, of the timing of academic teaching being significantly out of synchronicity with work encountered on placement. The OT course made more of an attempt to align these processes within the same time frame, and they tried to dovetail with workplace mentors. The Physiotherapy course, on the other hand, tended to rely on mentors providing the correct teaching without much collaboration. There was sufficient evidence from the testimonies of students and tutors of issues with the mentoring system, especially with the levels of experience of some of the mentors. On the basis of the evidence available, it was clear that there needed to be far more interaction between mentors, tutors and students in relation to the interaction between theory and practice to develop a truly collaborative learning community (Hughes, Jewson and Unwin 2007, Hargreaves 1994, Nias et al 1992). It is apparent from the testimonies of the participants that further research into this area is needed for fully inclusive pedagogic programmes to be developed.

Conclusion

The principles of widening participation dictate that barriers to higher education are removed so that such education is available to everyone who wishes to participate. It has been suggested in this thesis, on the basis both of the current study and of the IFS which preceded it that in order for this to happen there needs to be a change in form and content of education to meet the needs of diverse learners. On the basis of evidence from the commentaries of students and tutors, in line with comments from Baroness Kennedy (ibid.), it appears that some barriers have been lowered, enabling wider access, but that full access for all requires rather more than modifying entrance requirements or creating more flexible teaching timetables. In its exploration of the two university courses aimed at attracting students who might not otherwise consider attending, this thesis has identified tensions, mismatches and gaps between central policy rhetoric, central policy intent, local (what Bernstein calls 'decentred') institutional policy and local institutional practice. In particular, it has identified and explored a tension between (a) the pragmatic orientations of students and their university teachers, underpinned in the students' case by the financial needs to gain a qualification in spite of constraints of time and family life, and on the tutors' and institution's part by the need to attract student numbers and to meet completion targets in spite of shortages of time, staffing and space, (b) tutors' more theoretically and ideologically driven views on teaching and learning and on responding to diverse student needs.

In making sense of these difficulties, a range of theory has been drawn on, including Lasch's notion of 'presentism', theories of inclusive learning, models of (adult) learning, and Bernstein's accounts of recontextualisation and pedagogic identities.

Bernstein's theory (2000), which has proved particularly helpful, concerns, in this instance, the way in which policy as stated becomes inevitably modified as it is 'recontextualised' from the 'official recontextualising field' of public policy to the 'pedagogic recontextualising field' of institutions and classrooms. Thus, WP *as an idea or an ideology* (linked to social justice and inclusion) undergoes one

transformation when it becomes enshrined in central policy (in this case, developing a more strictly economic aspect) and a second transformation when practitioners attempt to operationalise it in the 'real world' of under-resourced institutions and classrooms and in a quasi-marketplace (where it develops a more pragmatic, market-driven, performance-related aspect). It is in relation to this second recontextualising process that teachers and institutions must negotiate a tricky path between Bernstein's four 'pedagogic identities'. Two of these identities are 'centred', in that they derive from central government policy and rhetoric. One, referred to by Bernstein as 'prospective', relates to what others refer to as neoliberal policy and ideology, focussing on giving more 'freedom' and 'choice' to individuals within a 'free', competitive marketplace, aimed at meeting identified current and future (usually national economic or social) needs. The other, which Bernstein calls 'retrospective', describes a more neo-conservative orientation, which prioritises so-called traditional values and practices. Each of these orientations produces policy requirements, which must somehow be amalgamated in pedagogic and institutional practice, but which inevitably produce tensions, compromises and difficult choices. In the current study, for example, the requirement to open institutional doors to a wider clientele comes into conflict with traditional approaches to teaching and learning encouraged by central government or, in this case particularly, funding bodies and purchasers, and a lack of adequate funding.

