NHS funded healthcare education programmes: Building the evidence for supporting widening participation: Final Report

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Contents

1. Introduction

Context and rationale

This research was commissioned by Health Education England (HEE) to inform their emerging widening participation (WP strategy). Widening participation in health education is vitally important to both the NHS and to society as a whole. A more representative workforce enables the NHS to work towards greater equality, diversity and social mobility and to provide health services that better meet the needs of the communities it serves, both as a provider of health care and as a major employer (HEE 2014)[1]. Widening access to NHS-funded higher education programmes for students from lower socio-economic and equality groups are not sufficient – the outcomes for these groups must also be taken into consideration. The objectives of the study were to:

i. *Develop understanding about the data available in relation to different outcome indicators (such as HEFCE 2013) in relation to students from lower socio-economic and key equality groups admitted to NHS-funded higher education programmes, and analyse the available data to identify differential outcomes by student/graduate characteristics.*

ii. *Investigate the experiences of students from these groups in relation to these outcomes – identifying the enabling and challenging factors; and*

iii. *Explore the different types of strategies being employed by higher education providers to improve the retention, attainment and progression of students from lower socio-economic and equality groups studying NHS-funded HE programmes.*

Methodology

A mixed methods approach was utilised to explore the issues of access and success for students from under-represented and non-traditional groups in NHS funded healthcare programmes (excluding medicine and dentistry) in England. We combine statistical analysis of data from the Higher Education Statistics Agency (HESA) with qualitative research with current students and recent graduates, with a review of institutional practices to widen access and improve outcomes in NHS-funded healthcare programmes.

To complement the statistical analysis we have undertaken qualitative interviews with current students and recent graduates from NHS-funded healthcare programmes in higher education. The aim of the interviews was to investigate the experiences of students and recent graduates in relation to studying and being successful in higher education, and progressing into the health care labour market, with a particular focus on identifying the enabling and challenging factors for students from equality and widening participation groups. We recruited and trained eight student-peer-researchers, who worked with the research team to develop the interview schedule, and who undertook the interviews with current students and recent graduates. Student peer-researchers aim to capitalise on students' close experience of contemporary higher education and progression in the health care disciplines, they are situated in the context under investigation and their perspectives, accounts and experiences can be seen to be integral to gaining an understanding of the factors within higher education that enable or inhibit students to be successful and progress well. The semi-structured interviews lasted between approximately 30 and 40 minutes, and were mostly conducted face to face. They were digitally recorded, transcribed and coded. In addition, interviewees were asked to complete a background survey to provide demographic details to inform our understanding of the issues.

[1] Health Education England (2014) Widening Participation It Matters! Our strategy and initial action plan. NHS/Health Education England.

In total 70 interviews were conducted; 44 interviews were conducted with students, 7 were with graduates (and 19 unknown), from ten higher education providers. The interviewees came from thirteen discipline areas, with the largest number from adult nursing (21) and 13 from midwifery. For full details of subjects studied by interview participants see table one (Appendix 1).

The interviewees exhibited a range of personal characteristics associated with under-represented groups, widening participation and equality and diversity. All interviewees exhibited at least one 'non-traditional' characteristic, with the majority disclosing several widening participation and/or equality characteristics. The characteristics of the interviewees as a group are summarised in appendix 2. The age of the participants is captured in table two (Appendix 3), disabilities in table 3 (Appendix 4), family income in table 4 (Appendix 5) and accommodation table 5 (Appendix 6).

In addition to exploring the experiences of students and graduates we wanted to also discover how higher education providers (HEPs) were working to widen access to NHS-funded higher education programmes and enable the success of students and graduates from non-traditional backgrounds (See appendix 11 for example vignettes) . To achieve this aim we invited HEPs to provide details of how they were working to widen access, improve retention and success and support progression into professional roles in the NHS and the health and social care sector; we received 18 examples.

2. Current participation by widening participation and equality groups

We find that across the NHS-funded programmes there is a great deal of variation in the diversity of the student population. In particular different patterns of participation can be detected in different disciplines areas and programmes. The qualitative evidence reveals that students were largely aware of their differences – based on *age, gender* and *socio-economic status* in particular, but largely dealt positively with any challenges and felt supported, particularly with regard to any disabilities. Interestingly most students viewed their diversity positively, as contributing to their health care field.

Socio-demographic characteristics of students, based on analysis of HESA data, 2009 to 2014 included Age (see table six, appendix 7), gender (see table seven, appendix 8), socio-economic status (see table eight, appendix 9) and ethnicity (for overview of the analysis see appendix 10).

In relation to age and maturity there is - in notions of maturity - a certain measure of ambivalence, or a slight tension at least. On the one hand a feeling that age brings experience and other life skills, but also a sense of older learners not quite belonging in higher education, which may be viewed as a place for young people. Being 'older' made our respondents feel different, and for some this served as an impediment to integration – even where the age gap was minimal, while for others they were pleasantly surprised about the ease of integration, and the advantages of being slightly older:

> *The teachers have been really…supportive. I've found the academic work easier this time than I did as an eighteen year old because I think I was ready for it. I think now, as a mature student, I just find I'm fascinated all the time, so I really enjoy the learning.* (Maisie)

However, the potential advantages of maturity do tend to be off-set by certain other factors that often accompany it, in particular additional responsibilities, such as employment, childcare and financial responsibilities – and some students had given up a job and lifestyle to become undergraduates. Furthermore, mature students can sometimes find themselves caught up in life's circus, having to keep several plates spinning and juggling numerous roles – parental, financial, carer, spouse, worker, earner, domestic organiser, etc. etc.:

> *Everything was a bit of a juggle, because obviously, being a mature student, you don't just have university as your life, you've got a whole other life that runs alongside it.* (Lucielle)

In terms of career progression within the healthcare sector, some respondents were cautiously optimistic that their diversity would be strength - or, at least, have no discernible impact on the opportunities available to them:

> *I hope my age and the experience I've had is a positive thing. My ethnicity might help, I don't think there's very many dieticians with my ethnicity in the field, so I think that might be something extra to bring.* (Christine)

Our respondents also spoke of notions of 'othering' (i.e. feelings of separateness, a lack of belonging, differentiation, etc.), this does not seem to have had a detrimental knock-on effect regarding perceptions of their futures selves.

Socio-economic status was also often discussed in relation to finance being an important part of their experience of higher education, but they also experience socio-cultural differences. Regarding cold, hard finance one interviewee said she had found it necessary to undertake part time work to generate another source of income – and that this affected her coursework:

> *On days I know I should work, as in to do with university, I should put the work in and write essays or read articles, I need to work instead. So it gives me less time to focus on my studies.* (Fiona)

Regarding the less tangible markers of financial status, and – more specifically – class, notions of fitting in and gelling socially were mentioned on several occasions. One student - who had received support from social services (and was attending a selective institution) - did not feel like she really fitted in with others on her course, and found it hard to create and maintain socially meaningful links with them:

> *Building relationships within the group I was in was very difficult. They were all middle class and their mums and dads have paid for the course or they had come from really successful jobs beforehand. There were teachers there, social workers, you know?* (Caroline)

For those from families with no generational history of participation in higher education, there can be a tendency to regard going on to university as something that only happens to the middle classes and the wealthier tiers of society. That is if the notion is even entertained in the first place – for many people in underrepresented groups it is still not even a remote possibility and so remains unconsidered.

> *I've got six siblings and I'm the first one to go to university. Even now, my parents don't really understand why I'm here, what I'm doing, why I've moved out, why I don't have a baby yet.* (Claire)

Some students from lower socio-economic backgrounds have negative experiences of schooling and have low educational attainment, which inhibits their progression to higher education, and can undermine their confidence and/or ability once in higher education[2]. Also, for many people their image of a nurse or a midwife was gendered with the notion of caring being linked to being a female. Hence, some of our male interviewees were aware of being different, and feeling conspicuous on their

[2] For example, see Duckworth, V. (2013) Learning Trajectories and Violence amongst Adult Basic Skills Leaners. London:

courses – but, more problematically, having to contend with patients' preconceptions. The conspicuity of men in nursing served as additional motivation for one interviewee, however. The fact that the male trainee has to face all the trials and tribulations of novitiate nursing, and contend with any additional gender orientated issues, leads them to conclude that the male nurse must be quite a hardy breed:

> *It does motivate me, because I've met…a few male nurses and they're quite successful and they're very good at what they do. They do stand out and people recognise and respect them for it. Someday I'd like to…have that.* (Charlie)

In our sample of interviewees, those identifying themselves as belonging to an ethnic minority were the smallest of our under-represented groups. These respondents described how their family's cultural and historical background had contributed to their decision to enter higher education in general and healthcare professions in particular. One student described how her mother's cultural heritage and single parent status had influenced her and her sister to work hard, achieve qualifications and develop financial independence. Regarding her decision to enter higher education, she talked about the encouragement she had received:

> *My sister had a large influence. My mum…she had…a really humble background, being in a developing country, that part of Asia is like a developing country, she didn't have much. So we were brought up to always aim for the best, and work hard for it. She's divorced, so it was like being an independent woman, that's how me and my sister were brought up, getting your own degree, having your own job.*(Gabrielle)

A number of students disclosed physical, mental and learning disabilities. Some explained how their conditions made studying harder, and that – to succeed - their condition required continuous managing. We heard a range of positive comments regarding the support they had received whilst in higher education, and our respondents were all very committed to pursuing their studies to achieve personal and professional goals. It would, however, be misleading to give the impression that these and related challenges are generally singular in character – for, as the following quote illustrates - they regularly combine with other issues to create a more difficult environment:

> *Financially it's been difficult, and medically with my mental health illnesses, it made it difficult as well. I wouldn't say they are barriers I can't overcome, they are just barriers that have maybe made it hard at times.* (Tony)

A student's circumstances can sometimes be sufficiently adverse to require a more flexible form of learning – such as that offered by part-time attendance:

> *One is my arthritis. If that plays up, I can't over-exert myself. I have to have a balance, where I take a break and then go back to it. If I'm on my feet every day, that's when I start to show pain. The other one is looking after my parents. Managing time with my studies. That's why I took the option of part time study. It's probably a better option for me because I'm overwhelmed with study and work at the moment.* (Nahleejah)

Some students entered HE with full awareness of their disability, while for others it developed or was diagnosed later. Those who knew they had a learning disability earlier found it easier to cope, as the support was in place from the beginning – but, for those who were diagnosed on the course, a measure of ambivalence was present: a sense of relief was also tempered by the continuing challenge. All students - those with pre-existing disabilities and those diagnosed on course - felt well supported. For some, just knowing support was available sufficed to help them through the course. Others made good use of those resources and opportunities that were offered.

