

Anglia Ruskin University

**Foundation degree programmes in health:
Perspectives of leaders and contributors across
the UK**

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ANGLIA RUSKIN UNIVERSITY

ABSTRACT

FACULTY OF HEALTH, SOCIAL CARE AND EDUCATION

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Foundation degrees in health: Perspectives of leaders and contributors across the UK

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Academics are at the forefront of the inception, design and delivery of Fds and therefore are responsible for ensuring the aims are met, but their views on the award and the delivery of curricula have not been sought. Foundation degrees (Fds) were introduced in 2000 and although courses have been evaluated, this has been from the employer or student perspective. Fds were created to meet a number of government agendas and were seen as unique, bringing together: life-long learning, widening participation, flexibility of delivery, employer engagement and work-experience.

This research uses a mixed methods methodology. This includes: collating curriculum documents to explore commonalities and differences, a questionnaire sent out to academics across the UK, and semi-structured interviews of course teams from three Further Education colleges and three universities.

Unexpected findings were that academics felt their own development had been enhanced through working with Fds. This had been transformative in relation to their career pathway or challenged them to develop their approaches to teaching. The other significant finding was that academics perceived Fd students as different or 'other' from those students on 'traditional courses'. The students were described as hard working, motivated but also challenging and lacking self-confidence. A recurring theme was that Fds had provided a 'second chance'. This led to discussions as to whether Fds are a bridge between a series of liminal states on a journey from affirmative to transformational learning. Other findings highlighted the complexity of developing and delivering Fds in collaboration with employers, other higher education providers and within institutions.

The research found that Fds are complex and have no specific identity but consist of a family of awards. They meet widening participation and employers' needs, but are not fully understood. The research has significance not only for Fds, but also future courses that aim to widen participation, include employer engagement and enable students to develop skills for specific work settings. The academics' perspective adds to the existing views of employers and students of Fds about whether they have been successful.

Key words: Foundation degrees, academics' perception, mixed method, social construction

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Abbreviations

AP:	Assistant/Associate Practitioner: title most used for Band 4 posts
APCL:	Accreditation of Prior Certificated Learning
APEL:	Accredited Prior Experiential Learning
ARU:	Anglia Ruskin University
CC:	Course Contributor
CL:	Course Leader
DH:	Department of Health
DfES:	Department for Education and Skills
Fd:	Foundation Degree
<i>fdf:</i>	Foundation Degree Forward
FE:	Further Education
FEC:	Further Education College
HCA:	Health Care Assistants
HE:	Higher Education
HEA:	Higher Education Academy
HEFCE:	Higher Education Funding Council for England
HEI:	Higher Education Institutions
HND:	Higher National Diplomas
H&S:	Health and Social Care
KSF:	Knowledge and Skills Framework
QAA:	Quality Assurance Agency
NCCSDO:	National Co-ordinating Centre for NHS Service Delivery Organisation
NHS:	National Health Service
NOS:	National Occupational Standards
NSF:	National Service Framework
NVQ:	National Vocational Qualifications
RN:	Registered Nurse
SEEC:	South East England Consortium
SHA:	Strategic Health Authority
TAP(s)	Trainee Assistant Practitioners
UCAS:	The Universities and Colleges Admissions Service

UKCES	UK Commission for Employment and Skills
WBL:	Work-based learning
WBP:	Work-based project
WPL:	Workplace learning
WRL:	Work-related learning

Chapter One: Introduction

1.1 Overview of the study

Aims and focus of the study:

The principal aim of this study is:

To explore the development and delivery of Foundation degrees in health from the perspective of course leaders and course contributors within Higher Education and Further Education institutions.

In order to do this there are a number of areas that will be explored. Firstly, I seek to understand what a Foundation degree (Fd) in health is by examining how Fds in health are constructed, who delivers them, how they are delivered and what is included in the curricula. Secondly, I want to ascertain how Fds are perceived through the perspectives of CLs and CCs and what impact they feel Fds have had on both themselves and their students. The focus remained on academics' perceptions, but also incorporated other sources of information, including course documentation available in the public domain. Specific questions appear in chapter four as these were formulated through looking at the context and the literature.

The underpinning theoretical framework selected for the study is Social Constructionism. Social constructionism is concerned with the way in which a social phenomenon is produced and constantly revised by social actors (Gergen 1999 and Bryman 2001). This was particularly evident with Fds as they were created to meet a number of government agendas and focussed on developing the workforce, in some instances creating new roles. They were also unique in that they catered for a diverse range of students who would not have traditionally entered Higher Education (HE). Furthermore they exist within different types of higher education institutions (both

HE and Further Education (FE)) and some incorporate the workplace. My research particularly focusses on what the 'taken for granted' knowledge is, (Burr 2001 and Gergen 1999) by exploring academics' perception of what a Foundation degree in health consists of. The uniqueness of the qualification, the range of institutions and social agents involved and the varied approaches used in constructing Fds led to social constructionism being selected as a theoretical framework.

When examining the design and delivery of Fds the importance of meeting the tenets set by Higher Education Funding Council for England (HEFCE) (2000) when validating the courses was established. The tenets formed the basis of the Quality Assurance Agency (QAA) benchmarks for Fds and are used to decide if a course can be labelled as an Fd. The decision was made to use the tenets as themes throughout the study as they are important in the construction of Fds regardless of type or industry sector. The tenets are:

- Meet the needs of employers;
- Be developed through collaboration between universities, colleges and employers;
- Give recognition to students' previous learning and experience;
- Stimulate life-long learning, including through clearly defined credit accumulation and transfer schemes;
- Emphasise work experience;
- Be flexible, with delivery processes suited to the needs of people combining study with a job;
- Be capable of being delivered on both a part-time and full time basis;
- Be vocational;

- Focus on identifying and developing the key skills and knowledge which graduates need;
- Develop key skills through work-experience which will be accredited;
- Encourage smooth progression to an honours degree programme;
- Be of high quality;
- Be designed to appeal to a wide range of students;
- Be designed to be highly valued in the job market.

These were condensed to:

- Widening participation
- Life-long learning
- Flexibility
- Employer engagement
- Work-based learning
- Employability

The tenets are therefore an integral part of what an Fd needs to achieve. However it is the different social actors who interpret and decide on how they are enacted and delivered. By using these as themes this enabled me to make sense of the diversity of the curricula and also to provide structure to the exploration of the qualification through asking the academics' views as to how the tenets were being met but also by being themes for undertaking analysis.

The thesis presents research into course leaders' (CL) and course contributors' (CC) perceptions of Foundation degrees in health (Fds). The findings showed academics perceived Fds in health provided an opportunity for individuals to develop and

access higher education, which would not have been possible without the award. The study confirmed previous research findings, that there was a lack of understanding of what an Fd is, and provides a deeper understanding of the content and patterns of delivery of Fds in health. Pearson's (2010) three types of Fds were identified as relevant to Fds in health and these were found to influence the design of the curricula. For one of Pearson's types, workforce development, respondents ascribed positive qualities to the students compared with 'traditional' students. This led to discussions of identity and the student as 'other', liminality and stuck places and affirmative and transformative learning. The academics' experiences of designing and delivering Fds in health have led to their own development as both an individual and an academic.

Methodology

The research methodology used is mixed methods with both quantitative and qualitative data collection approaches. The research draws on Cresswell and Plano-Clarke (2007) and Plano-Clark and Badiee's (2010) processes for decision making and utilises both Bryman's (2008) concept of completeness as the purpose for using mixed methods and Green's (2008) principles of independence/interaction, status and timing when deciding when and how to bring the data together.

Three data collection methods were used: examination of course documents, postal questionnaire and interviews. The questionnaires and interviews were given higher status than the course documentation, but all were considered to be pivotal in understanding what an Fd in health consists of and the perceptions of the academics who deliver them. The course documentation was collected first, as by identifying where the courses were delivered, it enabled the sending out of questionnaires. The

questionnaires were sent out before the interviews were conducted, as they were used to identify individuals who would be willing to be interviewed. Some HEIs were approached directly and asked to participate in the interviews in order to examine a range of provision.

1.2 Original research intentions

During the initial years of establishing the Fd, the Higher Education Academy (HEA) set up a special interest group for Fds of which I became a member and later a co-chair. A number of Fds were developed and delivered between 2003 and 2005, and the group allowed for discussion of what was available and how they were developed. This included discussions around what content was included and problems that were experienced. It was also apparent that Fds were continuing to be developed and a number of people were attending the meetings seeking help with designing their courses. This led to discussions as to what should be in an Fd in health, but also provided the opportunity to help others avoid the problems that initial curricula had experienced. This led me to the decision to focus on the CLs' perspectives of Fds.