Bernstein's other two pedagogic identities he calls 'decentred' or 'local', in that they relate to the specific circumstances in which institutions and teachers find themselves. Thus, his 'market-decentred identity' concerns the ways in which institutions have to 'market themselves' locally in competition with other institutions to attract students - perhaps by offering an attractive 'brand' or, as one tutor in this study put it, finding and developing a 'niche' market. This may conflict with the (decentred) 'therapeutic identity', which concerns institutions' and teachers' pre-existing values, beliefs and understandings of the purposes of education and of the best approaches to teaching and learning. In the present study, for example, it was clear that although tutors had an ideological attachment

to the original concept of WP, along with nuanced understandings of teaching and learning and the need to adopt inclusive, flexible policies; it was the market-driven demand to fill courses that tended to take precedence over such 'therapeutic' matters.

In exploring these issues, the thesis has raised questions about what WP actually means, particularly in the 'pedagogic recontextualising field' of HE practice: specifically, what it is that 'WP students' are being given access to, and what they are actually participating *in*. For students on the OT course, who had already experienced HE, pressures of time and family commitments represented the main obstacles to full inclusion and participation, exacerbated by the inflexibility of wider institutional arrangements, even where a course had been specifically designed with a certain degree of flexibility included. In the sense that they were the kinds of student originally in mind in WP policy discussions, not having previously attended university, the Physiotherapy students might be described as 'more typical WP students' - with, perhaps, more typical difficulties and perspectives. These students were essentially treated as potential 'products' or commodities, whose presence at the university attracted funding to the institution, and who needed to pass through quality control checks in order to enter the workforce where they would fill (though perhaps not all of them) a perceived national need. Their own life circumstances and previous learning experiences were sufficient to make them broadly acceptable of the often limited access on offer, grateful as they were to have been taken on to a course in the first place that might lead to future employment and so make their existing lives more tolerable or sustainable. There was little institutional support available for them, however, in their efforts to balance course demands with outside commitments, or the difficulties attached to this as they arose, and there was little attempt on the part of the institution or tutors to understand the ways in which they might best go about learning and develop as learners once they had enrolled and entered the course. This was partly because of time and other resource restrictions, partly because of a wider institutional need to recruit to balance the books, to recruit to targets, and to limit attrition rates. While universities and tutors, perhaps even central government, can do little about the

'outside' circumstances of WP students' lives, the study suggests that government might do more in terms of resourcing to enable institutions to develop more flexible systems, to enable necessary professional development for tutors, and to ensure that the existing social and study spaces and facilities at universities are sufficient to accommodate the increased student numbers that WP brings about. In the conclusion to Abbas and McLean's (2010) study the point is made that:

> "It is the unequal distribution of resources of time and peace to contemplate the 'sacred' that reflects the hierarchy of institutions" (2010:261).

Evidence from this current study would appear to support this conclusion, and in responding to this I would refer back to Hartley's statement (see Chapter 1) that "[w]e need a radical review to ensure that all [...] can enrich their lives through learning".

It might well be that the basic principles are in place to ensure more positive experiences and successful outcomes for 'WP' students; however, as yet – at least in the case of the current study - they are not well joined up together. In light of the evidence presented in this thesis, recommendations for a 'radical review' along the lines suggested by Hartley might include central funding and policy geared toward:

- More effective induction courses for WP students, helping them to appreciate all the available benefits of HE courses and how best to make use of available facilities.

- Pedagogy-focussed professional development for tutors, focussing on issues of inclusion and diversity.

- Professional development for administrative and support staff, prioritising knowledge of WP student circumstances and potential difficulties.

- The development of differentiated materials to enable multiple access points to essential learning.

- The development of more collaborative HEI-workplace partnerships, along the lines of those existing in teacher training between HEIs and schools.

Such a review would be underpinned by an understanding of key differences between access to institutions/courses and access to learning/knowledge, and might adopt a less functioinal approach to widening participation which gave rather greater emphasis to the wider needs and experiences of the individual human beings applying for courses and programmes aimed at widening paticipation.

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APPENDIX 1

GUIDELINES FOR WRITING PARTICIPANT INFORMATION SHEET AND CONSENT FORM

PARTICIPANT INFORMATION SHEET

Potential recruits to your research study must be given sufficient information to allow them to decide whether or not they want to take part. An information sheet should contain information under the headings given below where appropriate, and usually in the order specified. It should be written in simple, non-technical terms and be easily understood by a lay person. Use short words, sentences and paragraphs. The information sheet should be written as if personally addressing the individual you are inviting to take part not directed to a group of unspecified people.