> *I found out in the start of my third year that I was dyslexic, so I then had a dyslexic support tutor as well and I think she was really good, because it did come as a bit of a shock at the time. She was really nice and she just said, similar to my personal tutor, that, 'You can come and see me whenever.' She checked over my work for me and things like that.* (Patrice)

Students felt that diversity is an advantage to the healthcare workforce, and providing and proactively promoting this support is important.

> *We need all kinds of people in nursing, that includes people who have experience of health-problems and disabilities. Having the support in place so that people who are disabled can come into the profession, I think is very important, to make sure all universities have access to that support, and promoting it to people who might not consider it as an option.* (Ailsa)

3. Experiences of non-traditional groups in accessing NHS-funded healthcare programmes

This section of the report draws on the qualitative evidence to discuss what supports and hinders students from a range of non-traditional and under-represented groups to participate in NHS-funded healthcare programmes. The interviews with students and graduates reveal that entering higher education to study an NHS-funded course is frequently underpinned by a strong desire and commitment to become a health professional. However, many of the interviewees identified a range of 'barriers' or concerns that they had to overcome before they could start to make decisions about which higher education provider and which course to apply; these can be grouped into three topics: academic ability, financial issues and practical issues. The process of moving from wanting to be a health professional to entering higher education was often influenced and supported by family, and sometimes friends. The majority of students discussed limitations around which higher education providers they could consider attending, these were often connected to geographical location, but also where particular courses were offered and the types of placements that would be on offer.

Interviewees were asked: "*How would you increase the participation and success of people from a diverse or a non-traditional background into healthcare education and employment*?" This elicited a range of responses about how higher education providers could increase participation from 'people like them'. The suggestions were prefaced by the importance of reaching potential students who have an interest in (and potential passion for) being a healthcare professional. The suggestions to increase participation from a more diverse population include more marketing and information to overcome concerns about finance and academic ability, and to promote the value of diversity to the NHS workforce, and the provision of alternative entry routes for those who lack the relevant academic entry qualifications. Both should be promoted to young people in schools – perhaps in conjunction with health-related work experience, and to people already working in lower grade health and social care roles.

A key theme that arose from the data was notions of *desire, commitment* and *passion* to be a health professional. Indeed reading the interview transcripts it is apparent that students and graduates all had a desire to become healthcare professionals. In some cases this can best be understood as wanting to undertake a vocational rather than a more traditional academic degree subject; while others wanted to develop a career, as opposed to having a job. A significant number of interviews describe something akin to passion, which is framed by some as wanting to help people or to give something back, while others had a passion for a particular healthcare role, such as being a nurse or

being a midwife. This passion was sometimes reflected into very personal benefits, such as fulfilment and happiness. Vitally, what unites the interviews is a commitment to their programme of study – which is perhaps necessary to overcome the hurdles of both entering into, and successfully completing their chosen higher education programmes.

The reasons for wanting to enter the health professions included:

- Wanting a career rather than a job
- Feeling more able to undertake vocational rather than an academic degree
- Wanting to help others
- Passion for a specific health care role

While students had a passion for and a strong desire to participate in healthcare programmes, they also encountered challenges and perceived barriers to entry – which will undoubtedly have proved too much for perhaps less committed, or less resourceful, potential students to have overcome. These include academic ability, financial concerns and practical issues.

Students identified academic concerns about participating in higher education. A number of interviewees were concerned about rejection or failure as they did not perceive themselves as sufficiently academic or clever to participate in higher education. Marjorie did not tell her friends and colleagues that she was applying to higher education, while Craig procrastinated with his application to study in higher education, concerned about the process of making his application and fear of rejection. Students concerns were often rooted in their experiences in the compulsory education section. For example, Tony had been told by his school that he would not be able to cope with higher education, while other interviewees had not achieved well at school, and so reached a similar conclusion themselves. Beatrix undertook additional study to overcome her poor levels of attainment in school, which not only furnished her with the required entry qualifications, but also developed her self-confidence that she did have academic skills and potential to participate and succeed in higher education.

> *When I left school, I had absolutely no GCSEs whatsoever. I think my highest grade was a C in art, which doesn't really get you far. So I knew that I had to do the Access course and I also had to do an evening course with New Directions, to do my English and maths, because I thought I had poor English and maths, but that also went with, obviously, making me more aware that, 'I am actually able to do this.' It gave me loads of confidence. (*Beatrix)

Other students noted that the perception prior to entry is about the high level of academic skills required, and whilst this is true, people are far less aware of both the other skills that are required, and of the support that is available to develop academic skills. For example, Matilda explained how she was particularly concerned about her academic writing skills, and was not aware of the support available to develop her capacity to learn in higher education.

Concerns about academic ability were also connected to learning disabilities, such as dyslexia. As Martin explained being dyslexic affects students' confidence to be effective learners in higher education, especially as it has often resulted in under-achievement or poor experiences in previous educational contexts:

> *One of the things that people with dyslexia is, you have a real lack of confidence of your own abilities.* (Martin)

Once in higher education some students who were struggling academically were diagnosed with having a specific learning difficulty, which they could be supported with. For example, Irene found learning in higher education more difficult than she anticipated, but she was diagnosed with a learning disability, and thus the university will be able to support her learning.

Concerns about financial issues presented significant barriers to many of the students we interviewed and is discussed in section 5 below. Students worried about money and it influenced their decisions about entering higher education, and it continued to be a pressing issue for many students throughout their higher education experience. In addition to academic and financial barriers students identified other practical issues, particularly in relation to childcare and travelling to university and placements. Importantly, we suggest that our students strong desire and commitment to pursuing their healthcare education programmes, strongly influences them to overcome their financial and practical concerns sufficiently to make the transition into HE.

> *That was a barrier for me because of travelling time and petrol. So I had to really think, but because I wanted it so bad I just did it and got by that way.* (Sally)

Family and friends also played a key role in enabling students to progress in their studies. One student talked about how she was inspired by her mother, who was a hospital nurse and then a district nurse, and then set up a voluntary support service:

> *She worked all hours, never got paid for it, lots of Christmas days, she wouldn't be there. That instilled into me you do it because you love it rather than because you get paid*. (Ruth)

Other students were inspired not so much to enter the healthcare sector, but rather encouraged to participate in higher education by the experiences of friends and other family members. Several students had other family members or partners who had gone to university, despite coming from similar backgrounds. Similarly, some students spoke of being encouraged to participate in higher education by friends and colleagues who had taken similar routes. For example, Delia had a work colleague who was undertaking an Access course.

> *Friends, I think. There was a colleague who was doing the access course and going to university and it motivated me to go.* (Delia)

Much of the encouragement from friends and family is unconditional support, rather than prescriptive guidance, which might be expected for students from groups and communities where higher education participation is more typical.

> *I came back from travelling and had a talk with a family member. I said, 'If I could go back and do it all again I'd do midwifery,' and she just said, 'Well, why don't you?' I said, 'Don't be ridiculous, I'm nearly 30, I don't have the money.' Whatever I said she just batted back at me.* (Yvette)

Students also discussed practical support which included childcare. However, not all students were encouraged – or supported - by their family however. In response to the question "Who encouraged you to go?" Caro responded that she had not received encouragement, but rather family and friends did not understand her choices to give up current employment and start an Access course with the intention of progressing into higher education:

> *No one actually. Everybody thought I was pretty crazy finishing the job that I got and starting again with a degree. I've just had a baby and I was starting an access course. Family thought I was making a wrong decision actually.* (Caro)

Caroline's family did not encourage, and actually expressed disbelief that she would be able to achieve her goal. Currently Caroline has had to leave higher education, but she is still determined to prove 'everyone wrong'.

Thus, either with or without the blessing of family and friends, our students and graduates decided to take the plunge and make an application to higher education. But overall students have engaged in a reflective – even if not particularly well informed – decision making process about going to higher education to study a healthcare programme. In comparison to the student population more generally they seem to be making a deliberate decision to enter both higher education and the healthcare sector (cf. Quinn et al 2005).

So what about the future planning, well there is firm evidence from our interviewees that they were planning their entry to higher education for some time. For some students this involved taking into account finance and family formation to ensure that they achieved all of their aspirations and goals:

> *I wasn't happy in my current job and I knew that I couldn't carry that on for the rest of my life. It was quite a long-term plan, I decided when I had children that's what I wanted to do and then it was a plan that, sort of, developed over three to four years really, saving money and stuff. (Caro)*

Planning ahead could also involve undertaking voluntary work or employment in a relevant field to check or confirm that they were making the correct decisions, and also to provide them with relevant experience to support their application:

> *I did voluntary work in the Royal Free Hospital, just one day a week. It wasn't a lot but it was enough to help me decide… I also worked in a hospice one day a week, just to gain experience.* (Nahleejah)

However, it should be made clear that limited information impacted on planning. For example, although our interviewees provided evidence of planning ahead they did not always have access to good information to inform their decisions. As many were the first in their family to attend higher education they had to rely on formal information sources, such as higher education providers themselves, or in some cases, informal information, guidance and support was provided by friends and family. Often they had limited information about what they were applying to do.

Geographical location was also linked to planning. For example, a number of students chose to apply to their local universities to keep costs down, and for practical reasons associated with family. Finance was an important driver for staying local, while other students, such as those with a young family felt they had no alternative but to choose a local higher education provider. In addition to these pragmatic choices of staying local, other students described the need for security while they embarked on a challenging and life-changing process.

After location – being local (offering convenience and cost saving), familiarity and being engaging or safe – students also mentioned the course and associated learning opportunities offered by different higher education providers. But often place and course choice were co-dependent issues, in other words they looked for where the course was available, taking into account the constraints of place.