As Fds were validated by universities and my experience from the HEA meetings was with university staff, I decided that the focus of the research would be university CLs. This was also because I felt the HEA would provide a good network from which to recruit respondents. The chosen methodology was qualitative and the intention was to use phenomenology and life story paradigms. Sixteen universities were identified as delivering Fds in health and the Council of Deans were contacted to seek permission to approach members of staff. Only three universities refused and the rest were asked to take part in an online forum. Others were approached directly

through meetings of the special interest group and attendance at conferences. An online discussion forum was chosen as this would allow for participants to contribute their ideas despite the geographical spread. Hine (2006) supports the use of online research when geographical considerations are an issue. She also highlights the pitfalls in relation to quality of data and response rates, which was the case with the original approach. On reflection, although this method of data collection had potential, it was too time dependent for participants and added another role to their already busy lives. Only five people responded from a pool of sixteen and of those only three contributed to the forum, resulting in a lack of data. This led to re-thinking the scope of the research, including the target population, methodology and data collection methods. The research was changed to include: both HEIs, FECs, CLs and CCs and used a mixed methods approach.

1.3 Content of chapters

This chapter provides an overview of the study and the contents of each of the chapters. The first part of the chapter briefly describes the original intentions for the study and how they developed over time and then provides an overview of the study's aims and focus, methodology and data collection. The second part summarises the structure of the thesis delineating the contents of the chapters, terminology used and confidentiality issues. The final part of the chapter sets out my own experience of Fds, including how and why I became involved. This shows from whence my interest in the topic stems and reveals that I am not an unbiased observer, but someone with experiential knowledge of the topic area. I am not, however, a participant in the research itself, although initially this was considered as an option.

The structure of the thesis follows the guidance provided by Anglia Ruskin University (ARU) and includes a literature review, methodology chapter, findings and discussion. There is some debate around how existing literature is incorporated within a research project (Walliman 2011, Silverman 2013 and Flick 2014) and the extent to which the literature review can be addressed prior to completing the data collection, or is ongoing throughout the study. Flick (2014) presents a view that, particularly in qualitative research, focus is on discovery and exploration of areas new to science and therefore a review of existing literature should not be the starting point of the research, but occur after data analysis. However, all three authors above concur that review of the literature is ongoing and only completed at the point of submission of the thesis and includes a range of literature. Within my own thesis I have approached the literature using Flick's (2014) four forms of literature:

1. *The theoretical literature about the topic of your study*
2. *The empirical literature about earlier research in the field of your study or similar fields*
3. *The methodological literature about how to do your research and how to use the methods you chose*
4. *The theoretical and empirical literature to contextualize, compare, and generalize findings. (Flick 2014 p66)*

Chapter two incorporates the theoretical literature about Fds (number 1 of Flick's forms of literature) and provides the context for the creation of Fds in the UK, drawing on relevant policies and drivers, both national and international. Included in the chapter is guidance from the Higher Education Funding Council for England (HEFCE), Quality Assurance Agency (QAA) and Foundation Degree Forward (*fdf*), for the development of Fds in general. The tenets underpinning Fds (HEFCE 2000) are defined and the types of Fds available. The chapter also explores the development of Fds in health, including specific policies and drivers, and advice available from the Sector Skills Council. This chapter is intentionally descriptive as it

addresses the history of the development of the subject in order to provide background (Walliman 2011).

Chapter three includes both empirical and theoretical literature related to the topic (number 1 and 2 of Flick's forms of literature) by engaging with the literature available by drawing on opinion papers, evaluations and research. The first section discusses literature around the qualification itself and the issues related to introducing the new qualification. Alongside this, the literature underpinning the HEFCE tenets (outlined in chapter two) is explored in more depth. The second section looks at the design, development and delivery of Fds both in general and specific to healthcare, incorporating literature that evaluates whether the QAA concepts underpinning Fds have been met. This includes research about the preparation of individuals for new roles within healthcare delivery, linked to the completion of an Fd. The final section brings in the concepts of habitus, field and identity which emerged from the analysis of the findings and social constructionism. Through critically engaging with the literature the chapter identifies the gaps in the literature and how the existing debates concerning Fds feed into my own area of study and ensures originality.

Chapter four presents the methodological and ontological approaches. The chapter looks at the theory and philosophy underpinning mixed methods research and how this was used to design and implement the methods of data collection. The ontological aspects of social construction and pragmatism are explored and linked to the methods used. This addresses the third form of literature identified by Flick (2014). Ethical aspects that needed to be considered when planning and carrying out

the research are discussed and how these were addressed throughout the research process. The chapter provides a detailed description of the three data collection methods used, explaining how the sample was established, decisions about how the data would be collected and analysed and issues around designing and implementing the tools used.

Chapter five presents the findings from the data analysis, focussing on each of the three sets of data collected. The findings are structured around the tenets underpinning Fds and draw on relevant theories and guidance explored in chapters two and three. The course materials are analysed in relation to: who delivers Fds in health, types of courses, patterns of delivery and the curricula content. Analysis of the questionnaires includes quantitative data on roles and the development of Fds and qualitative data focussing on understanding of the qualification, positives and problems of working with Fds, and academics' perceptions of delivering an Fd. The data from the interviews addresses some of the issues raised from the questionnaires, enabling these to be looked at in more depth. As the interviews were semi-structured, they include aspects raised by the participants which enhance the findings.

Chapter six brings together the findings from the three types of data collection and analyses the themes and issues raised across the data. The concepts underpinning Fds are explored and linked to the findings to ascertain the extent to which these have been met from the perspective of the participants. The perceptions of the impact of Fds on the participants themselves and the students they teach are also addressed. The chapter considers the extent to which the findings support the ontology of social

constructionism. The chapter also brings in new theoretical and empirical literature inferred from the findings, number four of Flick's (2014) forms of literature.

Chapter seven presents a summary of the research findings and recommendations for future practice. The chapter looks at the Now What? stage of reflection (Driscoll 2007), where themes and issues have been identified and decisions need to be made concerning the next step. Suggestions as to how the research can be used to inform and/or influence future practice in the design and development of Fds in healthcare or equivalent courses are presented. The chapter also explores my journey as a researcher and how the research meets the criteria of original contribution to knowledge.

1.4 Terminology used in the thesis

Universities use different terms to describe the curricula: course, pathway, or programme. Here the term "course" is used to describe the validated curriculum and "pathway" to describe any named awards within a course.

Both universities and Further Education colleges provide higher education courses. Throughout the thesis, universities will be referred to as HEIs and Further Education Colleges as FECs.

1.5 Confidentiality

When collating the course documents, the names of the HEIs and FECs have not been changed as the information is in the public domain and does not link to individuals. For both the questionnaires and interviews the names of HEIs have been changed to names of trees and the FECs have been given names of flowers. The

respondents whose views were quoted have been given pseudonyms. This was not only for confidentiality, but also for clarity as to who was making comments and from which institution. This also ensured that material was used from across the spectrum of responses. The genders of the questionnaire respondents was not known, so names have been arbitrarily assigned. For the interviews, all the respondents were female and therefore gender appropriate pseudonyms used.

1.6 Researcher bias and subjective reality

Good research practice suggests that researchers need to identify any potential bias or subjectivity in relation to the topic under study (Denzin and Lincoln 2011 and Johnson and Gray 2010). This is not necessarily a negative factor, but is embraced within mixed methods research as subjective reality (the personal and experiential) which can combine with intersubjective reality (social and cultural structures) and objective reality (material and physical things) to provide multiple realism (Johnson and Gray 2010).

My personal experience (subjective reality) stems from developing and delivering an Fd for Anglia Ruskin University (ARU). I was asked to work with colleagues to develop an Fd in Community Care for community healthcare assistants employed by a number of local National Health Service (NHS) Trusts at the behest of the then Strategic Health Authority (SHA). The specific remit was for the development of healthcare assistants from a Band 3 role to the Associate/assistant practitioner (AP) role which was a Band 4 role (Agenda for change, DH 2004). The Fd in Community Care was developed using guidance from the Quality Assurance Agency (QAA), Higher Education Funding Council for England (HEFCE) and Foundation Degree Forward (*fdf*). ARU had a number of established Fd courses, one of which, the Fd in

Public services, was provided as a case study by *fdf* (Baigent et al. n.d.). The course team were approached to provide guidance on how they had developed the Fd.

When I was asked to be the CL for the above Fd, I had not had any experience of the CL role and only minimal involvement in curricula writing and in following university processes. Taking on the role was a major learning curve and also, as the concept of Fds was new, it was difficult to establish what the Fd should include and how it should be delivered. In order to assist with this process I joined the Higher Education Academy Special Interest Group for Fds to meet with other academics developing and/or delivering Fds. I felt that I had the relevant skills for working with students who would come in with lower entry requirements, having taught in Further Education Colleges (FECs) and on State Enrolled Nurse conversion courses.