Participant Information sheets should usually be printed on headed paper.

Study title

The study title should appear at the top of the information sheet. The title should be self explanatory to a lay person.

Invitation paragraph

The information sheet should begin with an opening paragraph inviting the person to take part. This should explain that the person is being asked to take part in a research study. The following is a suitable example:

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

What is the purpose of the study?

The background and aim(s) of the study should be given. Also mention the duration of the study.

Why have I been chosen?

You should explain how the patient was chosen and how many other patients will be studied.

Do I have to take part?

You should explain that taking part in the research is entirely voluntary. You could use the following paragraph:-

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect ***.

*** might be the standard of care you receive in a clinical study, or it might be the

outcome of your course of study for a student, or it might be your job or job

opportunities for a member of staff, for example.

What will happen to me if I take part?

You should set out simply the research methods you intend to use, and say what exactly will happen e.g. interviews, questionnaires, observation of an activity, blood tests, x-rays, exercise programme.   What are the participant's responsibilities? Set down clearly what you expect of them, and how long the participant will be involved in the research, how long the research will last (if this is different).

Where appropriate, you should also say how often they will need to visit a clinic or research location and how long these visits will be. You should explain if the participant will need to visit the services (such as GP or school etc) more often than usual and if travel expenses are available.

What do I have to do? *(This will only be an appropriate in some studies)*

There may be special things you need to participant to do to prepare for the study or during the study. This is most likely if you are conducting some sort of experiment. Is there anything special that they should bring with them? Is there anything special they should read or think about? Are there any lifestyle

restrictions? You should tell the participant if there are any dietary restrictions that apply either before or during participation in the study. Can the participant drive? Drink? Play sport? Can the participant continue to take their regular medication? Should the participant refrain from giving blood? What happens if the participant becomes pregnant?

If appropriate, explain that the treatment routine that the participant will need to follow.

What is the drug or procedure that is being tested? *(This will only be an appropriate section for intervention / experimental studies)*

You should include a short description of the drug, device or procedure and give the stage of development. You should also state the dosage of the drug and method of administration. Participants entered into drug trials should be given a card (similar to a credit card) with details of the trial they are in. They should be asked to carry it at all times.

What are the alternatives for diagnosis or treatment? *(This will only be appropriate for therapeutic research)*

For therapeutic research the participant should be told what other treatments are available.

What are the side effects of any treatment received when taking part? *(This will only be an appropriate section for intervention / experimental studies)*

For any new drug or procedure you should explain to the participants the possible side effects. If they suffer these or any other symptoms they should report them next time you meet. You should also give them a contact name and number to phone if they become in any way concerned. The name and number of the person to contact in the event of an emergency (if that is different) should also be given.

The known side effects should be listed in terms the participant will clearly understand (e.g. 'damage to the heart' rather than 'cardio toxicity'; 'abnormalities of liver tests' rather than 'raised liver enzymes'). For any relatively new drug it should be explained that there may be unknown side effects.

What are the possible disadvantages and risks of taking part?

You need to identify any risks that the participant might be exposed to for example, they might get upset during an interview that makes them recall painful memories. You should make clear how you have attempted to minimise risk.

Where appropriate, you should state what happens if you find a condition of which the participant was unaware. Is it treatable? What are you going to do with this information? What might be uncovered?

Where appropriate, you should state what happens if you find a participant discloses information which suggests either the participant or someone else is at risk of harm (e.g. a child protection issue). How will you handle the situation and what are you going to do with this information? Likewise, how will you deal with issues of poor professional practice that may come to light?

If future insurance status e.g. for life insurance or private medical insurance, could be affected by taking part in the study this should be stated (if e.g. high blood pressure is detected.) If the participants have private medical insurance you should ask them to check with the company before agreeing to take part in the trial. They will need to do this to ensure that their participation will not affect their medical insurance. This is only likely to be relevant in a study that makes clinical measurements.