> *This was my only option, because of it being in London. There weren't any other universities for this course in London or near London.* (Emma)

Course and institutional information seems to be relatively unimportant. For example Christine looked at the course information, but admits that a familiar location was an important deciding factor:

> *It was more location really. I'm from the Midlands so I wanted to stay as close to there as possible, and this course is a slightly more than a BSc, so it will stand me in better stead really.* (Christine)

Whereas Mei, comparatively unusually, seems to have been more explicit about the different opportunities that would be available from different higher education providers and associated hospitals, and prioritises this over other factors:

> *I'd prefer to go to one of the bigger hospitals, because you see a lot more. All of the harder stuff gets referred there. So I'd like to go to a big, tertiary hospital. I like it when I'm in a city, because there's lots of stuff to do. I don't like it when you go to the middle of nowhere and you're stranded.* (Mei)

As part of the interview process participants were also and importantly asked about their suggestions on how to improve the participation of people from diverse and non-traditional groups in healthcare higher education and subsequently in employment. Many of the suggestions relate to the issues identified above, that either enabled or hindered students accessing higher education. The above discussion suggests that our interviewees had a strong desire and commitment for their studies – although this was generated through different motivations. One student commented that in terms of attracting people to healthcare professions it is necessary for potential students to understand the challenges involved, including the long hours and hard work. Thus, it is important to ensure that potential students understand that healthcare courses are not an easy, or more affordable option, as perhaps some students assume. One suggestion therefore is to ensure that everybody has some relevant experience in the healthcare sector prior to entry to help them ensure that it is the course for them.

> *I would also create more work experience opportunities or taster days for young people or whoever wants to do it.* (Mary)

Such an approach would need to be handled carefully to ensure that younger students who have limited access to relevant work experience are not disadvantaged, and that the informal experiences of other potential students (e.g. mature students) are not denigrated in preference for more formal experience in a professional healthcare setting. But, there could be value in providing taster sessions or other experiential opportunities to potential applicants to help them – and higher education providers – check that they have made the appropriate course and career choice.

A further implication of the high levels of desire and commitment required is explicitly seek to tap into and develop existing desire and commitment, and nurture passion. This may for example involve reaching people who have a potential interest in health and social care:

> *… to get people to come to the university to have a look at what they can do, pushing that out into different areas, going into care homes, going into hospitals, setting up stalls, promoting university and dispelling myths in the workplace, really.*(Adam)

The drive of such outreach should be, as one interviewee said, to '*give people the bug for it*'.

Other suggestions include providing more information about different aspects of higher education, such as finance, academic issues and support, disability services, and the potential opportunities in higher education and the workplace for people from diverse and non-traditional groups.

In terms of financial support interviewees particularly stressed the need to provide information about the support that is available and how it works, to help people with planning their higher education experience and to overcome a misplaced belief that only well-off people go to higher education. So what can be done, we suggest that other outreach work might also focus on dispelling myths about studying in higher education, and the support available.

4. The success of WP students in NHS-funded healthcare programmes

While access to higher education is an important staging post on the journey to becoming a graduate healthcare professional, successfully completing the higher education qualification is also essential. Furthermore, a widening participation strategy that pays little or no attention to student continuation, completion and success is incomplete and, arguably doing more harm than good. We therefore turn our attention to the experience of students from diverse backgrounds and groups once they are in higher education, both their academic and placement experience, and the extent to which they have considered leaving, and what helped them to be successful.

Success in higher education means different things to different people. In this context we are considering continuation and completion of their qualification and professional training. This necessarily incorporates a sufficient level of academic achievement, but we have not specifically examined differential levels of attainment. In section 5 we consider a further dimension of success: progression into professional roles in employment. There are undoubtedly many more personal dimensions to the success of these students and graduates in higher education, and this is reflected in interviewees' comments, but this is not the primary focus of this part of the report.

Interviewees identified concerns and challenges that they faced, both prior to entry, and during their HE careers. Broadly, these included financial, academic, professional, social and family concerns, and reflect the experiences of other students in higher education. Again, in common with the wider HE population these challenges resulted in some interviewees questioning whether they could or should remain in higher education, and others concluding that a health care degree is very difficult and you have to really want to do it.

Having said this however almost all of our interviewees had remained in higher education, and thus we are interested in what factors contributed to their success, and how this knowledge can contribute to maximising the success of students in NHS-funded programmes. Students again identified the importance of their desire and determination to become a particular healthcare professional and the associated benefits. They also cited a range of personal issues such as self-belief and wanting to prove 'doubters' wrong, not wanting to let people down, and the positive benefits for their families. Family, friends and peers were named as important in terms of the emotional support and practical assistance they offered in overcoming many of the challenges and low spots encountered. Support from the institution was also identified as important.

Previous research has found that between 33% and 42% of students have seriously considered leaving higher education (Thomas 2012). While we are not in the position to provide similar quantitative information here, we can say that our interviewees encountered a range of challenges, and some contemplated withdrawing.

Financial challenges are discussed more fully in section 6, however the following financial issues impacted on student experience and success:

- The lack of certainty about the financial support they would receive, and thus reducing their ability to plan ahead.

- On-course costs, especially associated with placement travel and accommodation, childcare.
- The need to undertake paid employment, which is particularly challenging giving the workload and duration of the programme.
- Financial dependence upon family and friends, particularly partners and parents.

In addition some students were concerned about and experienced the academic transition to be challenging. Fiona said "No one realises how challenging it is going to be when you go in as a first year". One challenge was the organisation of a significant volume of independent studying, and for others it was the academic skills required. For example, Caro found it difficult to manage the workload and get everything done on time, rather than allowing it to mount up and become too much to cope with, while Patrice struggled with the academic skills, particularly the essay writing, which was so different to school. While other students – found the assessment regime, especially exams, challenging.

These common academic issues faced by many students[3] (for example, see Thomas 2015) are compounded by the need to undertake both academic work and professional placements at the same time, and for many students they also have to juggle family and employment responsibilities.

> *I'm not a stranger to academic work, but this nursing course is by far the hardest thing I've ever done. It's incredibly challenging to balance studying and working. I don't think people give nursing students enough credit really. I honestly think this is one of the hardest courses in the university, if not the hardest course, because you've got to balance that, and a lot of people don't make it through.* (Ailsa)

Indeed, barriers associated with making the transition into studying in higher education are further compounded by the challenges associated with undertaking professional placements. A particular difficulty is balancing the demands of the academic course with the practical and professional challenges of the placement. Several students spoke of struggle associated with combining studying, assessments and shift working. Juggling professional placements and academic studying is demanding, and tiring for students. For example, Matt is very positive about the learning that occurs on placement, but feels exhausted by it. While other students found the travelling to the placements to be particularly tiring, which affected their ability to learn and fulfil their potential.

Some students found the learning on placements to be more negative. Perhaps more than most other undergraduate students, those on NHS-funded programmes experience direct criticism of both their academic abilities and professional skills. For example, one student described a recent experience on her placement where she told by her mentor that she was failing, which was unsettling. For others it is less about the workload or the learning, but rather the experience itself. Tom found that he did not gel with his placement colleagues, as he felt at odds with the way they worked. While Tony found the staff attitude towards students disagreeable, reinforcing a hierarchy with students fulfilling the menial tasks at the bottom.

The circumstances of some of our interviewees contributed to the stresses and strains associated with learning on placements. For example, this includes the financial burden and the practical and emotional issues associated with family responsibilities and childcare arrangements. There are also additional challenges faced by students with disabilities, this includes increased anxiety and susceptibility to stress, and physical repercussions.

[3] for example, See Thomas, L. (2015) Widening Participation and Lifelong Learning, Volume 17, Number 3, pp. 5-16

A few students – from different universities - suggested that some of the issues encountered on the placement were a product of the problematic organisation of the course. For example, Nadine felt that there was a lack of co-ordination and communication between the university and the placement providers, and subsequently students were required to take the initiative and liaise with placement providers about practical arrangements for the placement. Lack of information about placement arrangements can be particularly problematic for students with other responsibilities, for example those who need to arrange childcare or juggle work requirements. Indeed, Christine suggested that the issue was that the programme was organised with more traditional students in mind: young, progressing directly from school or college, and without other commitments. Thus the programme does not seem to take into account the realities of life for many of our research participants.

> *I think sometimes a lot of it is to do with the way that things are arranged. I do feel like it is geared towards the younger students straight out of college or school and have got no responsibilities, and sometimes I feel like you just have to fit in. It's not necessarily that you want allowances made, but it just feels like there's not much consideration for people who might have a different type of life.* (Christine)

Some interviewees also identified broadly social issues that made participating in higher education more difficult – although more respondents identified the positive benefits of friendships and family support (discussed below). Rachel identified a range of ways in which her programme of study made friendships and socialisation more difficult, in particular the heavy workload and shift working made it difficult to engage in social activities. She tried socialising with others on her course, but even this proved impractical to arrange, because for example they would not be on the same shift pattern.

Other interviewees identified the negative impact of studying on their families and non-university friends. One interviewee had expected her studying to be less intrusive on her family life, but the work was not contained to the nine to five working week, and the volume of academic study and professional practice was high. While another interviewee mentioned that both friends and a relationship had been casualties of studying in higher education, and the break-up of relationships is a well-documented phenomenon, especially when women return to learning as mature students.

Vitally, these challenges, particularly in combination with each other, did contribute to some students questioning themselves or wanting to leave.

Just as interviewees identified a range of reasons why they had struggled and sometimes thought about leaving higher education, they often talked about the interplay of different factors that had contributed to their success in higher education. Across the interviews we detected four key factors that students and graduates spoke about in relation to their success: a strong desire to be a particular healthcare professional, personal determination to succeed, the support of friends and family, and institutional staff and services. For some the motivation to become a healthcare professional is purely about the work and the patients, while for the others the desire to become a graduate, and crucially to be qualified and be in a position to earn an income is driving them on. A strong desire to be a graduate or a particular healthcare professional is often translated into determination and other personal characteristics that interviewees identified as being important to their ability to continue and complete their courses.