Over the ten years I have been CL for the Fd a number of changes have occurred. Two years after the course was validated the SHA changed its stance on what each HEI would offer and ARU was approached directly by NHS Trusts to develop named pathways for different specialisms. The number of pathways increased to include: mental health, acute care, operating theatres, children and young people and a pathway for healthcare assistants working in maternity services. In 2011 the SHA expressed concern that, although across all the HEI providers there were a number of named pathways, there were health care settings that did not fit into what was available. We were then asked to provide a more generic course which would enable a range of specialisms. The course was changed to provide an FdSc in Health and Social Care which had core modules compulsory for all, but provided specialism through work-based assessments and personal development plans (pdp) as part of the

WBL modules. Skills and competencies were also bespoke, being set and agreed with managers and mentors.

In addition my professional background as a nurse could also be seen as subjective experience alongside my role as a CL. This research therefore stems from and is influenced by long term involvement with Fds, both as a CL and a nurse and as part of a special interest group. Sharing information with other CLs made me aware of the similarities in course content, but also the differences. This led to an interest in examining other universities' provision. Alongside this, I was interested in exploring how the content of curricula was decided and in examining the perspectives of the CLs and other CCs who delivered the curricula. The overall aim was to develop a deeper understanding of the content of Fds in health and how academics perceive the qualification through their experience of developing and delivering the curricula. Underpinning this was whether these experiences would enable other academics to develop curricula for Fds (or related qualifications) in the future.

1.7 Originality

In order to meet the requirements for a PhD I need to show originality. According to Phillips and Pugh (2005) there are nine different ways in which to show originality. Through using a mixed methods approach which brings together different sources of data I am 'making a synthesis that hasn't been done before' and by focussing on Fds in health and CLs' and CCs' perspectives, I am aiming to 'look at areas that people in the discipline haven't looked at before'. By focussing on these two aspects of originality the research will enable a broader understanding of Fds in health and present the views of those who design and deliver them.

Chapter Two: Development of Foundation degrees in the UK

2.1 Introduction

This chapter provides an overview of the development of Fds in the UK and why they were created at this specific point in time. It defines what Fds are and what led to their conception including social, political and economic factors. The creation of Fds in general will be addressed first, followed by exploration of those that focus on healthcare. A key argument of my thesis is that Fds are socially constructed and therefore they are influenced by the society in which they exist. In order to gain an understanding of the degree to which the delivery of courses has been influenced by society, there needs to be exploration of why they were created and what the drivers were. The first part of the chapter focusses on exploring the historical and cultural specificity of Fds by looking at what Fds are and how they were developed and includes the HEFCE (2000) tenets of Fds. The policies which led to that development are outlined along with the drivers that led to those policies. The policies and drivers are not only from within the UK, the member states of the European Union can be argued to be the main force behind the development of the new intermediate qualification, but similar developments have occurred worldwide.

The second part of the chapter addresses the tenets set by HEFCE providing definitions and an overview of each of these concepts. The final part of the chapter looks at the drivers and policies that underpin the development of Fds in health. This includes the roles developed within the NHS and the guidance provided for designing curricula by Skills for Health.

2.2 What is a Foundation degree?

According to Ofqual (2011) Fds are an intermediate qualification and sit at level 5 on the framework alongside Higher National Diplomas (HNDs), Diplomas in Higher Education and Diplomas in Further Education. Level 4 is equivalent to a Certificate in Higher Education and level 6 are Bachelor Degrees and Graduate Certificates. The level 5 qualifications are seen as demonstrating a depth of knowledge linked to job roles (vocational).

In the UK a number of Fds have been established which cover a wide range of employment sectors. These include: media, transportation and logistics, the fashion industry, and health and social care. Fds were validated by HEIs and delivered by HEIs or FECs. Jackson and Jamieson (2009) describe Fds as short cycle degrees, equivalent to 240 credits of an honours degree, that are run in partnership between FECs and HEIs, with 90% of FECs involved in Fd provision. However, they note that from 2008 onwards FECs could validate and award their own Fds reducing the need for partnerships with HEIs.

2.3 Drivers for Foundation degrees

The development of Fds was the result of a number of drivers, both national and international. Policy drivers from the European Union (EU) included the Bologna Declaration 1999 and Lisbon Strategy 2000 (Webb, Brine and Jackson 2006). Both the Bologna Declaration and the Lisbon Strategy form part of the EU's drive to develop life-long learning and compatibility across the member states. The Bologna Declaration was significant in that it set out the agreement to look at HE delivery across the European Community and to develop delivery with common goals and levels of qualifications (Webb, Brine and Jackson 2006). The Lisbon Strategy was

developed in 2000 by The European Council and emphasised the development of a “Knowledge-based economy” and “information society”. The focus was on developing a single market in Europe and improving the knowledge of the workforce (CIVITAS 2008) and was developed as part of the Europe 2020 strategy. The emphasis was on the member states of the EU working together to improve the economy through investment in training and education of the workforce. In order to achieve this the then Education Ministers set out three key objectives:

- To improve the quality and effectiveness of EU education and training systems
- To ensure that these systems are accessible to all
- To open up education and training to the wider world.

In the UK, prior to 2000, the Dearing report (1997) had recommended the introduction of a sub-degree qualification linked to the labour market, specifically for mid-level occupations. The National Skills Task Force (Department for Education and Employment 1999 cited by HEFCE 2000) identified the need to increase the number of highly skilled technicians and associated professions, particularly financial services, the health professions, culture and IT, media, sport, tourism and leisure. The Dearing Report, The National Skills Task Force findings and the Lisbon Strategy contributed to the UK government formulating plans for a new academic qualification; the Foundation degree. The Higher Education Funding Council for Education (HEFCE) and The Department for Education and Skills (DfES) were responsible for developing the award in the year 2000.

In July 2000, HEIs were invited by HEFCE to apply for funds to develop pilot courses, providing £5.2 million and creating funding for 2,123 additional students.

Twenty-one consortia were funded to develop 40 different prototypes and this was increased in 2001 to include 13 further institutions and 28 more pilot Fds (Wilson, Blewitt and Moody 2005). In the White Paper, 'The future of Higher Education' (DfES 2003), a further £32 million per annum was made available to Fd development until 2006. The White Paper also created Foundation Degree Forward (*fdf*) who were funded by HEFCE. Their role was to provide advice for employers and HEIs on how to set up an Fd and in addition *fdf* were responsible for commissioning research and evaluations of Fds.

The qualification was designed to improve the educational level of the workforce and also to provide a vocational route, alongside existing traditional academic courses (Bachelor awards), building on changes for the 14 to 19 years education provision (Vogler-Ludwig et. al. 2012). The consultation document (DfES 2000) contained the conceptual drivers which became part of the prospectus for Fds (HEFCE 2000). The foreword by David Blunkett, then Secretary of State for Education, outlined the tenets of Fds (Table 2:1). Emphasis was on collaboration, partnerships between employers and course providers, and curricula that met the needs of employers and developed the workforce. Specific importance was placed on accessibility in order to widen participation. Fds would contribute to the life-long learning and widening participation agendas by attracting people from under-represented groups. Fds would provide flexible modes of delivery including distance learning and part-time study which would allow students to 'earn and learn' (HEFCE 2000, p5).

The tenets made the Fd unique and therefore should be focal to the design and delivery of Fds and as such form an integral part of their evaluation. When designing

an Fd the HEFCE tenets were expected to be used to ensure it was fit for purpose. The extent to which this has happened will be explored throughout the thesis and influenced the literature review, data collection, data analysis and discussion of findings.

Table 2:1: Tenets of Foundation Degrees
<ul style="list-style-type: none"> • Meet the needs of employers; • Be developed through collaboration between universities, colleges and employers; • Give recognition to students' previous learning and experience; • Stimulate life-long learning, including through clearly defined credit accumulation and transfer schemes; • Emphasise work experience; • Be flexible, with delivery processes suited to the needs of people combining study with a job; • Be capable of being delivered on both a part-time and full time basis; • Be vocational; • Focus on identifying and developing the key skills and knowledge which graduates need; • Develop key skills through work experience which will be accredited; • Encourage smooth progression to an honours degree programme; • Be of high quality; • Be designed to appeal to a wide range of students; • Be designed to be highly valued in the job market. <p>Source: HEFCE 2000</p>

Following the publication of the tenets, the DfES asked QAA to produce qualification benchmarks (Table 2:2). These benchmarks were created to provide parity for the qualification across the UK, regardless of the focus of the Fd and are broad principles that influence the design, but do not control the content of the curricula. In order to validate an Fd the curriculum needs to demonstrate how the benchmarks are addressed and that the Fd has been developed in collaboration with employers. They also need to show how they will develop individuals as well as meet government expectations of workforce development. These benchmarks state the requirements for work-related learning, wider access, employer involvement and

flexibility of delivery. They advocate a balance between theory and practice with WBL outcomes linked to a specific role in the work sector.