What are the possible benefits of taking part?

In any study, it is important not to exaggerate the possible benefits to the particular participant during the course of the study, e.g. by saying they will be given extra attention. This could be seen as coercive. In cases of clinical intervention, it would be reasonable to say something similar to:

We hope that both (all) the treatments will help you. However, this cannot be guaranteed. The information we get from this study may help us to treat future patients with (name of condition) better.

Where there is no intended clinical benefit to the participant from taking part in the study this should be stated clearly.

What if something goes wrong?

You should inform participants how complaints will be handled and what redress may be available. Is there a procedure in place? You will need to distinguish between complaints from participants as to their treatment by members of staff (doctors, nurses, lecturers etc.) and something serious happening during or following their participation in the study i.e. a reportable serious adverse event.

Will my taking part in this study be kept confidential?

You should explain that all information collected about them will be kept strictly confidential. A suggested form of words is:

All information which is collected about you during the course of the research will be kept strictly confidential. Any information about you which is shared with others (e.g. in reports and publications or is shared with a supervisor) will have your name and address removed so that you cannot be recognised from it.

Where appropriate, you will need to obtain the participant's permission to allow restricted access to their records (medical or social services or university or employment etc) and to the information collected about them in the course of the study.

What will happen to the results of the research study?

You should be able to tell the participants what will happen to the results of the research. When are the results likely to be published? Where can they obtain a copy of the published results? You might add that they will not be identified in any report/publication.

Who is organising and funding the research? *(This will usually only be necessary if your research is funded, otherwise you could mention the organisation sponsoring the research, usually LCU in the next section)*

The answer should include the organisation or company sponsoring or funding the research (e.g. London Central University, Medical Research Council, Pharmaceutical Company, charity, another academic institution).In medical research the patient should be told whether the doctor conducting the research is being paid for including and looking after the patient in the study. **This means payment other than that to cover necessary expenses** such as laboratory tests arranged locally by the researcher, or the costs of a research nurse. You could say:

The sponsors of this study will pay (name of hospital department or research fund) for including you in this study   *or*   your doctor will be paid for including you in this study.

Who has reviewed the study?

You should state that the study has been approved by London Central University Research Ethics Committee.

Contact for Further Information

You should give the participant a contact point for further information. This is usually the lead researcher's name and contact information such as telephone number, e-mail address and postal address as appropriate. It may also be appropriate to include contact information for your supervisor.

You should also give the participant the contact details for making a complaint about the conduct of the research. Complaints can be addressed to the Chair of the University Research Ethics Committee c/o the University Secretary's Office.

Remember to thank your participant for taking part in this study!

The participant information sheet should be dated and given a version number.

CONSENT FORM

Title of Investigation:

- I have read the attached information sheet on the research in which I have been asked to participate and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions about this information.

- The Investigator has explained the nature and purpose of the research and I believe that I understand what is being proposed.

- I understand that my personal involvement and my particular data from this study will remain strictly confidential.

- I have been informed about what the data collected in this investigation will be used for, to whom it may be disclosed, and how long it will be retained.

- I understand that I am free to withdraw from the study at any time, without giving a reason for withdrawing.

- I hereby fully and freely consent to participate in the study.

Participant's Name:(Block Capitals)   ……………………………….

Participant's Signature: ……………………………….

Date:

        ……………………………….

As the Investigator responsible for this investigation I confirm that I have explained to the participant named above the nature and purpose of the research to be undertaken.

Investigator's Name: ……………………………….

Investigator's Signature: ……………………………….

Date:

……………………………….

Depending on the nature of the investigation, some of the following should be included on the consent form:

- I have been informed that the proposed study involves monitoring and special examinations, which have been explained to me, together with possible risks involved.

- I also understand that, where appropriate and with my consent, my General Practitioner will be informed that I have taken part in this study.

- I have been informed that the interview will be tape recorded.

- I have been informed that I will be video recorded.