> *I'm not normally one to stop something just because it seems like it's too much. I quite like a challenge. I just have to break it down into smaller bits. It was just my own motivation. I don't like quitting and I thoroughly enjoy the course. In the grand scheme of things, it would've have been worth it. I didn't ever seriously consider quitting the course.* (Isla)

Others expressed their determination in terms of proving to themselves or others that they were capable of studying in higher education and becoming a healthcare professional, including 'proving people wrong'. Katy takes this idea of determination and demonstrating your success to others further by commenting on the value she places on being a positive role model for her son, and demonstrating that commitment and determination pay off.

In addition to determination interviewees identified the strong role of family and friends in being successful; both practical and emotional support. This comes from both immediate family, and from friends with in higher education who provide a peer support network.

> *The support network of, kind of, peers on the course and some family. I've got a friend and family network here.* (Eva)

This support, for some became almost an obligation to complete for the sake of others. Jenna comments that she felt she could not give up because of the practical and emotional support she has received:

> *I just remember thinking, 'I can't give up', because everyone had put so much money and helped me.* (Jenna)

In addition interviewees identified a range of ways in which the academic institutions had helped and enabled them to be successful. In the main they felt well supported, although there were some who felt less well supported than expected, or who had particular gripes. Academic staff was the group within the institution that was most often commented upon – as these are the ones students would have most frequent contact with.

However, nott everyone experienced sufficient positive support from their institutions. Caroline felt unsupported by her university, she compared her experience to that of the mature student in the film 'Educating Rita', and wonders if this was because of her working class background. She asked for help and was told she needs to take responsibility for her own learning. Another interviewee also felt that, although she had successfully graduated with a first class honours degree that she had not been well supported in her second year and beyond. She worked hard and became ill and stressed, and felt that someone should have stepped in and offered guidance, perhaps about the work-life balance.

The experiences of the interviewees of studying NHS-funded programmes are similar in many ways to the wider student population (Thomas 2012). However, there are also some unique features of healthcare programmes and their students. In particular, the professional placements create additional strains for students, in terms of learning, especially receiving critical feedback, balancing working full time with academic requirements, and the practical arrangements required to be on placement (travel, accommodation and childcare in particular). Furthermore, the financial challenges experienced by these students seem to be more keenly felt than across the board more generally. In terms of what helps students to be successful, like other studies, friends and family are identified as important sources of emotional support; they also provide financial and practical support. On the whole institutional staff are valued too, again, in common with other research, the most significant support is often from academic staff who the students have more contact with, than from 'support staff'. However, as with access to higher education, interviewees' desire to become a healthcare professional is important, and a unique feature of this study, and this often translates into a determination to be successful.

5. Student finance and financial support

Previous research has found that student financial issues have a limited impact on decisions to both access and to be successful in higher education. The qualitative work with healthcare students however pointed to the importance of the role of funding and financial support in students' decisions to enter higher education, and in the struggles of managing to remain in higher education and be successful.

Prior to deciding to enter higher education money was a key issue that potential students thought about. Financial concerns were particularly significant for students both giving up full-time employment, and with other responsibilities, such as a family to support and with responsibility for housing (rent and mortgages). Bursary support also contributed to their decisions to pursue an NHS-funded programme of study, and made the prospect of studying seem more achievable. One student explained that she could not contemplate healthcare degrees that did not provide NHS-bursaries:

> *I'm very happy I chose nursing, I'd be happier as a nurse than a doctor, but looking at other health professional degrees that don't come with the NHS funding, for example pharmacy, they were closed to me really, because I needed the NHS funding, because I have a previous degree, in order to get on the course and do the course.* (Ailsa)

Students were aware that the decision to participate in higher education would have financial consequences for the whole family, and thus accessing higher education requires all parties to feel it is worthwhile and doable. This involved students discussing their plans with other family members. This challenge was compounded by uncertainty about how much financial support students would receive, where to find out about financial issues, how much things would cost and how they – and their families would cope financially.

Prior to embarking on higher education and starting their courses students seemed to experience a range of uncertainty. First, students were uncertain how much financial support (bursaries, loans and other) they would be eligible for and receive. Some students did not know how much money they would receive from the NHS bursary, while other students were unsure what student loan funding they would be entitled to, particularly students who had studied in higher education previously lacked clarity about whether or not they would be entitled to another student loan. Coupled with this uncertainty about how much they would be entitled to, students did not necessarily know where to find out this information.

They also experienced uncertainly about how much things would cost, especially travel to placements. Sometimes students anticipate receiving financial contribution to the cost of their placements, but this does not always happen, or the travel costs can be greater than anticipated. A couple of students expressed frustration that they were put on more distant placements – which cost more to travel to – as they were responsible for her own placement costs, and this created financial hardship, whereas other students would have been able to reclaim the travel expenses.

In addition, while the students acknowledged the importance of having fees paid and a bursary to contribute towards their living costs, the money was insufficient, and many students talked of the financial burden of studying in higher education, especially in combination with the other challenges involved (e.g. travelling, studying, placements, working and family commitments). In particular all students pointed to the challenges associated with additional costs, both course costs (travel and accommodation) and childcare. For those students who had moved away from the family home to study, the cost of accommodation was commented upon. Even for those students who were eligible to travel expenses to support their placements, they experienced financial challenges finding the

money up front, and had to resort to borrowing money to pay for their daily travel expenses and/or accommodation for placements, and for some programmes the cost of buying equipment was significant.

A large number of students discussed the costs involved in paying for childcare, and how this is a significant financial and practical burden. It involved students juggling, experiencing financial hardship and using their savings to help them get through the training period; whilst, other students relied on family and friends to help out with or provide childcare while they studied. Myrtle explained how she had applied for support with childcare, but had not received any, but her friend, a registered childminder looked after the children for her anyway, without payment. While Lorna explained how both her parents and her partner's parents have helped with childcare, both to enable her to undertake additional paid employment, and to complete independent learning and assessment tasks. She concludes that it has been a joint effort, involving all of the extended family. One student noted that childcare fees are larger than they need to be, due to the flexibility required for attending the university lectures and other activities. If the days were fixed this would allow the student to book only the days required for childcare, but the variability of days each week necessitates booking five days a week of care – which are not always used.

It is important to note that financial challenges and hardship resulted in many students needing to combine paid employment with their studying in order to survive. Working whilst studying for an NHS-funded HE programme is however more difficult compared to students studying many other courses, both due to the need to undertake placements, and the longer academic year, including the traditionally long summer vacation. Indeed, students discussed the challenges of combining studying, working on placements, preparing assessed work and earning sufficient money to live on. This means that students have to work when they can and seek financial support from others. Students relied on partners and parents for additional financial support to get them through their training, but relying on others puts students in a precarious and potentially vulnerable position, such as this student Joy, who was being supported by her father, but since he has become ill, has been unable to provide as much financial support. Similarly, combining paid employment with studying is particularly challenging for some of the students in our study, especially those with certain disabilities.

It is important to note that the students and graduates we interviewed graphically illustrated the importance of financial issues and financial support in their decision to participate in an NHS-funded healthcare programme, and of the financial struggles involved in undertaking the courses, especially living and travel costs, and childcare expenses. Students and graduates also reflected on the likely impact of the anticipated changes to financial support, making students liable for tuition fees, and replacing bursaries with (larger) student loans. The overwhelming view is that this will make studying a healthcare course in higher education more difficult for the majority of students, with potentially detrimental implications for healthcare professions, both in terms of absolute numbers and the diversity of the workforce. This comment from Tony is typical of many students and graduates.

> *Without the bursary, I wouldn't have been able to do it. Without the bursary, a lot of people wouldn't be able to. People are scared of grants, and it's another reason why people don't go and do courses, because they are scared of the debt they'll have at the end. They don't understand how and when it gets paid back*. (Tony)

6. Being a healthcare professional

We found students look forward to becoming health care professionals – demonstrating desire to enter their chosen profession and work for the NHS. For some students this is coupled with wanting

to 'give something back' to wider society. In this section we consider how the higher education experience has contributed to graduates ability to secure the employment opportunities they are looking for, including the connections they have made through placements, other support provided by the university and their own participation in extra-curricular activities. Finally, we consider the extent to which interviewees perceive 'diversity characteristics' have a positive or negative (or no impact) impact on securing professional roles in the NHS and beyond.

Throughout the interviews there is evidence of students' and graduates' strong commitment to getting a job – or rather a career – in the professional field they have trained in. Students and graduates are generally keen to work in the NHS, but they are also pragmatic, and if they can not find suitable employment there, they will look elsewhere. For example Tatum is keen to begin working as a dietician for the NHS, but getting a 'fulfilling' job is her priority:

> *At the moment it's to become a dietician and work in the NHS. That's flexible though, it depends what my grades are. I don't know what plan B would be, it's just getting a job that's more fulfilling. Dietetics is the first thing that I'd try to do.* (Tatum)

In addition to working in a professional role for the NHS some interviewees expressed a desire to make a social contribution, or to 'give something back'. For example Nahleejah is looking for employment that will enable her to undertake a worthwhile and fulfilling role helping others:

> *… being able to do something with my life and give back… within the community. That's the aim, with the elderly, maybe with the hospice, terminally ill, providing a more meaningful experience. At the moment, that's the plan.* (Nahleejah)

Similarly, Mary is keen to find a professional role initially – ideally in the Trust she is currently working for – and then to undertake voluntary work as a midwife in an overseas conflict situation or similar, helping disadvantaged women and communities.

Being a healthcare professional motivated people both to enter HE and to overcome the challenges they experienced in HE. We therefore asked interviewees about how they felt they had been prepared for and supported to make the transition to their chosen health professions. They spoke about the value of their placements, the contribution of their institution and the (potential) contribution of extra-curricular activities. Some students spoke of the value of their professional placements, arranged by their higher education provider. Most students reflected on their different placements to help them make decisions about the specific context or area of their profession that they wanted to pursue, for example community or hospital etc. But more instrumentally some interviewees felt that their placements provided them with contacts of individuals that would help them to secure employment, as well as an opportunity for them to demonstrate their potential to future possible employers. For example, Fiona describes this as having her 'foot in the door'. Tony and Tallulah are explicit about how they have used their placements with a view to supporting their transition into a professional role. Tony undertook additional work in his chosen areas, and developed a professional network through his placements to try to secure the first step on the career he desires. While Tallulah used the placements as a way of getting to know staff, and making sure they know her.