Table 2:2: QAA Benchmarks

Foundation degree graduates should be able to demonstrate:

- Knowledge and critical understanding of the well-established principles in their field of study and the way in which these principles have developed;
- Successful application in the workplace of a range of knowledge and skills learnt throughout the programme;
- Ability to apply underlying concepts and principles outside the context in which they are first studied, and the application of those principles in a work context;
- Knowledge of the main methods of enquiry in their subject(s), and ability to evaluate critically the appropriateness of different approaches to solving problems in their field of study and apply these in a work context;
- An understanding of the limits of their knowledge, and how this influences analyses and interpretations based on that knowledge in their field of study and in a work context;
- Use a range of established techniques to initiate and undertake critical analysis of information, and to propose solutions to problems from that analysis in their field of study and in a work context;
- Effectively communicate information, arguments and analysis, in a variety of forms, to specialist and non-specialist audiences, and deploy key techniques of the discipline effectively in their field of study and in a work context;
- Undertake further training, develop existing skills, and acquire new competencies that will enable them to assume responsibility within organisations;
- and have: qualities and transferable skills necessary for employment and progression to other qualifications requiring the exercise of personal responsibility and decision-making;
- The ability to utilise opportunities for life-long learning.

Source: QAA 2004 pages 8-9. (First published in 2000)

Fds were not envisioned by QAA to be a set structure (Wilson, Blewitt and Moody 2005) as this would restrict the ability to respond to local labour market needs, but were expected to be identifiable and distinct from other qualifications.

The introduction of the award across employment sectors was furthered by the Leitch Report (2004) and the Commission of the European Communities Review (2006). In 2004 the UK government asked Lord Leitch to report on the skills needed for the UK

to maximise economic productivity and to ensure social justice. The report was published in 2006 and highlighted that, although mechanisms have been put in place to develop the workforce for 2020, these were likely to only maintain skills at current levels, rather than develop the UK to be competitive in the economic market. Leitch found that one third of adults did not have qualifications equivalent to a basic school leaving qualification. Nearly half the adult population had difficulties with managing numbers and one seventh were stated as not being functionally literate. Within the recommendations a series of targets were set. Particularly relevant to the continued development of Fds, was that over 40% of adults should have qualifications at level 4 or above. In order to achieve this Leitch emphasised:

- Shared responsibility between employers, employees and the government;
- Economically valuable skills, particularly portable skills across employment sectors;
- Demand led skills, those that meet employers' needs and would be locally identified;
- Ability to adapt and respond to change;
- Build on existing structures through rationalising what already exists and simplifying where relevant.

The report advocated provision of more training through supporting employer commitment to train the workforce to a minimum of level 2 and creating an ethos of learning within the population. The report included the need to increase access to HE and to come into line with other European countries. This saw the growth of more work-based education including National Vocational Qualifications (NVQs) and the continued introduction of Fds.

The EU used Lord Leitch's findings to feed into its review (Commission of the European Communities 2006) concluding that European Universities were yet to meet their potential in providing a cohesive approach for educating the workforce and suggested seven areas to be addressed. Of these the following directly relate to Fds:

- Provide incentives for structured partnerships with the business community by including the increase of links between research and the work sector and also the provision of opportunities for students to apply theory in a real practice situation
- Provide the right mix of skills and competencies for the labour market through provision of qualifications that meet employers' needs.

Both of the above reports show that, although measures had been put in place, there was still a long way to go to achieve the targets set.

Following the Leitch Report more funding was made available through Train to Gain, which was created in April 2006 (National Audit Office 2009) to encourage employers to develop the workforce. Train to Gain acted as a brokerage service to match training opportunities with employers' needs and funding for eligible employees for specific courses and qualifications (including Fds). Initially the funding had focussed on entry level qualifications (NVQ levels 1, 2 and 3), but was broadened to include level 4 and 5 courses.

Other drivers that led to the development of Fds are linked to economic competition and observation of international educational strategies (Wilson, Blewitt and Moody 2005). Investigation of intermediate qualifications in other countries found that

emphasis was on widening participation and employers' need for a suitably qualified workforce (Robertson 2002 cited by Wilson, Blewitt and Moody 2005). This was underpinned by options needing to be cost effective for both students and public funds, meeting small to medium business enterprises' needs and providing routes into middle management. Robertson identified the Associate Degree in the USA (two years of a degree) and similar qualifications in Germany and Australia. All of the intermediate qualifications included a work placement, or other forms of work experience, which provided "on the job" experience and were designed to meet local labour market needs and were trusted by employers.

A comparison of approaches to develop intermediate qualifications by the UK Commission for Employment and Skills (UKCES) (Vogler-Ludwig et al. 2012) evaluated the provision in three countries: Australia, Netherlands and Germany. They found that Germany had focussed on apprenticeship routes within company training and had dedicated vocational schools and colleges. Germany had introduced the Meister qualification (equivalent to Fds) at level 5, but had experienced a low uptake as it appeared to compete with level 6 graduate posts. In the Netherlands, vocational schools and colleges operate alongside academic routes, but are seen as less attractive and have lower status. Australia has a modular approach with learning units used to build into an advanced diploma. Employers and employees decide on relevant modules to undertake. This then feeds into Bachelor or Associate degrees. The report also highlighted the introduction of higher apprenticeships in England and Wales following the Apprenticeships, Skills, Children and Learning Act (ACSL) (Legislation.gov.uk 2009) which provided statutory guidance on minimum guided

learning hours. These are in competition with Fds as they are at the same level of education.

2.4 Tenets underpinning Foundation degrees.

The introduction of Fds and the award's tenets and benchmarks brought together a number of concepts: life-long learning, employability, widening participation, flexibility, employer engagement, work-based learning and progression routes. These concepts were not new; however, this was the first time they had been brought together within one academic award, thus making Fds unique (Wilson, Blewitt and Moody 2005 and McCracken 2010). As mentioned previously, these concepts are an integral part of Fds and therefore it is essential to understand what they are and how they impact on the development and design of the award. The following sections provide a definition of the concepts and an overview of how they are incorporated within the ethos of Fds.

Life-long learning

One of the key themes tied into Fds was that of life-long learning and the importance for the workforce to have access to post school education. This was emphasised by David Blunkett (DfES 2000) in the consultation document for Fds. He stated that:

“Higher education should not be a ‘one-off’ experience. Instead we need to create a continuum of learning where people can expect to move in and out of education throughout their lives. At the centre of this new approach will be the new Foundation degree”. (DfES 2000 p3)

This statement underpinned the expectation that the Fd qualification would suit both those entering and those already in the workforce. The consultation document

highlighted that, for some individuals, Fds would offer a second chance to develop academically, but also reinforced the need to have learning that was relevant to a work setting, so that life-long learning led to employability.

HEFCE (n.d.) provide the following definition of life-long learning:

“Defined by the Government as all post-16 learning, but applying specifically to learning by adults who are already in the workplace and need special part-time provision, or to learning that adults may wish to undertake to enrich their lives.”(HEFCE glossary of terms)

This definition highlights the interpretation of life-long learning as being vocational and underpins the government stance of development of the workforce through delivering education part-time to fit around work. It suggests that learning can be broader to enrich individual’s lives. In the context of Fds life-long learning emphasised both the development of qualifications and careers (DfEs 2000).

Schuller and Watson (2009) provide a different definition:

“Life-long learning includes people of all ages learning in a variety of contexts – in educational institutions, at work, at home and through leisure activities. It focusses mainly on adults returning to organised learning rather than on the initial period of education or on incidental learning.”(p2)

Unlike the HEFCE definition this encompasses all ages and not just those in post 16 education. It provides a broader concept where learning can take place in both formal and informal settings. The two definitions highlight the concept of continued learning across the lifespan and the need for a range of opportunities and methods of delivery. Jackson and Jamieson (2009) see life-long learning as having significance due to demographic shifts with an ageing population and the need to focus on skills based vocational learning. They suggest that the primary aim for Fds is to provide students with technical and professional skills demanded by employers. Due to the

focus on work skills and employment outcomes, Fds were exempt from funding changes that restricted individuals from studying for equivalent or lower qualifications than they already possess.

What was significant for life-long learning is HEFCE's emphasis that all Fds must have a progression route to a full degree. This means that students on an Fd can continue and achieve an honours degree. HEIs have to provide a progression route and state this in the validation documentation. This included all courses being validated regardless of whether they were delivered by the HEI or FEC.

Employability

Fds were envisioned as one of the routes to develop employability within the UK through providing knowledge and skills for employment. Little (2011) states that the QAA guidelines brought in the integration of academic study and WBL. They defined employability as giving individuals skills, understanding and personal attributes that will aid the individual to gain employment, but also benefit the workforce, community and the economy. Employability is not just about giving individuals the skills to enter the workplace, but about developing those already in employment by supporting continued learning and career development (Pegg et al. 2012). According to DfEs (2000) the role of Higher Education is to aid personal learning and improve employment prospects. This includes preparing graduates and supporting them throughout their life-long learning, but also developing those already employed.

Widening participation and flexibility

Widening participation links to the concept of life-long learning, but also the agenda to provide access to HE for those individuals who traditionally had been excluded.