APPENDIX 2

London Central University – School of Health and Social Sciences

Invitation to Participate – Occupational Therapy & Physiotherapy Students

Proposed Project - Adult Learners in Professional Education

Dear student,

You are being invited to take part in a small research study. Before you decide whether or not you want to do so, it is important for you to understand why the research is being done and what it will involve please read the more detailed 'Invitation to Participate' attachment.

I am trying to speak to a small group of final year OT and Physiotherapy students (up to 8 students) during their block placement in LCU this term. Initially, this will take an hour of your time for a group interview. It is my understanding that you often have a two hour break for lunch and I would try to speak to you then. The study only requires your opinion, it does not involve any work on your part. The topic is about your experiences of education, if you are interested to participate please let me have your contact details, my contact details are:

Allan Wood

e-mail: wooda3@lcu.ac.uk

or   awood@ioe.ac.uk

Thank you in anticipation for your co-operation and participation in this study.

APPENDIX 3

Student Background Information

Questionnaire – *please tick the most appropriate box or boxes*

Q1   What age range do you fall into?

21 – 25 ☐   26 – 30 ☐   31 – 35 ☐   36 – 40 ☐   41 – 45 ☐   46 – 50 ☐

51 – 55 ☐   55 – 60 ☐   61 + ☐

Q2   What past academic qualifications did you have prior to embarking on your present course?

GCSE/GCE Ordinary level or equivalent   ☐

GCSE 'A2' Level or equivalent   ☐

Baccalaureate   ☐

Access Course   ☐

BA   ☐   BSc   ☐   MA   ☐   MSc   ☐   Doctorate   ☐

Other qualifications - …………………………………………………

Q3   What was your educational pathway to your present course?

School to GCSE Ordinary Level (to Age 16)   □

School/ 6th form college (to age 18)   □

Further Education college Part time   □

Further Education college Full time   □

University/ Higher Education courses   □

Other forms of training ………………………………

Q4   Was your education continuous or did you have breaks in between institutions?

                Continuous □   Interrupted □

Q5   If answer to Q4 was interrupted was the reason for this break because you:

        Went out to work   □

        Had family commitments   □

        Travelled   □

        Other *(Please specify)* ……………………………………………

APPENDIX 4

Proposed Project - Adult Learners in Professional Education

CONSENT FORM FOR PARTICIPANTS

- I have read the attached information sheet on the research in which I have been asked to participate and have been given a copy to keep. I have had the opportunity to discuss the details and ask questions about this information.

- The Investigator has explained the nature and purpose of the research and I believe that I understand what is being proposed.

- I understand that my personal involvement and my particular data from this study will remain strictly confidential.

- I have been informed about what the data collected in this investigation will be used for, to whom it may be disclosed, and how long it will be retained.

- I understand that I am free to withdraw from the study at any time, without giving a reason for withdrawing.

- I hereby fully and freely consent to participate in the study.

- I have been informed that the interview will be tape recorded.

Participant's Name:(Block Capitals)   DOB:

_____   _____

Address: Male   ☐

_____

_____   Female   ☐

E-Mail: (Home):   (Work):

_____   _____

Contact (Mobile):

_____

Participant's Signature: ………………………………….

Date:

…………………………………..

As the Investigator responsible for this investigation I confirm that I have explained to the participant named above the nature and purpose of the research to be undertaken.

Investigator's Name: …………………………………

Investigator's Signature: ………………………………….

Date: …………………………………

APPENDIX 5a

London Central University – School of Health and Social Sciences

Invitation to Participate – Student

Proposed Project - Adult Learners in Professional Education

Dear student,

You are being invited to take part in a research study. Before you decide whether or not you want to do so, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

Background and aims of the study

I am undertaking this project as the partial fulfilment of my doctorate in education at the Institute of Education, University of London. My initial research studies have involved investigating the effect that the Widening Participation and Access to Higher Education policy of central government has had on my own profession (Podiatry). The premise behind Widening Participation is that it is unacceptable for there to be barriers to anyone regardless of their social or ethnic background, their age, sex or disability being able to access courses of study in Higher Education if they have the ability to do so. In the Health Professions degree courses, the significant group who has been able to take advantage of this government policy has been mature students and most notably female students in health care. Technically, you are mature when you are over the age of 21. From my previous investigations, the majority of the allied health professions degree courses comprise in excess of 60% of this grouping and, over the age of 25, some 50%. In the early 1990s, this figure was far nearer 10%, with the bulk of students being school leavers. The past two decades have seen all the allied health professions develop from diploma to degree status with a significant change in student demographics on those courses incorporating much higher numbers of mature students or, more precisely, adult learners. To restrict the study group to one

classification of Widening Participation I am specifically targeting the opinions of mature female students.