In addition to the experience and contacts they had gained from their placements, we asked interviewees if they had been helped or supported by their higher education providers in any other ways to progress into healthcare employment. Here students and graduates were less positive about their experiences. Some identified that they had received some guidance, but they did not seem to think it was particularly helpful. For example:

> *If I'm honest, I don't think they helped a lot. They take you to one career fair where there are people from all over the UK. We did a unit on your CV and personal statement which was good, but it's not enough. Then they leave you to get on with it… They don't support you that well through it. They say, 'You need to do a personal statement as part of the unit in third year,' but they could have supported you more and said, 'There are these open days. You should be doing this.' Extra sessions for interview techniques, things like that would have been good.* (Fiona)

These comments suggest that undergraduates would welcome more attention being paid by their academic programme to help them achieve their objective of making an effective transition into being a healthcare professional.

In the light of the perceived lack of direct support from academic programmes it is useful to consider the extent to which students took matters into their own hands, by for example, participating in extra-curricular activities. Indeed, some interviewees discussed how they had taken on additional leadership roles within the higher education institution with the explicit intention of developing the range of skills they present to potential employers, and to differentiate themselves from other applicants. This included working within the academic department as an ambassador and volunteering in areas related to their professional aspirations.

Not all students however felt able to participate in and gain from the wider student experience on offer at higher education institutions. There is a widely held perception that there is just not enough time to get involved in 'typical' student activities. The restrictions on engagement are connected to the academic and professional workload of many or all of the NHS-funded healthcare courses, including the anti-social shift patterns, plus the diversity of the students participating in our study. Both Mona and Jenna tried to get involved in extra-curricular activities, but found the combination of the academic work and the placements too challenging. In addition to the course-related challenges to engagement, a few students at one particular university noted that the location of the health building from the rest of the university made it more difficult for them to participate in other opportunities available on campus. Given the historical development of many of the schools of health being separate from the main campus this is not that unusual.

As well as course and institutional barriers to engagement in extra-curricular activities, interviewees identified issues related to their own diversity, or atypical patterns of engagement. The issues identified included: distance from the university, being a mature student with an external life, having childcare and other domestic responsibilities and having to work to earn an income in any available time. A further issue is cost. Joy says she cannot afford a social life, but rather any spare time needs to be allocated to earning an income to survive on.

Our interviewees also found the placements useful to help them develop skills and contacts to assist them choose and secure a professional role in the NHS; some students describe using the placements very strategically. They are less complimentary however about other ways in which their academic course has prepared and enabled them to gain suitable employment, suggesting that higher education providers might do more to help students, particularly those from non-traditional backgrounds, to obtain the professional roles they aspire to.

Interviewees are mostly aiming for a professional job and subsequent career in the NHS, and they have developed professional skills that they hope will assist them to secure a suitable post. In addition, our respondents were asked about the potential positive or negative effect of 'diversity', or coming from a 'non-traditional' background. While respondents did not feel that diversity itself would

be a passport to their preferred jobs, they did seem to feel that it may be a useful additional attribute, as is explained here:

> *I think at interview they're looking for the best candidates and the best candidate might be from the most simple background and in that situation they might be the right person to employ. I think having a diverse background is a bonus for your personal experience and it'd be a bonus to bring in to practice but for employability I don't think they can say it means that you are more employable. It's how you are as a person I think, within this job. We're all setting off as newly qualified.* (Allison)

More specifically interviewees discussed the benefits – and occasionally limitations – of being 'older', being from an ethnic minority group, being a man, being 'local' and having dependent children.

Quite a few of the mature student and graduate interviewees felt that being 'older' was likely to be viewed beneficially, as age is accompanied by more experience of life. For example, reflecting on her experience of securing employment Sally felt her maturity had assisted her.

> *I think it assisted me. Even though I was only 29 when I applied for the job, compared to eighteen, for me personally, there is a big difference in maturity and the fact that I had done diverse jobs and I had a lot of different experience. I think that went in my favour.* (Sally)

Flora was slightly unsure about whether her age would be an advantage or disadvantage, but concluded that she anticipated in the health sector, it would probably not be a limiting factor.

The male interviewees tended to think that being a male in a minority in most healthcare professions would be advantageous, although again, not all were sure. Martin felt that it would be helpful, partly as he plans to enter a female dominated profession, and also because maternity cover opportunities are frequently available, that provide opportunities for gaining experience, although he also voiced some concerns, about whether male health care givers were sometimes perceived negatively. Some of the female interviewees did express some concerns about how being responsible for dependent children might create additional employment barriers, or might be perceived negatively. One interviewee was concerned about finding childcare as shifts are not 'family friendly'.

We had relatively few interviewees who identified as a member of an ethnic minority, but again, ethnicity tended to be viewed positively in terms of progression into a career in the health sector:

> *My ethnicity might help, I don't think there's very many dieticians with my ethnicity in the field, so I think that might be something extra to bring… We had a lady come to talk to us from, I forget which department she was from, but she said about it's important for them to have a workforce that reflects the diversity within the community, and that might not be the case. It might be that yes that would be something they are looking to improve.* (Christine)

Some of our interviewees were restricted by location, for example needing to stay within a specific geographical area when looking for professional employment. While this could be seen as a limiting factor, being committed to a location may also be positive, as staff are not about to leave:

> *Maybe the geographical area will help, because I think if you're from that specific area it might help. So if I applied for a job for Colchester, and I'm from near Colchester, I think that might help because they'll know that you won't be leaving any time soon.* (Mei)

7. The role of higher education institutions in improving the access and success of non-traditional students in NHS-funded healthcare programmes

In this section we highlight the types of widening participation activities currently being undertaken by higher education institutions (HEIs) in order to widen participation of healthcare students.

Overview of WP activities

The examples are categorised according to the primary aim of the activity described as either: widening **access** to increase the diversity of students studying in HE; improving student **continuation and completion**; increasing student **attainment**; promoting **progression** to health related employment or PG study for graduates from non-traditional backgrounds.

Most of the examples provided in response to the call for examples focus on the first of these aims – widening access (11 out of 18 examples). Nearly as many examples (9) focused on continuation and completion, with fewer about improving attainment (4) or progression to PG study or health-related employment (5). Some of the examples span several stages in the student journey. Of course, this is only a very small sample of current practice at a few providers and not necessarily reflective of the sector or practice as a whole. Looking at the range of WP areas addressed by the activities in the HEE Directory provides another picture of the range of activities going on. This uses seven categories and the 128 case studies are spread across them as identified in appendix 11.

In relation to widening access to increase the diversity of students studying in HE, they aim to:

- raise awareness of the range of health-related careers
- provide insights into what these types of careers might involve
- raise aspirations among WP groups to pursue these types of careers (and in doing so, potentially raise attainment), and
- provide information and advice on routes into these careers, including the necessary skills and qualifications required.

The widening access examples provided cover a range of activities including open days, taster sessions, summer schools, mentoring, access courses and contextualised application processes. This is broadly in line with what we know are the most common approaches to widening access adopted by HEIs more generally.[4] The University of Nottingham's outreach programme for students with access and vocational qualifications includes a typical range of activities. The University of West England's programme to improve the access and success of BME students goes further, combining activities across all stages in the student lifecycle in a coherent programme. This combines aspiration raising activities in schools, a revised application and interview process, summer schools for successful applicants and study skills support for students on course.

Most of the examples of activities to widen access have the provision of information at their core in some form. There is some, albeit limited, evidence from initiative-level studies that the provision of

[4] Bowes, L. Jones, S. Thomas, L. Moreton, R. Birkin, G. Nathwani, T. (2013) *The Uses and Impact of HEFCE Funding for Widening Participation* HEFCE

information to potential students about the benefits of higher education can have an impact on pupil attitudes to continuing in education.[5]

Open days are a staple of higher education access activity, providing not only information provision but a taste of university life. In order to increase diversity and reach out to students other than those who might attend anyway, a more tailored and targeted approach is needed. For example, Bournemouth University has developed a webinar to support recruitment of WP students to their BSc (Hons) Undergraduate Nursing programme, which focuses on students with low UCAS points and those who are the first in their family to enter higher education. The content of the webinar includes a presentation by an academic on the course and available support, and presentations from staff who specialise in recruitment, finance and accommodation, ending with a 45-minute Q&A session. This activity was developed in response to findings from research on the attitudes and opinions of young people who attended the university's open days, which showed that students from disadvantaged backgrounds were less able to attend open days and experience the culture of the university. The research also found that although these students have the same level of interest in attending HE, they had less awareness of and lacked support with the application process. The university's WP activity therefore aimed to enable these prospective students to talk with staff and students, and to offer them access to the online webinar as a more accessible proxy for the open day experience. In terms of impact, the university has since received applications from webinar participants, and it now plans to run two of these events each year.

Similarly, the University of Liverpool School of Lifesciences reports they find that young people with experience of care particularly respond well to activities that are delivered one- to-one and specifically tailored to their needs. By way of example they describe arranging for a Year 11 looked-after child with an interest in physiotherapy to visit the campus and meet staff and undergraduates from the Department of Physiotherapy. An academic from the department discussed key areas of the course, including module content, theoretical and practical teaching and also some important advice regarding the application process. Following this experience, the young person progressed to sixth form and has selected subjects that will eventually support his progression into studying physiotherapy at the university. However, such individual and personalised support is likely to be resource intensive.

Many of the examples provided are targeted at those who have shown some interest in pursuing a health-related career or are undertaking health-related studies. However, there is also a role for raising awareness of the range of health-related careers at an earlier age to a broad audience, such as the 'Good for You' workshop offered by the University of Sheffield Faculty of Medicine, Dentistry and Health (MDH) to pupils in Year 8 with the aim of promoting healthcare careers and healthy lifestyles.

At the other end of the spectrum, Birkbeck, University of London's Certificate of Higher Education in Life Sciences and subjects allied to Medicine provides an accessible route into health related HE for mature learners who have decided to pursue a health-related career but do not have the required qualifications.