Fds were seen as one of the ways forward to achieve this. The UK Government emphasised the importance of widening participation when, as part of a consultation document: Widening Participation in Higher Education (DfES 2003), they proposed fining universities if they did not attract sufficient working class students. Wilson, Blewitt and Moody (2005) postulated that the traditional universities would have limited engagement with Fds and only in areas that built on their existing strengths. Emphasis would be more on widening participation in relation to honours degrees. Newer universities, particularly those with existing vocational focussed courses, would be more likely to incorporate Fds as one way of widening participation.

Wilson, Blewitt and Moody (2005) stated that:

“Thus, although for educators who are committed to a broad conceptualisation of both widening participation and life-long learning Foundation degrees are important because they may offer an important opportunity for mid-life career changes or those wishing to enhance their employability sometime after their initial education and training this is not sufficient to reconfigure a traditional institution.” (p117)

The above statement suggests that Fds were more likely to be popular with mature students seeking or needing to make career changes and would therefore not be appropriate for “traditional” (pre 1992) universities.

As Fds had lower entry requirements, compared to traditional degree courses, concerns were raised that by widening participation this may lead to a lowering of academic standards. *fdf (n.d.a)* argued that Fds were designed to have more flexible entry requirements, but this did not mean they would have lower standards overall. Fds were expected to accept students with lower initial qualifications than if applying

for the traditional three year Bachelor degree and to consider accreditation of experiential learning particularly for those applicants already in employment.

Fds were aimed at attracting new participants to HE particularly those in employment (Edmond, Hillier and Price 2007). HEFCE (2000) anticipated that applicants would include employees who wished to develop their careers through enhancing their skills and knowledge and both 'earn and learn'. The Fds would include a broad-base of academic learning with clear transition to an honours degree and professional development. Potentially for school leavers, Fds would allow entry to HE with lower academic qualifications but they would still leave with a degree in a three year time span, alongside their peers who had undertaken honours degree programmes.

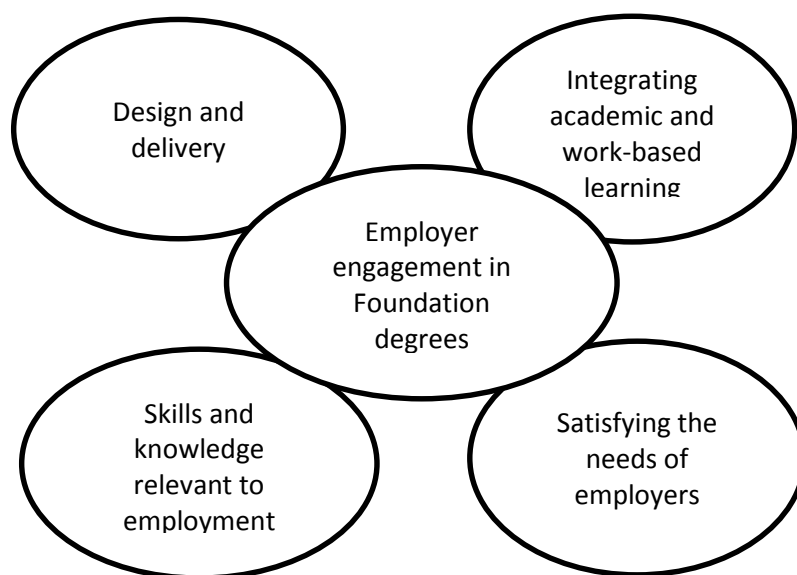
The way in which courses were to be delivered was also expected to be more flexible to allow for more focus on learning being integrated into the work setting. Toohey (1999), writing before the development of Fds, envisioned flexible delivery to encompass a range of strategies including: how students access the course, use of distance, campus or workplace based learning, groups meeting in geographically convenient locations and virtual groups. *fdf* (n.d.a) in a briefing paper on flexible learning and Fds widened this to include: increasing student access and widening participation in HE, student-centred teaching and learning, increased student control of the learning experience, the opportunity to develop novel approaches to curriculum delivery and the development of quality learning opportunities for employees with limited disruption to the workplace or business. This last point raises a number of issues as to the potential conflicts of being both an employee and a

student and does not link to those students undertaking Fds who are not employees but are striving to enter a specific work sector.

Employer engagement

Employer engagement is seen as essential for Fds in order to ensure curricula meet the needs of the employer to enable workforce development. Four main areas of employer engagement necessary for a successful Fd were highlighted in ‘Employment Engagement: Briefings for Learning Providers’ (*fdf* n.d.b). The diagram provided (2.1) suggests that this should occur throughout the design and development and also underpin the content of the Fd, thus making it unique to the employer or employment sector. The advice included that employers should identify workplace champions to work closely with the academic providers to enable effective delivery particularly for WBL aspects.

Diagram 2.1 Employer engagement



Source: Employment Engagement: Briefings for Learning Providers (*fdf* n.d.b).

Further advice from *fdf* (n.d.c) states that other measures would include good communication channels, initial and ongoing consultation and equality between partners. They also expressed the need for allocated time and resources to be available to allow for communication to occur. This applied whether the partnerships were between HEIs, FECs and employers or other combinations.

The degree to which employer engagement occurs is examined within the study, commencing with the literature review, through examining existing research. The data collected, using the questionnaire, asked who was involved in the design and delivery of Fds in health and sought to establish the extent of employer engagement in this process. The extent of employer engagement and how this impacted on course delivery also emerged as a theme from the interviews.

Work-based learning

One of the fundamental tenets underpinning Fds is that they are linked to the workplace and designed to develop the workforce. The initial tenets of Fds, as stated by HEFCE (2000: Table 2.1), emphasised work experience as being an essential component of Fds which could include learning while employed, learning through placements or through simulation. In the QAA Foundation degree qualification benchmark (2010) which superseded the benchmarks of 2002 and 2004 the wording emphasises the concept of WBL:

“Foundation Degrees integrate academic and work-based learning through close collaboration between employers and programme providers. They build upon a long history of design and delivery of vocational qualifications in higher education, and are intended to equip learners with the skills and knowledge relevant to their employment, so satisfying the needs of employees and employers” (p4).

However there is some confusion over what WBL is and how it relates to work-related learning. The QAA code of practice section 9 (QAA 2007) provides guidance on WBL and placement learning. A definition of WBL is not provided, and QAA states this is deliberate, as it is then open to interpretation and also allows for flexibility. By setting a definition it may lead to a restricted application of the concept. What the guide advises is that whenever WBL or placement learning is part of a course, then the learning outcomes need to state this and curricula need to demonstrate how this will be incorporated, managed and assessed. Emphasis is also on setting up quality practices that include orientation of mentors and managers and ongoing monitoring, so that relevant experiences are available for students to meet the learning outcomes.

Information from *fdf* (2008) appears to suggest a broad definition of WBL that incorporates the concept of work-related learning (WRL) as a key component in Fds. They advise that work-related study and work-related skills acquisition need to be co-ordinated to ensure they provide a complete learning experience. They outline methods for WRL as: day visits, project work, one-off presentations or demonstrations and visiting lecturers from the relevant industry. *fdf* placed the responsibility of managing WBL with the educational provider and stressed the importance of both the provider and employer being behind the implementation and aware of what each can offer the degree. They emphasise the need for a formal agreement and guidance and training in the roles and responsibilities expected of workplace learning providers. In addition, ongoing support, for both the employer and student, and guidance notes for the employer are cited as good practice. The document was specifically aimed at full time Fds where they were replacing HNDs,

as there appeared to be a lack of understanding of the difference between the qualifications. The advice was generic and not aimed at a specific area of employment. *fdf* also stated that the students doing full time Fds were those not sent by their employer and would be predominantly younger students, aged 19 to 25.

fdf (n.d.d) list a number of characteristics of WBL and how it can be delivered within Fds: single or multiple core modules, placements, simulations and live briefs, work-related activities including shadowing or work-based projects (WBP) negotiated by the provider, employer, learner, or a combination. Other methods used are: reflective logs, action learning sets, problem based learning and personal and professional development planning. The examination of course curricula and the interviews consider how WBL is incorporated into Fds in health. A further discussion of WBL and Fds is provided within the literature review.

2.5 Types of Fds and modes of delivery

One of the interesting aspects of Fds is that they are targeted at a range of participants and can be delivered within a number of settings, through a variety of approaches. This differed from previous intermediate awards with a vocational focus, for example HNDs. Price-Waterhouse-Coopers (2002 cited by Wilson, Blewitt and Moody 2005) produced a taxonomy based on market demand, and programme design and content, identifying three key categories. Firstly, Fds that meet a niche employment need and involve a strong relationship between providers and employers in a specialised market. Secondly, those meeting an essential employer need. These were generally in the public or voluntary sector and successful areas included

education and regeneration. Lastly, those delivering sustainable regional collaboration linked to strategic plans produced by Regional Development Agencies.