The study I am currently undertaking is to look at the effects on these courses of this change in student demographics, both from the student's perspective and that of the teachers of those courses. It is important to note that I am seeking individuals' opinions, and the outcomes of the research will in no terms be judgemental, rather seeking to gain an understanding of how teaching and learning has been adapted to differing student needs. As indicated, my background has involved studying the effects in my own Department of Podiatry at UCL, but it is important to look across professions to areas where I have had no contact with the participants of the study and therefore have no 'insider knowledge' of the programmes. In the case of LCU, I have had some involvement at post graduate level but not of the undergraduate health professions courses.

Participant Information

When will the study take place?

The research for this study will take place during one academic term (Autumn 2009).

Why have I been chosen?

I am asking you as a female 'mature' student on a health profession's course to participate in an initial short focus group discussion on the subject of adult learners in higher education. It is anticipated that this group will comprise of 8 – 12 participants and should take no more than an hour of your time with the location and timing planned to suit you. From this initial study I will be asking for volunteers to participate in a more detailed interview on a one-to-one basis to discuss their opinions of being an adult learner in professional education. These interviews will be tape recorded for later transcription and this will take approximately 45 minutes to an hour of your time.

Do I have to take part?

Participation in the study is entirely voluntary. Indeed, if you would feel more comfortable during the one-to-one interviews you are welcome to have a friend come along with you. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

What will happen to me if I take part?

You will first be asked to take part in a focus group discussion with peers from your course to set the scene for the research and for the researcher to ascertain general feedback from the group of their opinions on adult learners in health professional education. This will be followed by more detailed one-to-one interviews for your personal opinions on the professional education as you have experienced it. In total both interviews (focus group and personal) should take no longer than two hours of your time.

Your answers will be treated in the strictest confidence. All quotations from interviews will remain anonymous and you will have the opportunity to read through your transcription prior to any publication. Your identity will be protected by the use of pseudonyms for all participants as well as for institutions.

What are the disadvantages and risks of taking part?

There will be no disadvantages to participation apart perhaps from giving of your time. The purpose of the research is to elicit personal opinions of the participants. It is not envisaged that there are right or wrong answers to the research questions. The interviews are not on a contentious subject and should not cause distress. If you are at all uncomfortable about any aspect of the interviews you may withdraw at any point.

What are the benefits to taking part?

Your participation may give you an insight into an aspect of health professional education which has hitherto not been investigated. Your contribution may assist future students of health professions courses and indeed tutors of these courses in the design of the courses to accommodate more fully the needs of adult learners.

What will happen to the results of the study?

I am undertaking this study as an independent researcher rather than as a member of a teaching team. As such I will be happy to provide anonymised feedback on an individual basis to participants of the study on any outcomes of this work. I will also make available the feedback from the study to the staff student liaison meetings and the staff meeting if required. The results of the study will be included in my doctoral thesis, a copy of which will be available in the IOE library.

Who has reviewed this study?

This study has been approved by the London Central University Research Ethics Committee. Any concerns about the conduct of this research can be addressed to the Chair of the University Research Ethics Committee c/o the University Secretary's Office.

Contact Details

If you agree to participate, would please you sign the consent form indicating your contact details.

My contact details are:

Allan Wood

e-mail: wooda3@lcu.ac.uk

or   awood@ioe.ac.uk

Thank you in anticipation for your co-operation and participation in this study.