Current or former students of health-related HE courses play an important role in many of the examples provided. They act as ambassadors to deliver activities, are on-hand during visits and open days to answer questions and chat to potential students, feature in videos and case studies and provide mentoring to potential students. This not only provides potential students with insights into

[5] For example, McGuigan, M. Mcally, S and Wyness, G (2012) *Student Awareness of Costs and Benefits of Educational Decisions: Effects of an Information Campaign* London Centre for Economic Performance, London School of Economics and Political Science

student life and role models from similar backgrounds but also benefits the ambassadors and enhances the capacity available to HEIs. A recent review of research on widening participation in HE[6] found that some activities, such as summer schools and mentoring, are particularly effective if they involve trained HE students.

The findings noted that activity to support continuation and completion tends to be less targeted than access activity, with many institutions choosing to mainstream provision such as pastoral care and support with academic development.[7] Creating a culture of belonging within an institution is a key element of supporting retention, and this is most effectively carried out through inclusive activities that all students participate in.[8] This, perhaps, may explain why we received fewer specific examples of activities under this heading.

There may be instances where a more tailored approach is warranted. UWE's Transition Support Service for Care Leavers aims to address the higher rate of withdrawal from courses amongst care leavers (half of care leavers at UWE apply to courses related to health and applied sciences). The transition support begins when students have applied and continues until registration and then throughout for the duration of students' time at the university.

In order to provide targeted and tailored support, it is important to understand the particular barriers and problems that some students may face. Birmingham City University found that there was a strong relationship between ethnicity and degree attainment. In response they developed a project to work with Black-African BSc Nursing students, providing the opportunity for nursing students to share their concerns and challenges they face. Taking time to listen to students in itself is said to have benefited students with an increase in self-referrals for support. Interventions designed to address the specific challenges identified are also being developed. For example:

> *Many students have struggled […] especially if they have previously failed an assessment as culturally there is a real and in-depth sense of shame and failure if they are not successful at their first attempt, which they cite as being extremely difficult to recover from. The interventions developed will aim to enable students to develop their resilience and recovery when facing such challenges.*

Sheffield Hallam offers PALS, a peer-assisted learning scheme, which focuses on the first year cohort of the BSc Midwifery course, and it targets seven different WP groups including those with lower UCAS points or alternative entry qualifications and mature learners. The project aims to address issues including student anxiety about assessment, staff concerns about learner independence, and the isolating experience of placements. Feedback from students is positive, highlighting the various ways in which the scheme has helped them with both social and academic issues. 91 per cent said that PALS had increased their confidence and clarified course concepts. 79 per cent said that it had helped them make friends and develop group working skills.

The examples submitted contained very little activity specifically promoting progression to health-related employment or postgraduate study. Five HEIs submitted examples of activities that contribute to promoting progression, however, nearly all of these are outreach activities targeted at school pupils, sixth-form students or other groups outside higher education. None are examples of work with current undergraduates or recent graduates. Of course, supporting access, continuation and

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[6] Moore, J. Sanders, J. and Higham, L. (2013) *Literature review of research into widening participation to higher education* Bristol HEFCE

[7] Bowes, L. Jones, S. Thomas, L. Moreton, R. Birkin, G. Nathwani, T. (2013) *The Uses and Impact of HEFCE Funding for Widening Participation* HEFCE

[8] Thomas, L. (2012) *Building student engagement and belonging in higher education at a time of change: a summary of findings and recommendations from the What Works Student Retention & Success programme.* Higher Education Academy, York

attainment in HE is crucial to progression. It may be that additional encouragement and support with progression is felt to be less of an issue for healthcare students, where there are clear career progression pathways. Healthcare students may also benefit from more generic activities to support progression provided by HEIs. But, as with other aspects of WP, it may be worth considering whether there is a need for more tailored support.

Conclusions

The examples of approaches gathered by this study and illustrated by the HEE Widening Participation Directory give an idea of the kind of work being carried out by HEIs to widen participation in health-related higher education. Target students and types of activity are, generally speaking, similar to that undertaken by HEIs to widen participation more generally. There appears to be a particular emphasis on supporting access and on pre-application and enrolment activities – providing information and experiences to encourage, inspire and boost confidence and attainment. The involvement of current or former-students of health-related HE courses helps to provide role models for potential students and enhances the capacity of HEIs to undertake this type of work.

The HEE WP Directory offers a well-structured presentation of activity, but very few examples include evidence of impact. HEIs need to be encouraged and supported to carry out more robust and longer-term evaluations of the impacts and effectiveness of their WP activities. The Directory could follow the example of the Education Endowment Foundation's Teaching & Learning Toolkit, which uses a system of three measures to summarize the cost, strength of evidence and effectiveness of a wide range of teaching methods, based on the best educational research.[9]

8. Conclusions, implications and recommendations

Our conclusion found that there is significant diversity amongst the population of students studying NHS- funded courses and entering healthcare professions, with disabled students and ethnic minorities being comparatively well-represented, men being under-represented, and higher than average reporting about socio-economic status. There are however significant variations in patterns of participation by subject/professional areas (and institutions). In addition a high number of students do not identify as having a single diversity characteristic, but rather are often aware of the interplay of their characteristics and context. Students are often aware of not being 'typical' students, but they do not necessarily view this negatively.

Indeed, while e for some diversity characteristics have delayed participation in higher education and/or made it less straight forward, and less of an 'entitlement', once in HE they largely feel pleased with their decision and supported to be successful. Importantly, we found that students on NHS-funded courses are strongly motivated by their passion and commitment to enter a career in the healthcare professions. However, the biggest challenge identified by the students to both accessing and remaining in higher education is financial. The costs involved in undertaking placements (including travel and childcare) should not be underestimated. Plus many students need to combine a heavy study expectation with paid employment. Indeed, while the majority of students and graduates have overcome the financial challenges of studying in HE this has often only been achieved through the financial and/or practical support of family members, undertaking paid work (e.g. provision of childcare, partner working). Another key feature was that students worry about the academic challenges associated with higher education study – especially those who were not considered 'good students' in secondary education. In particular the volume of work and juggling academic study, professional placement, earning an income and personal commitments (e.g. family) is challenging. And indeed, professional placements can present a range of challenges to students. Some learning on placements is felt to be personally undermining, some placement environments are

[9] https://educationendowmentfoundation.org.uk/evidence/about-the-toolkits/about-the-toolkits/

disliked by students, the practical issues of travelling (including cost and childcare). Students are all aiming to become professionals in the health sector, and ideally to be employed in the NHS. In relation to coming from under-represented groups they largely voiced that it will either have a positive impact on their progression to the healthcare workforce, or make no difference, as they perceive that other characteristics and experiences will be of greater value. Students on NHS-funded courses feel that they have limited to support to progress into relevant employment, and experience challenges participating in extra-curricular activities. Vitally, current students and recent graduates are worried about the proposed changes to funding for health courses, both in terms of the impact on potential students and the negative experience for students once in HE. This is likely to have a disproportionately adverse effect on students and potential students from under-represented groups.

Clearly, students who participate in NHS-funded HE programmes demonstrate a strong commitment and passion to study and become healthcare professionals. This is often fuelled by personal experiences – both informally through exposure to the health and social care sector – e.g. through the health needs of themselves or their family and friends, or as people they know who work in the sector - or more **formally** through direct employment or volunteering in the health and social care sector. Sometimes the drive is less specifically about being a healthcare professional, and more about entering a graduate profession, however it still seems to translate into determination to be successful (sometimes against the odds). Some students involved in our study seem to plan their participation in higher education particularly carefully, for example, saving up or waiting until the 'right time' to access HE. They do not always have access to sufficient information to inform their choices and assist with their planning, and this is an area where higher education providers and HEE could assist students to access better information. Potential students are often (but not always) encouraged to participate by family and friends – and this provides valuable emotional and practical support; although others participate in spite of their families and are determined to prove them wrong. The importance of a desire to be a healthcare professional, based on informal and formal experiences points to the importance of widening access interventions seeking out and targeting those who already have a link with the health and social care sector, for example those in unqualified health and social care roles, and those who have had caring responsibilities.

With regards to access to higher education, the desire to become a healthcare professional is tempered by concerns about academic ability, finance and financial support and practical issues, particularly in relation to childcare. These are issues where better information, advice and guidance could be offered. Once in HE students do think about leaving; this is usually due to a combination of factors rather than a single issue, but the broad areas of challenge are financial concerns, academic issues, professional placements, and social issues associated with family and friends. However many students are fortified and overcome the challenges by their desire to become a healthcare professional, coupled often with practical and financial support from family and friends – both peers on the course and wider social networks.

The importance of financial issues seems to be greater for students who study NHS-funded HE programmes than the undergraduate student population more generally. This raises concerns in the context of the proposed changes to student financial obligations and support. The NHS must take steps to maintain and extend the diversity of the student population in subject areas and with respect to personal characteristics where it has already been successful, there needs to be attention paid to ensure equality of outcomes for students from non-traditional and under-represented groups; and steps need to widen participation and success in subject areas and with respect to student characteristics that are still under-represented.

Students seem to feel well-prepared by their professional employment, but the support provided by higher education providers could be improved. In particular to help students overcome or reduce the impact of some of the structural challenges facing healthcare students in engaging in extra-curricular activities and gaining additional experiences and skills. There is also some uncertainty about whether diversity characteristics will be a help or a hindrance in securing employment in the health sector. There is therefore a role for the NHS in considering how it demonstrates and communicates its commitment to diversifying the workforce, and how it can become more family friendly.

The higher education and health and social care sectors need to collaborate to maintain and expand diversity, this is likely to include:

- Clarifying widening participation objectives, including which target groups, working across the student lifecycle and identifying disciplines and institutions that have a good track record in widening participation and those that need to improve.
- Ensuring that areas of the higher education and healthcare sectors which are performing well with regards to widening participation are acknowledged and supported to continue to be successful, while other parts of the sectors are encouraged/required to improve.
- Recognising the unique nature of healthcare HE programmes and the students who participate in them, in particular the strong commitment that students exhibit to be specific healthcare professionals, and the academic, financial and practical challenges many of them encounter.
- Nurturing the (latent) desire and commitment of those potential students from non-traditional groups to become healthcare professionals, for example by reaching out to those currently in formal and informal caring roles.
- Providing financial support and accessible information to allow students to plan their participation in higher education, and take into account students' situations, such as dependents, the need for paid employment and access to travel support when allocating professional placements.
- Providing alternative entry routes into higher education for those who have underachieved in the compulsory education sector.
- Recognising the support healthcare students often receive from family and friends, and assisting them to maintain and strengthen this support both within and outside of HE.
- Working with placement providers to help match students and placements, and overcome some of the challenges associated with placement experiences.
- Taking steps to reduce financial uncertainty and on-course costs, and looking at effective ways of recognising and accommodating the need to undertake paid employment.
- Assisting healthcare students from widening participation groups to engage in extra curricular and other activities which will enhance their employment and transition into professional roles.