A different taxonomy provided by Pearson (2010) focussed more on the types of students recruited to the Fd and levels of employer engagement. As with Price-Waterhouse-Cooper's taxonomy, Pearson suggests there are different types of Fds linked to market demand. He identified three different types of courses aimed at different student groups and related to different levels of employer engagement. Firstly, those Fds which focus on employability and/or widening participation and are designed to prepare people for work. Secondly, workforce development focussed courses, designed with a specific employer and aimed at their existing workforce. Lastly, those courses where employers may or may not support the student and are not devised with a specific employer, but designed to meet the needs of the employment sector. These normally recruit students who are in work or volunteering. The three categories provide a useful tool to differentiate the courses found when exploring the curricula, and whether the academics perceived any difference between the student groups, particularly where more than one type of course was delivered. In addition, through applying Pearson's typology of Fds, comparisons of the curricula, depending on type of student and level of employer engagement, became possible.

Fds can also be categorised in relation to the mode of delivery. This includes whether the course is full or part-time, how it is delivered i.e. face to face, online/distance or blended learning and where it is delivered i.e. in an academic institution, in the work setting or mixtures of the above. By examining the terminology used within the module titles, whether the curricula consists of core, option or negotiated modules

and how WBL is incorporated, a more complete picture of the Fds available was established.

2.6 Development of Foundation degrees in health

The previous sections have looked at the development of Fds in general. For an Fd in health, the drivers, QAA benchmarks, and HEFCE tenets apply, but they have also been influenced by specific drivers underpinning health care delivery in the UK.

Within the UK there have been a number of factors leading to the development of Fds in the health and social care sector. A major review of the NHS was undertaken resulting in The NHS Plan (DH 2000a) which set out the need to examine how healthcare was delivered and the type of workforce needed. Alongside this was the recognition that changes in the management of certain health problems from identification to treatment were also required. The NHS Cancer Plan (DH 2000b) was a prime example of this and resulted in a number of Fds in the field of radiography. The plan set targets for screening for breast cancer which meant that the delivery of services needed to be reviewed. Only experienced radiographers could carry out the screening and therefore a review of radiography highlighted what could be delegated to an assistant role to free up radiographers for more complex roles. The new roles were developed in partnership with local trusts and academic institutions (Winnard and Kittle 2008), and led to a four tier structure implemented by The College of Radiographers (2003).

From 2001 onwards a number of National Service Frameworks (NSFs) were brought in to improve quality of care based on evidence based practice. The NSF for older people (DH 2001) introduced the single assessment process and the need for

seamless care. By employing a member of staff who could assist nurses, physiotherapists and occupational therapists, and work out of hours, it was felt this would enable clients to have consistent delivery of care. This was followed by the Department of Health document: “Building on the Best: Choice, Responsiveness and Equity in the NHS” (DH 2003) which moved towards more public and patient involvement in healthcare delivery and providing individuals with a choice of where they could opt to receive treatment. In 2004 the Department of Health implemented Agenda for Change. This policy put into place new roles within healthcare and linked them to expected levels of educational qualifications. Fds were linked to the Band 4 roles, as well as a lower qualification of NVQ3. A Band 4 practitioner (Assistant Practitioner (AP)) was defined as:

“An Assistant Practitioner is a worker who competently delivers health and social care to and for people. They have a required level of knowledge and skill beyond that of the traditional healthcare assistant or support worker. The Assistant Practitioner would be able to deliver elements of health and social care and undertake clinical work in domains that have previously only been within the remit of registered professionals. The Assistant Practitioner may transcend professional boundaries. They are accountable to themselves, their employer, and, more importantly, the people they serve”. (Skills for Health 2009 p 2)

Another driver was the demographics of the workforce, with the ageing workforce profile for the health and social care sector having a high proportion of employees aged over 45 compared to other employment areas. The National Nursing Research Unit (2007) state that:

- *In 1996, 20.6% of nurses in the NHS were aged 50 or over; by 2005 the figure was 28% - a 36% increase*
- *More than 100,000 nurses on the Nursing and Midwifery Council (NMC) register are aged 55 or older, and a further 80,000 are aged 50-55*
- *The net annual loss of nurses due to retirement is expected to be approximately 25,000 whole time equivalents by 2015 (p1)*

Problems with recruitment of new nurses and the move to degree level education by 2013 (NMC 2014) all influenced the development of Band 4 roles. A further driver was the cost implications of the delivery of care (Robertson 2006). As part of the modernisation, the agenda for the NHS skill mix was examined. Carr-Hill, Currie and Dixon (2003) were commissioned by the National Co-ordinating Centre for NHS Service Delivery Organisation (NCCSDO) to look at the skills mix in secondary care (hospitals). One of their findings was that roles were being devolved from doctors to nurses and nurses to healthcare assistants. This resulted in the need to develop healthcare assistants to deliver care which was traditionally the role of nurses. These drivers led to the need to create a role within the workforce that would be both cost effective and provide a good level of care. The Band 4 role was created to provide assistants for a range of health professionals. It was envisioned that this would reduce costs through lower wages, but also ensure development of the workforce in line with government targets. The concept of an assistant was not new, as classroom assistants form part of the support for teachers. Their numbers increased over time (Wilson, Schlapp and Davidson 2003) and later the role became more developed with classroom assistants being able to cover classes when teachers are absent (Wilson, Schlapp and Davidson 2003, Woolfson and Truswell 2005).

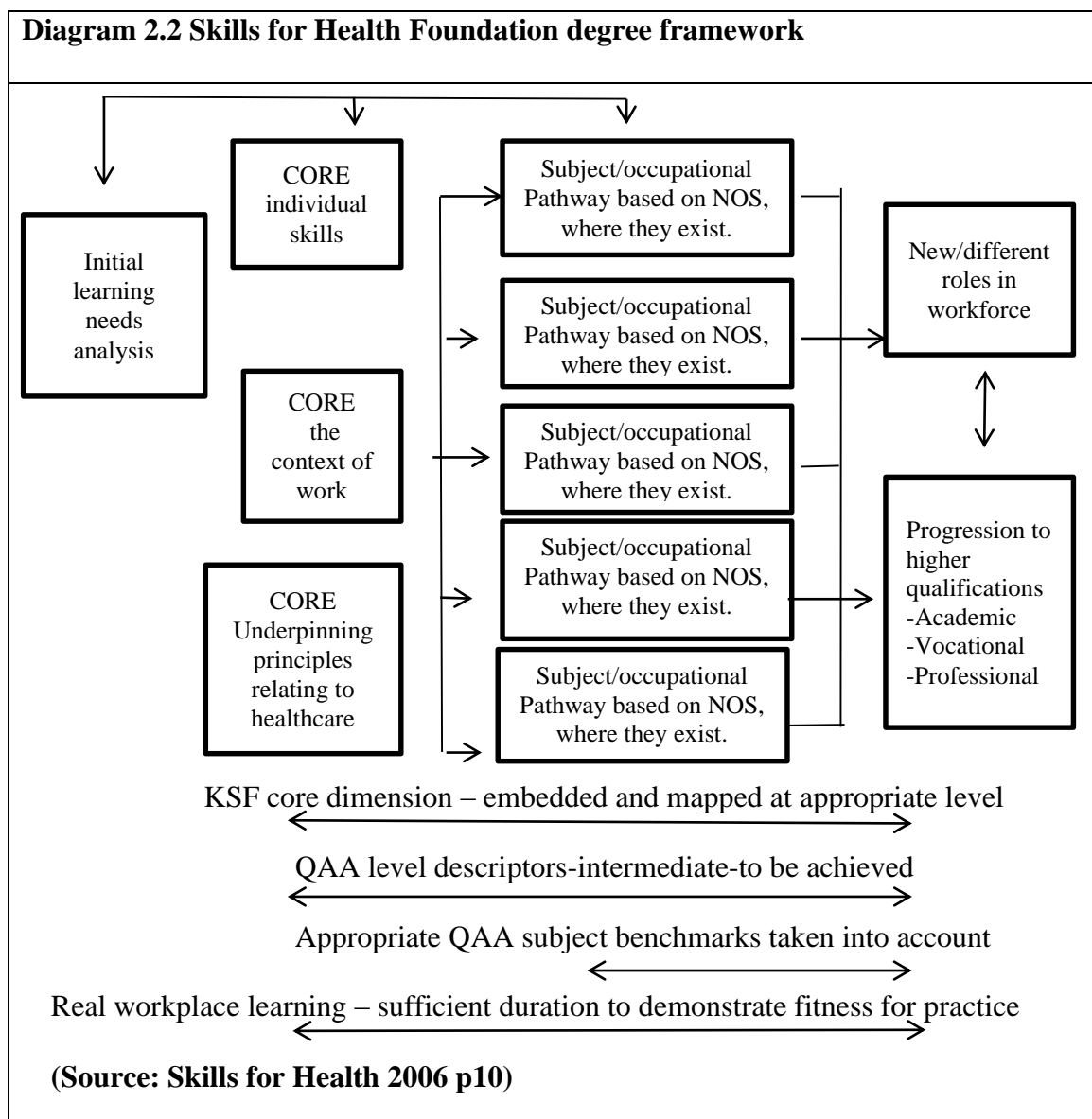
Fds leading to Band 4 roles were first introduced in health care in 2002 with one of the pilot sites being Greater Manchester. The Greater Manchester Pilot was evaluated initially on a yearly basis (Venning 2003, Benson, 2004, and Benson and Smith 2005) and re-visited by Selfe et al. in 2008. These will be explored in more depth in the literature review chapter. A number of SHAs linked the development of the Band 4 post to Fds as an appropriate level of education. In 2005 The South East England