APPENDIX 5b

London Central University – School of Health and Social Sciences

Invitation to Participate – Tutors

Proposed Project - Adult Learners in Professional Education

Dear colleague,

You are being invited to take part in a research study. Before you decide whether or not to do so, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

Background and aims of the study

I am undertaking this project as the partial fulfilment of my doctorate in education at the Institute of Education, University of London. My initial research studies have involved investigating the effect that the Widening Participation and Access to Higher Education policy of central government has had on my own profession (Podiatry). The premise behind Widening Participation is that it is unacceptable for there to be barriers to anyone regardless of their social or ethnic background, their age, sex or disability being able to access courses of study in Higher Education if they have the ability to do so. In the Health Professions degree courses, the significant group who has been able to take advantage of this government policy has been mature students and most notably female students in health care. Technically, students are mature when they are over the age of 21. From my previous investigations, the majority of the allied health professions degree courses comprise in excess of 60% of this grouping and, over the age of 25, some 50%. In the early 1990s, this figure was far nearer 10%, with the bulk of students being school leavers. The past two decades have seen all the allied health professions develop from diploma to degree status with a significant change in student demographics on those courses incorporating much higher numbers of mature students or, more precisely, adult learners. To restrict the study group to one classification of Widening Participation I am specifically targeting the opinions of mature female students and tutors of these courses.

The study I am currently undertaking is to look at the effects on these courses of this change in student demographics, both from the student's perspective and that of the teachers of those courses. It is important to note that I am seeking individuals' opinions, and the outcomes of the research will in no terms be judgemental, rather seeking to gain an understanding of how teaching and learning has been adapted to differing student needs. As indicated, my background has involved studying the effects in my own Department of Podiatry at UCL, but it is important to look across professions to areas where I have had no contact with the participants of the study and therefore have no 'insider knowledge' of the programmes. In the case of LCU, I have had some involvement at post graduate level but not of the undergraduate health professions courses.

Participant information

When will the study take place?

The research for this study will take place during one academic term (Autumn 2009).

Why have I been chosen?

I am asking you as a tutor on a health profession's course to participate in an interview on a 1-1 basis to discuss your opinions of adult learners in professional education. This discussion will reflect on current teaching and historical perspectives. The interviews will be tape recorded for later transcription, and this will take approximately 45 minutes to an hour of your time.

Do I have to take part?

Participation in the study is entirely voluntary. It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason.

What will happen to me if I take part?

You will first be asked to take part in a one to one interview for your personal opinions on the professional education as you have experienced it. As indicated in total the interview should take no more than an hour of your time.

Your answers will be treated in the strictest confidence. All quotations from interviews will remain anonymous and you will have the opportunity to read through your transcription prior to any publication. Your identity will be protected by the use of pseudonyms for all participants as well as for institutions.

What are the disadvantages and risks of taking part?

The purpose of the research is to elicit personal opinions of the participants. It is not envisaged that there are right or wrong answers to the research questions. The interviews are not on a contentious subject and should not cause distress. If you are at all uncomfortable about interviews you may withdraw at any point.

What are the benefits to taking part?

Your participation may give you an insight into an aspect of health professional education which has hitherto not been thoroughly investigated. Your contribution may assist future students of health professions courses and indeed tutors of these courses in the design of the courses to accommodate more fully the needs of adult learners.

What will happen to the results of the study?

I am undertaking this study as an independent researcher rather than as a member of a teaching team. As such I will be happy to provide feedback on an individual basis to participants of the study on any outcomes of this work. I will also make available any feedback from the study to the staff student liaison meetings and the staff meeting if required. The results of the study will be included in my doctoral thesis, copies of which will be available at the IOE library.

Who has reviewed this study?

This study has been approved by the London Central University Research Ethics Committee. Any concerns about the conduct of this research can be addressed to the Chair of the University Research Ethics Committee c/o the University Secretary's Office.

Contact Details

If you agree to participate, would you sign the consent form indicating your contact details.

My contact details are:

Allan Wood

E-mail: wooda3@lcu.ac.uk or   awood@ioe.ac.uk

Thank you in anticipation for your co-operation and participation in this study.