Bearing in mind these findings and implications we have made recommendations aimed at key stakeholder groups.

We also recommend that the NHS / DoH:

- Monitor the impact of changes to student financial obligations and support for students from 'non-traditional' student groups to ensure that the diversity of the sector is maintained and improved.
- Provide a clear message about the importance of diversity to the NHS, and how the sector will support non-traditional students/graduates – including those with family responsibilities – to work and progress within NHS trusts.

2. Health Education England

- Undertake further data analysis to define widening participation groups in specific subject areas and programmes, and provide guidance on the definitions of groups to help higher education providers and healthcare trusts to better target their work to widen participation.
- Collaborate with HESA to provide better data on the socio-economic status of students studying NHS-funded healthcare programmes.
- Work with higher education providers to lobby, maintain and expand the diversity in the health/higher education sector.
- Co-ordinate outreach to potential students with formal and informal experience of the health and social care sectors to widening participation, and facilitate students from under-represented groups to access taster and experiential opportunities.
- Ensure that high quality information is available about the new funding regime which allows potential students to plan to participate in higher education and to make informed decisions. The emphasis needs to be on both sufficient and timely information, reducing uncertainty as far as possible.
- Provide incentives and guidance to HEPs about where widening participation is required, and effective ways of widening access, improving student success and enhancing progression into professional roles.

Whilst Higher education providers:

- The option of entering an NHS-funded course is both attractive and risky to many non-traditional students, and they tend to plan their trajectory. Additional attention should be paid to providing information (and advice and guidance) to assist potential 'non-traditional' students to make an informed decision about progression to HE and how they can overcome the academic, financial and practical barriers they perceive prior to entry.
- There is a need to have recognition of the intersectionality of diversity, and the implications of these circumstances on students' participation and experience in NHS-funded programmes. These insights should be used to inform access, student experience and progression interventions. These include greater recognition of the needs of students with children, and of the financial stresses experienced by many students.
- There needs to be greater recognition that access is insufficient, but rather students need to be supported to be successful across the student lifecycle, including student experience and success and progression into employment. In particular this includes considering the positive value of diversity characteristics and diverse experiences.

- Consider innovate ways of reaching out to potential students with formal and informal experience of the health and social care sectors to widening participation, including those working in unqualified roles and with experience as health care users.
- *Proposed further research into the area includes:*
- Additional data analysis is required to explore the widening participation issues in specific subject areas, in comparison with other NHS-funded programmes, the HE sector as a whole, and the comparator population.
- Further evidence is required about the value of alternative approaches to widening access and improving student success in HE and beyond.

Appendix one

Table 1: Subjects studied by interview participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Orthoptics	4	5.7	6.6	6.6
	Mental Health Nursing	6	8.6	9.8	16.4
	Midwifery	13	18.6	21.3	37.7
	Speech and Language Therapy	1	1.4	1.6	39.3
	Podiatry	1	1.4	1.6	41.0
	Adult Nursing	21	30.0	34.4	75.4
	Nursing	1	1.4	1.6	77.0
	Occupational Therapy	1	1.4	1.6	78.7
	Children and Young People's Nursing	2	2.9	3.3	82.0
	Physiotherapy	3	4.3	4.9	86.9
	Speech Sciences	5	7.1	8.2	95.1
	Radiotherapy	1	1.4	1.6	96.7
	Dietetics	2	2.9	3.3	100.0
	Total	61	87.1	100.0	
Missing	999	1	1.4		
	System	8	11.4		
	Total	9	12.9		
Total		70	100.0		

Appendix two

Characteristics of participants

- ***Gender****: Of those who stated a gender 18% identified as male and 82% identified as female (N=61).*
- ***Age****: 91.8% who provided details were aged over 21 so classified as 'mature students (N=61); nearly 80% were aged between 22 and 40 years.*
- ***Disability****: The majority (80%) did not have a disability, the remaining 20% identified a range of disabilities (N=60).*
- ***Ethnicity****: The majority (75.8%) of interviewees who provided information identified themselves as White British (N=62).*
- ***Income****: More than 70% said that their annual family income is £25,000 or less (N=61).*
- ***First in family****: 45.8% were the first person in their family to participate in higher education (N=59).*
- ***State school****: 85.0% attended a state school (N=60).*
- ***Living with partner and/or children****: More than half (52.5%) lived with their families (N=59), which we assume means that they have a range of other responsibilities.*
- ***Dependent children****: 25.7% said they had dependent children (N=62).*
- ***Previous degree****: 25.8% had achieved a previous degree (N=62).*

Appendix three

Table 2: Age of partipants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-21	5	7.1	8.2	8.2
	22-25	17	24.3	27.9	36.1
	26-30	16	22.9	26.2	62.3
	31-40	15	21.4	24.6	86.9
	41-50	5	7.1	8.2	95.1
	51+	3	4.3	4.9	100.0
	Total	61	87.1	100.0	
Missing	999	1	1.4		
	System	8	11.4		
	Total	9	12.9		
Total		70	100.0		

Appendix four

Table 3: Disabilities declared by interviewees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	48	68.6	80.0	80.0
	Dyslexia	2	2.9	3.3	83.3
	Dyspraxia	1	1.4	1.7	85.0
	Mental Health	2	2.9	3.3	88.3
	Arthritis	1	1.4	1.7	90.0
	Hearing Impairment	1	1.4	1.7	91.7
	OCD	1	1.4	1.7	93.3
	Combination	4	5.7	6.7	100.0
	Total	60	85.7	100.0	
Missing	999	2	2.9		
	System	8	11.4		
	Total	10	14.3		
Total		70	100.0		

Appendix five

Table 4: Family income of interviewees

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	£25,00 or less	43	61.4	70.5	70.5
	£25,001 - 42,620	15	21.4	24.6	95.1
	£42,621 or more	3	4.3	4.9	100.0
	Total	61	87.1	100.0	
Missing	999	1	1.4		
	System	8	11.4		
	Total	9	12.9		
Total		70	100.0		

Appendix six

Table 5: Interviewees' accommodation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parents	8	11.4	13.6	13.6
	Friends/Shared	17	24.3	28.8	42.4
	Partner/Children	31	44.3	52.5	94.9
	Other	3	4.3	5.1	100.0
	Total	59	84.3	100.0	
Missing	999	3	4.3		
	System	8	11.4		
	Total	11	15.7		
Total		70	100.0		

Appendix seven

Table 6: Age

Age related data for the selected courses indicate that there is a significant discrepancy between the 5 years mean for this group and the sector wide figures. However, over the five year period, there has been a small shift towards convergence in this group with the sector.

	No of students of mature age	% of students of mature age	No of students of 'conventional' age	% of students of 'conventional' age	Total No of students
2009/10	56007	13.8	350728	86.2	406735
2010/11	56438	14.0	345572	86.0	402010
2011/12	56378	14.1	343410	85.9	399788
2012/13	55765	14.5	328149	85.5	383914
2013/14	66445	18.2	298803	81.8	365248
5 year mean		14.9		85.1	
Sector as a whole		40.0		60.0	

Appendix eight

Table 7: Gender

Participation in the specific NHS funded courses in the analysis are heavily weighted towards females. There is no indication that this is undergoing any significant changes over the five year period under observation.

	No of male students	% of male students	No of female students	% of female students	Total No of students
2009/10	78311	19.2	329196	80.8	407510
2010/11	79188	19.7	323096	80.3	402287
2011/12	79922	20.0	320004	80.0	399927
2012/13	77007	20.1	306985	79.9	384004
2013/14	73263	20.1	292003	79.9	365288
5 year Mean		19.8		80.2	
HEI student population as a whole (2012/13)		42.5		57.5	
English population (Census 2011)		49.2		50.8	

Appendix nine

Table 8: *Socio-economic class of students (SEC)*

Analysis of SEC demographics for students on NHS funded courses is prevented by the lack of comparable data for the sector as as whole. The main barrier to meaningful comparison are differing classifications. No further analysis can be undertaken unless a longitudinal data set is produced with consistent classifications for SEC.

	Higher managerial &	%	Lower managerial & professional occupations	%	Intermediate occupations	%	Small employers & own account workers	%	Lower supervisory & technical occupations	%	Semi-routine occupations	%	Routine occupations	%	Never worked & long-term unemployed	%	Not classified	%	Unknown	%	Total
2009/10	18875	4.6	405299	9.9	190034	7.0	7044	1.7	4739	1.2	23616	5.8	6849	1.7	480	0.1	123375	30.3	163000	40.0	407510
2010/11	19599	4.9	403941	10.0	207685	7.2	7681	1.9	5470	1.4	26980	6.7	7729	1.9	479	0.1	110067	27.4	163120	40.5	402287
2011/12	21440	5.4	452391	11.3	218305	5.5	8115	2.0	5857	1.5	30120	7.5	8753	2.2	484	0.1	96976	24.2	161113	40.3	399927
2012/13	23146	6.0	481451	2.5	223905	8.8	8264	2.2	6031	1.6	31689	8.3	9553	2.5	726	0.2	91243	23.8	142817	37.2	384004
4 year Mean		5.2		11.0		5.3		2.0		1.4		7.1		2.1		0.1		26.4		39.5	
Sector as a whole in percent[10]	25				23												52				

Appendix ten

Overview of participants based on analysis of HESA data

Age

With regard to age the NHS-funded programmes taken together over the five year period have a mean of 85.1% conventional age students and 14.9% mature students, compared to 40% mature students across the sector. This hides significant disciplinary differences, ranging from affectively no mature students in some NHS-funded programmes to more than 50% in others. For example, more than 60% of orthoptics students in 2012/13 were over the age of 21 on entering higher education.