Consortium (SEEC) provided the first guide to designing a curriculum and which method of delivery to choose (Herde and Rohr 2005). The guide particularly emphasised that work-related learning needed to be articulated throughout the curricula within the learning outcomes and by incorporating assessments that focussed on the work setting. The guidance included the need to develop critical reflection and personal development planning. This also combines with the work carried out by Skills for Health who provided National Occupational Standards (NOS) and National Workforce Competencies as part of the NHS Knowledge and Skills Framework (KSF). They also provided a framework for Fds in 2006, which reiterated the HEFCE (2000) principles and also provided a framework for curricula development (Skills for Health 2006). The framework provided guidance rather than prescribing content, as they recognised that the type of service would need to be taken into account. The validating HEI would also decide the sequence and content of individual modules. The framework was devised to address any Fds in health including those leading to entry to the workplace and those for people who were already employed. The diagram below (2.2) shows the model. The core aspects were expected to be around 35% of the content and common to all healthcare Fds regardless of discipline/service sector and included:

- Study skills – academic and work-based
- Personal and professional development planning/portfolio building
- Literacy, numeracy, communication
- Interpersonal skills and team-working
- Research and evidence appraisal skills

Skills for Health recommended that the following aspects should be part of a curriculum

- Health and social care context
- Service users' rights, equality and diversity
- Codes of conduct, ethics and the law
- User centred service
- Health and safety
- Risk assessment



Skills for Health also stated that the courses need to include relevant underpinning principles relating to healthcare, dependent on work role. This included anatomy and physiology and the social sciences where applicable. The provision of guidance from Skills for Health occurred four years after the implementation of the pilot courses and after the second wave of courses had been developed by some HEIs. However, the guidance is relevant to the examination of the existing course curricula and the extent to which they include the core aspects, regardless of when the course was developed, or which of Pearson's types of courses they represent.

2.7 Chapter summary

The delivery of Fds in the UK has been established for a number of years. Those delivered to develop the healthcare workforce have existed since 2002 and continue to be implemented across the UK. The drivers underpinning Fds are numerous and show both a national and international emphasis on improving the academic level of the workforce. By examining the different policies from both the UK and the EU, there appears to be consistency of aims to develop the workforce through creating education opportunities linked to the workplace. The introduction of a wide range of Fds commenced following the Bologna Declaration and the Lisbon Strategy, but was prompted by a range of reports within the UK. The social drivers of improved education and development are evident in the policies, benchmarks and other documents. Reviews by the EU and Lord Leitch, both published in 2006, appear to indicate that the early results from the Lisbon Strategy showed that more work needed to be done.

Within healthcare delivery, other social drivers have influenced the creation of the Fd including demographic aspects. The qualification has been linked to the development of a new role within healthcare delivery, the AP, which covers a range of skill sets. This was particularly important to bear in mind when deciding on which curricula would be examined and how to analyse that data.

This chapter has established that there are guidelines (Skills for Health), benchmarks (QAA) and tenets (HEFCE) that Fds in health have to meet. In addition it highlights that Fds in health can be designed for a range of target groups and have differing levels of employer engagement. All of these therefore underpin the examination of the curricula to ascertain whether they meet the benchmarks, incorporate the tenets and include the core content, as outlined by Skills for Health to meet the needs of the employment sector.

The focus of the chapter has been on providing an historical and contextual understanding of Fds and what they are expected to achieve. For Fds in health, the chapter has outlined the guidance available for creating curricula that meets the needs of the health sector. The next chapter (literature review) will build on this through examining the literature available that reflects opinions, experiences and evaluations of the implementation of the Fd award, both in general and specifically for Fds in health.

Chapter Three: Literature review

3.1 Introduction

The previous chapter provides an overview of the development of Fds in the UK, including both the political and social drivers and the underpinning tenets and ideology. This chapter explores the literature available, including opinion pieces, evaluations and research papers about Fds in general and Fds in health. A number of themes were found: literature relating to the qualification, literature which looks at the delivery of Fds and Fds in health and literature that focusses on the tenets of Fds (HEFCE 2000).

3.2 Search Strategy

The initial search strategy was aimed at establishing what literature existed concerning Fds, whether any previous research existed and, if so, what areas this had addressed, and if the focus of my own study was original and not previously researched. The search was also guided by the need to understand how and why Fds were introduced and what issues were raised following their inception. The literature search used the terms “Foundation Degrees”, “Health and Social Care” “Assistant/associate Practitioner” and “Band 4”. Sources included using CINHALL, Index of Thesis, *fdf*, QAA and Skills for Health. The time frame used for the search was 1998 to the present, which encompassed a couple of years before the award was created and contemporary sources.

The index of theses did not include any PhDs that specifically examined Fds and strengthened the originality of the research focus. From the Foundation degree special interest group, one colleague was undertaking a PhD (Wintrup 2008),

however the topic looked at approaches for developing a framework for teaching ethics to Fd students and not at the Fd itself.

Literature was found that commented on the introduction of Fds and how this linked to previous and existing education provision within the UK and to other intermediate awards across the world. Other literature focussed on the complexity of the award and what needed to be considered in order to successfully implement the qualification. Evaluations of the implementation of Fds, both in general and for healthcare, were also found, including a number of articles reflecting on the experience of developing and delivering Fds, as well as evaluations of pilot courses and an overview of Fd provision across the UK. In addition, a number of surveys were carried out around the implementation of the AP role which was linked to the Fd and other academic qualifications. The literature search was broadened to encompass the tenets of Fds, as their significance became apparent from the contextual information in chapter two, regarding the composition of an Fd and following analysis of the data.

Previous exploration of the literature for a conference presentation (Northrop and Crowe 2009a) included Harvey's (2009) review of the literature undertaken for *fdf*. This provided an extensive range of sources, including policy documents, commentary and opinion pieces, conference presentations and a number of evaluations of pilot programmes of a range of Fds across the UK. The review also highlighted the lack of primary research, with the bulk of literature being either anecdotal or commentary concerning the introduction of the award. Over a third of the literature was produced by *fdf* as guidance or in the form of brief case studies.

This strengthened the case for undertaking primary research and that the research would have originality. Course evaluations had used research strategies and surveys had been carried out which focussed on a number of courses and outcomes for students in relation to course completion and employment post qualification. The research found tended to be small scale studies focussing on specific Fds and students' experiences. A follow up search of the literature post 2009 to the present, elicited further evaluations of courses and related research linked to the AP role in healthcare. Alongside this, statistical information became available from HEFCE (2010 and 2014) providing data on the institutions delivering Fds, students' backgrounds and outcomes following undertaking Fds. However the search found no research that focussed solely on academics' perceptions of Fds and their experience of designing and delivering curricula.

3.3 Understanding of the Foundation degree award

The early literature concentrated on the introduction of the new award and potential issues associated with this. The significance of the name of the award created some debate within academia. Earlier discussions focussed on the name of the award and whether this would result in confusion as to the level of award and where it would sit in relation to existing established qualifications. Fears were also raised that the introduction of the award signified a two tier approach to higher education (Burke 2012, Parry 2010 and David 2010).

Gibbs (2002) states that the name of the qualification was not helpful. He feels that there was confusion over the award and its place in relation to traditional divisions between Higher and Further Education delivery. He suggests that marketing Fds as:

“...a family extension of the primary brand, the Bachelor’s Degree” (p237)

raised a number of issues. The word “degree” was applied to a qualification that was not a degree, but rather a route to a degree. He suggests that the word “degree” was used in order to transfer trust from the established brand to the new product. He concludes that this has led to difficulties in understanding what the Fd is and that the marketing of Fds was not clear and they were in direct competition with HNDs. Alongside the use of the word “degree” Gibbs does not highlight that the use of the word “Foundation” is also problematic. Foundation courses existed in a number of HEIs as a preparatory year for students before commencing a Bachelor degree. This therefore means that the award can be confused with both the Foundation year and a degree whilst being neither and academically sitting between the two.

The second area of debate is around the lack of clarity and understanding of how the award related to existing provision. Parry (2010) states that Fds were designed as a short cycle undergraduate qualification to meet the shortfall of existing sub-degree provision i.e. HNDs. The Fd was to be the flagship for intermediate qualifications combining education and training and linked to economic imperatives. Gibbs (2002) and Smith and Betts (2003) raise the similarity between the Fd and HNDs, both of which were two year courses, linked to employment and included academic progression to a degree. The main difference was that HNDs were seen as vocational qualifications and delivered within FECs, whereas the new Fd was to be validated and sometimes delivered by HEIs, who traditionally provide academic and not vocational courses.