APPENDIX 5c

E-mail prompt to tutors

Dear ....,

Many thanks for agreeing to take part in my research project into adult learning in healthcare courses. To maximise the use of your time in the interview I thought it would be useful if I could ask you prior to interview to give some thought to how you have seen health professions courses evolve. I would ask you to think back to your own development into teaching (as opposed to your professional qualification) and how your teaching qualifications prepared you to work with different types of learner.

Many tutors have witnessed the evolution of courses from full time diploma to full time degree to part-time flexible access routes to a degree. Take time to think what has changed in teaching practice to accommodate these changes. In relation to my project I would like you to consider how 'mature students' have affected the delivery of courses, and what you think has been done to accommodate their study needs – both good or, in your opinion, bad practices.

With Best Wishes

Allan Wood

APPENDIX 6a

Student Focus Groups

Introduction	Background to study Reasons for student selection

Q1 Do you engage in university life in the broadest sense? E.g. are you involved in extracurricular activities, do you focus all of your activities on your course of study	

Q2 If you have not previously studied at a university, did you have pre conceived ideas before you started? Have those ideas changed since being here? What were your expectations of HE	
Q3 What were your motivations for taking HE course? Was your course chosen out of interest or solely with a career in mind? Do you think you were aware of the demands the course would put on you before you started?	

Q4 When comparing your expectations and perceptions of the course with the actuality – how have you overcome this?	

Q5 What do you understand by the term, 'learning'? Do you feel you have individual approaches to learning? Are you able to identify your own learning needs i.e. individual preferences to study?	

Q6 Warm Down	
Did students compare other courses at other HEIs before making their choice?	
What was attractive about this HEI/ course?	

Conclusion –	
Explanation of individual interviews and checking willingness to participate.	
Communication and contact details – how and where to do this.	
Filling in the small questionnaire for background data	

APPENDIX 6b

Student individual interviews

Introduction	Background to study
	Reasons for student participation

Q1 What do you think is the difference between adult and young learners? Check social, educational and ethnic background issues	

Q2 What have your experiences been of teaching and learning in the past and now on this present course? Have you any experience of adult learners on other courses?	

| Q3 Has the course made demands on you that you expected or ones that were unexpected?

Have you had to make adaptations to your work / life Balance?

Do you have any specific / identified learning needs?

Supplementary from Focus groups – different types of learners | |

| Q4 Do you think that teaching on the course has been tailored to suit your individual needs? | |

| Q5 Can you give examples of what you think are good (or bad) practice?

What do you feel are the differences between teaching in clinical practice vs. academic teaching?

What could be done to improve the learning environment? | |

| Q6 What do you understand from the term Inclusive Pedagogies? | |

Q7 Do you feel that students are fully utilised and have a good line of communication when developing the course or programmes?	
Do you feel you are given sufficient time to reflect on course changes?	

Q8 Do you feel that your learning experience is limited to the confines of the course or do you have opportunities to broaden your education (Utilitarian)	

APPENDIX 6c

Staff individual interviews

Introduction	Background to study
	Reasons for tutor participation

Q1 What do you think of the WP agenda? Do you have knowledge of students' previous educational experience? Differences in background – e.g. education social ethnic	

Q2 Do you have experience of teaching both adult learners and traditional students (& mixed groups)? What do you think are the differences between adult and young learners?	

Q3 During your 'teacher training' did this encompass a variety of teaching methods?	
Internally have you had any additional training related to teaching adults?	
Do you think that clinical educators have this extended training or is there an academic clinical divide?	

Q4 Are you aware of any specific learning needs of the groups you teach?	

Q5 What would your interpretation of Inclusive Pedagogies be?	
Q6 What adaptations have you made to cope with diverse learners? Overall, do you think that everything that could be done for the individual has been done? What would you say has been good or bad?	

Q7 Do you feel that students are fully utilised and have a good line of communication when developing the course or programmes? Do you feel you are given sufficient time to reflect on course changes?	

Q8 Do you feel that the students' learning experience is limited to the confines of the course or do they take opportunities to broaden their education (Utilitarian)	