Gender

Participation in the specific NHS funded courses in the analysis are heavily weighted towards females. Overall the 5 year mean is 19.8% male students (80.2% female students), compared to the sector as a whole where the male student population in 2012/13 is 42.5% and the English population (Census 2011) which is 49.2% male. This however does vary between discipline areas and programmes. For example, in 2013/14 13.5% of nursing (B700) students were men, which can be contrasted with 3.4% entering children's nursing (B730) and 23.1% entering mental health nursing (B760).

[10] SEC data for the sector as whole is available for groupings of SEC categories 1-2 and 3-7 as well as 'unknown' only.

Socio-economic status

With regards to socio-economic status the occupation data indicates that NHS-funded courses have a large number of 'not classified' and 'unknown' students, but of the data available, 16.2% of students are from NSEC groups 1 and 2 (higher managerial and professional, and lower managerial and professional) compared to 25% for the sector as a whole, and 18.0 % of NSEC 3-8 (lower level classifications and never worked and long-term unemployed) compared to 23% for the sector as a whole for NSEC 3-7. Over time there appears to have been a gradual increase in the number of students from NSEC 1-2, and NSEC 3-8, but this is due to a reduction in the number of not classified and unknown students. It is therefore difficult to draw conclusions, given that the majority of students are not classified or unknown.

Ethnicity

The ethnic composition of students on NHS funded courses is atypical compared to the sector as a whole, with over-representation of students from non-White ethnic categories compared to the English population. The HESA data shows that the 5-year mean for White students in NHS-funded programmes is 65.0% compared with the English population of 85.4% (Census 2011). White students are significantly underrepresented amongst the student body. However, much of the difference may be due to under- or miss-reporting of ethnicity at source. Another factor may be that non-UK or overseas students may be counted within ethnic categories whilst they are correctly left out from census data. As with other socio-demographic characteristics there are considerable differences between programmes, for example White students are particularly under-represented in pharmacology, toxicology and pharmacy programmes. For example, only 31.4% of students studying pharmacy in 2013/14 were White, where as in the same year 66.0% of nursing students and 83.6% of midwifery students were White.

Students with disabilities appear to be better represented in NHS-funded courses than across the whole HE sector. The 3 year mean (2009/10-2011/12) for students with no known disability is 84.6%, compared to 91.0% for the sector as a whole. This suggests that students with disabilities are more attracted and/or more likely to be accepted on to NHS-funded courses.

Appendix eleven

Widening Participation groups

- Health careers advice and information (34)
- Pre-employment programmes (19)
- Apprentices (10)
- Bands 1–4 workforce development (15)
- Foundation degree development (6)
- Career pathway development (8)
- Access to Professions (36)

Some case studies appear in more than one category, and not all of them are relevant to this study, focusing on supporting disadvantaged people into employment or developing the clinical skills of the existing healthcare workforce without a particular focus on higher education. Of those that are relevant, almost all focus on widening *access* to higher education and are often activities that take place prior to application and enrolment.

We also considered which WP groups are targeted as part of the examples provided by higher education institutions, as illustrated in the figure below.

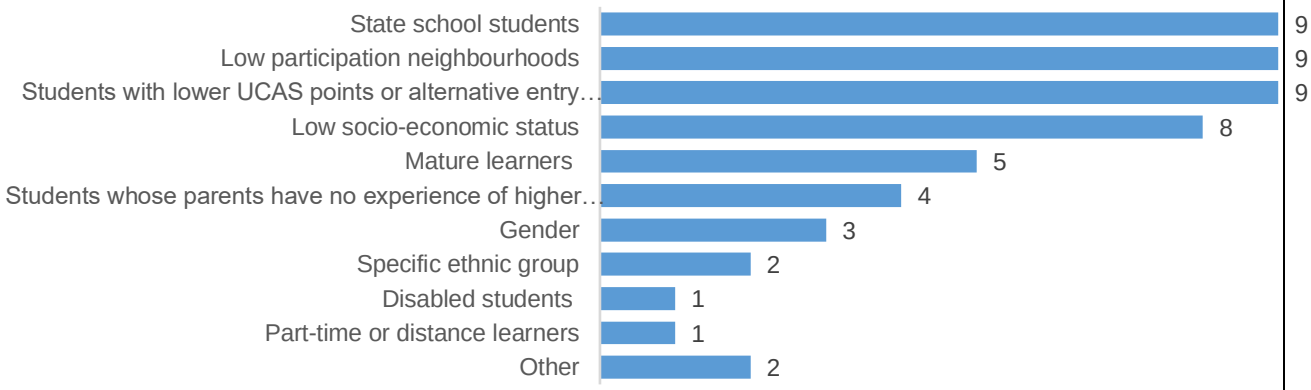

Figure 1: WP groups targeted in examples

The focus on students from low participation neighbourhoods and lower socio-economic backgrounds is reflective of what we know about HEI's WP focus more generally. A report from 2013 found that the majority of English HEIs target their WP activity at students living in low participation neighbourhoods and from families with low socio-economic status.[11] It is interesting that so many of the examples also cite State Schools as a specific target audience for activity. 93 per cent of all pupils aged 11 to 19+ are state school educated, so this is a broad audience.[12] And while young people from state schools are under-represented in medical schools (only 71.7 per cent of young first-time entrants to degree courses in medicine, dentistry and veterinary science are from state schools[13]) this is not the case for those studying subjects allied to medicine (where 93.7 per cent of first-time degree entrants are from state schools[14]).

[11] Bowes, L. Jones, S. Thomas, L. Moreton, R. Birkin, G. Nathwani, T. (2013) *The Uses and Impact of HEFCE Funding for Widening Participation* HEFCE

[12] Schools, pupils and their characteristics: January 2015. National tables: SFR16/2015. National Statistics. Available here: https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2015 last accessed March 2016.

[13] HESA Table SP4 Percentage of UK domiciled young entrants to full-time first degree courses from state schools by subject and entry qualification 2014/15 Available here: https://www.hesa.ac.uk/pis/urg

[14] IBID

Appendix Twelve

Illustrative vignettes

Six illustrative vignettes, taken from the qualitative research with students and graduates related to their experiences accessing and participating in higher education, and progressing towards employment as a health professional.

9.1 Irene

Irene is in her third year of a midwifery course at university. She is also working as a part-time waitress. She works many hours to support her studying and relies heavily on the bursary, without which, she suggests, she would not be able to continue on her course. Originally intending to do a degree in law, Irene's urge to help others – 'I wanted to do something that kind of helped people' – steered her towards a career in the NHS. She undertook some work experience and from thereon she was confident in her decision. Irene is the first in her family to go to university and she has excelled academically. However, her low socioeconomic status has meant that she needs to work in order to support herself. Irene tells of having suffered many negative experiences in her life and having mixed support from others. Consequently, she feels that she is not only in a position to help other people but has an intrinsic urge to do so. For her, midwifery is an altruistic means of supporting those in need.

9.2 Nahleejah

Nahleejah is a British-born Pakistani who is currently in his first year of studying physiotherapy. He is from a low-socioeconomic background and suffers from arthritis. Nahleejah is in his late 20s and before coming to university undertook an access course. Neither of his parents have been through higher education. Nahleejah's arthritis is often worsened through stress and the need for him to stand for most of the day whilst working impacts on this severely. He chose to study physiotherapy as a result of his own disability and of his experiences of overcoming barriers. Nahleejah works part time, in retail, to support his studies but his goal is 'to work with the elderly in the community, as a physiotherapist.' While his parents provide emotional support, they cannot give him any financial assistance. Moreover, Nahleejah provides indirect support to his parents because they are elderly; in particular, his mother suffers from partial sightedness and needs help with paperwork.

9.3 Matilda

Matilda is a mature student in her third year of studying for a degree in nursing. After leaving school and supporting students in an agricultural college, she decided that she had a lot of compassion and empathy, and would work well in a nursing role. Immediately before university, she worked as a healthcare assistant for an outpatient department. However, to be considered for university-level study, Matilda needed some qualifications at level three so she completed an NVQ. Previously, she was unsuccessful in applying for a course in nursing but as it was her first and only choice she persisted to her third attempt before being accepted. She has the personal and emotional support of her mum, who is also a nurse, but is financially independent. Although her mother is a nurse, Matilda is the first in her family to study in higher education.

9.4 Richard

Although Richard is a recent graduate of mental health nursing, and is now a resident mental health nurse, he is currently on a low income. At 51 years old, Richard entered the profession much later than some of his peers; however, he is one of many who return to study beyond the age of 30. Richard has been diagnosed with dyslexia and dyspraxia and suffers from low self-confidence. Before his university study, he was working with individuals with learning disabilities as part of social services. Having 'witnessed abuse' and struggled to be listened to 'because I was a care assistant', Richard intends to use his position as a form of social empowerment and as a way of helping others, and he believes that this compassion is a necessary trait for working in the health sector. In his own words he states, 'I'm going to get higher education, get a qualification that will put me in a position to actually do some good in people's lives.'

9.5 Jess

Jess is an undergraduate, in her third year, studying midwifery. She is a low-income student who is the first in her family to attend university. At school, she completed her A levels in sixth form and then applied to university. From the outset, she had a clear goal in mind of becoming a midwife. As a result of this, Jess feels like a typical student. However, she does not have strong financial support from her family. The bursary that she obtained has proven essential for the completion of her first year and she states that she would not have been able to study without it. In particular, she claims, the workload of the course, along with the necessity to undertake placements, is so demanding that working in addition to this would be extremely difficult and would almost definitely impinge on her studies.

9.6 Babette

Babette is a mature, Black-African student between the age of 26 and 30. She is an undergraduate studying adult nursing and is from a low-income background. At present, she lives with, and relies on, her parents and has her own children who also live with her. After graduating with a law degree, Babette struggled to settle in a role she was comfortable with. She worked in insurance for around eighteen months before securing a position as a healthcare assistant, which prompted her to move into the caring profession. As she has a caring and compassionate nature, Babette felt that she would excel in nursing and applied to do a degree to further this ambition. Unfortunately for Babette, her previous degree means that she is not eligible for support from student finance. She does, however, receive the NHS bursary and along with some part-time work this has enabled her to pursue her career goal.