The lack of understanding of the qualification appears to be ongoing with a number of evaluations and reviews of Fds commenting on the difficulties of understanding the award (QAA 2005a, Wilson, Blewitt and Moody 2005, and Rhodes and Ellis 2008). The QAA evaluation looked at a range of Fds and found that employers were confused by the award and how it related to National Vocational Qualifications (NVQs) which were introduced in the late 1980s to provide vocational training and development of competencies relevant to the work sector (Roe, Wiseman and Costello 2006). The QAA recommended that Sector Skills Councils needed to recognise the Fd and be more explicit as to how it fitted into workforce development. To this end, some earlier Fds incorporated NVQ levels 2 and 3 into the Fd, as these were recognised by employers and linked to role progression, whereas the Fd was not. Three years later, Rhodes and Ellis (2008) found that more employers were recognising the brand and knew that it was equivalent to two years of a degree course. Only a small percentage of the 601 employers surveyed still thought Fds were an HND or equivalent to an NVQ level 4. This finding was particularly puzzling given that those surveyed had supported employees to undertake Fds. Students' perceptions of whether Fds were understood showed little change from the QAA findings (2005a). Three different studies focussing on healthcare (Mullen and Kilgannon 2007), education (Dunne, Goddard and Woolhouse 2008) and across work sectors (Greenwood et al. 2008) reported that students did not feel employers understood or valued the qualification and what was involved. The conflicting views from the literature as to whether employers do have a better understanding of Fds, alongside my own experience of trying to explain the award to employers, mentors and students, prompted me to ask academics delivering Fds in health whether this continued to be an issue, or, as Fds were more established, if this was now resolved.

Problems relating to understanding intermediate awards are not confined to the UK. When comparing the Fd with other intermediate awards, both in Europe and across the world, the UK Commission for Employment and Skills (UKCES) (Vogler-Ludwig et al. 2012) found a variety of approaches. Germany had a clear vocational pathway starting in schools, whose curricula focussed on work-sector development, and adult vocational learning focussed more on apprenticeships and specialist colleges (including nurse training). These were separate from academic pathways. The report states that the Meister qualification in Germany (equivalent to an Fd) has had problems with recruitment due to higher level jobs traditionally being linked to graduates (academic routes) and has raised issues as to what roles intermediate qualifications relate to in the vocational sector. In Australia, a modularised system was developed with employers and employees accessing different modules relevant to workforce needs and combining these to achieve an Advanced Diploma. The Advanced Diploma then acted as an entry qualification for Bachelor or Associate degrees (equivalent to Fds in the UK). Switzerland uses a different approach, (Hippach-Scheider and Weigel 2010), with a double qualification consisting of an academic Bachelor degree and a Bachelor degree of Applied Science which includes formal vocational training.

The UKCES Report (Vogler-Ludwig et al. 2012) also examined the provision of vocational qualifications in the UK and raised concerns regarding Level 4 intermediate qualifications, particularly mentioning the Fd. They found vocational qualifications at level 3 (NVQs and advanced apprenticeships) were more predominant in the UK than level 4 intermediate awards (Fds). They suggest that this is for two reasons: firstly, the Fd is not seen as being a fully vocational route as it ties

into higher education delivery, which was not traditionally seen as the home of vocational learning, but of academic learning. Secondly, the introduction of legislation for the management of apprenticeships (ASCL Act 2009), which provided statutory guidance and changes in how HEIs were funded (Browne Review 2010), made Fds less attractive to employers. The UKCES report further highlights that the introduction of higher level apprenticeships at level 4 and 5 is also adding to the confusion and recognition of the Fd. These new apprenticeships are seen as clearer vocational pathways, which use a competence based approach. In healthcare the advanced apprenticeships have been tied into Fds with Skills for Health stating that Higher Level Apprenticeships leading to the AP role will be either Fds or a level 5 Qualifications Credit Framework course (Skills for Health 2012).

The above shows that vocational qualifications are available at a number of levels across Europe and the world. There is more recent development of Bachelor level vocational qualifications and these have been given a mixed response, due to traditional perceptions of academic Bachelor awards and vocational qualifications. The Swiss approach has been to develop an award which clearly brings the two together by creating a double award which employers can recognise as both academic and vocational. The UK Fds, at level 4, appear to lack clarity as to whether they are vocational or academic courses, but sit between the two and this may have impacted on their development and uptake within the UK. However, this is not just a UK phenomenon as similar problems have occurred with other hybrid qualifications in other countries.

Both the confusion over the name of the award and lack of understanding of the academic level are seen as contributing to a poor uptake of Fds despite a decline in HND courses (HEPI 2003 cited by Wilson, Blewitt and Moody 2005). The Foundation Degree Task Force Report (DfES 2004) describes Fds as;

“...a new seed has been planted in difficult terrain. It has overcome frosty weather, and through careful nurturing and watering has begun to grow and flower. It is still vulnerable to attack but is perhaps even more at risk from over-inspection and fussiness about its rate of growth. What is needed now is patience and a sustained and systematic policy environment focussed on long-term development. The Foundation Degree is a perennial, not a bedding plant. It needs to be nourished, not regularly dug up!” p49

Statistics provided by HEFCE in 2010 showed that in 2009-10 HEIs and FECs reported 99,475 students had been registered, or were expected to register, on Fds, just short of the government target of 100,000 students by the year 2010. The largest increase in recruitment to Fds occurred in 2007-8 and 2008-9, following the introduction of Train to Gain in 2006. The statistics do not provide a breakdown of which work sectors were represented, or the type of Fd, whether entry to work, or for those already in employment (Pearson 2010). More recent statistics (HEFCE 2014) have noted a 38% decline in recruitment particularly to mainly full-time Fds, delivered in HEIs, after 2011-12, offset by a small increase in recruitment to FECs. The report was unclear whether this was due to changes in HEFCE funding resulting in HEIs discontinuing Fds, students opting not to do Fds at HEIs or a combination of the two. My data collection was carried out prior to these statistics becoming available, at what was possibly (with hindsight) a peak period for Fds. Due to the initial slow uptake of the award, and being aware of recruitment problems from my own experience at ARU and from interactions with HEIs, there appeared to be a mixed picture as to the future of Fds. This led to the inclusion of an interview question asking all of the respondents what they felt was the future for Fds.

The third issue builds on the lack of understanding of the award, similarities between HNDs and Fds and whether Fds should be delivered in universities or FECs. The introduction of Fds is seen as impacting on both HEIs' and FECs' traditional work practices. Traditionally, HEIs have mainly delivered courses resulting in degree level qualifications and above (levels 6, 7, 8) and the majority of courses have been theoretical rather than practice based (Gibbs 2002). The notable exception was the amalgamation of schools of nursing into universities (Burke 2006) which brought diploma level courses into universities and included both practice and theory components. As Fds bring with them work-related or WBL, the climate of opinion was that they have more in common with practical or vocational based courses, traditionally the remit of FECs (Gibbs 2002 and Smith and Betts 2003).

HEFCE (2000) placed the responsibility of validating the award with HEIs, but emphasised collaborative delivery between HEIs, FECs and employers. Smith and Betts (2003) argued that this would lead to the course being franchised to FECs with universities overseeing processes and not delivering curricula. This is supported by statistics from HEFCE (2010) which showed that although there was a year by year increase (2001-02 to 2006-07 academic years) of the total number of institutions providing Fds, across Pre-1992 HEIs and Post-1992 HEIs and FECs, significantly 75% of courses were delivered by FECs by 2006-07. This had risen from 47% in 2001-02 consisting of 47 FECs and by 2006-07, 275 FECs delivered Fds. The number of Pre-1992 HEIs providing Fds had increased from 13 to 24 but delivered only 7% of courses compared to 13% in 2001-02. The Post-1992 HEIs had also increased from 37 to 70 providers but showed a significant drop in the market share from 38% in 2001-02 to 19% in 2006-07. These statistics only relate to market share

up to August 2007, over seven years ago, but suggest that Smith and Betts (2003) had correctly stated that franchising has occurred. However, this could also reflect that FECs were able to access HEFCE funding, both directly (following the Dearing Report 1997) and indirectly through franchises, and had focussed on undergraduate courses which were not degrees (Parry et al. 2012). They also state that FECs have provided some form of HE since the 1950s and that delivery of Fds was a continuance of this engagement replacing existing HNDs. This devolvement of Fds to FECs suggests that many HEIs felt that the courses sat more comfortably in college environments. This returns to the debates as to where Fds fit and the degree to which the courses are defined as academic or vocational. Creasy (2013) defines the difference between FE and HE as “*HE pursuing the unknown and FE seeking to master what is known*” (p 43). However, the provision of Fds has blurred this distinction with FECs business now incorporating HE and having powers to validate HE courses which was formerly the domain of universities. The provision of HE in FECs (including Fds) was seen as enabling pre 1992 universities to disengage with sub-degree provision and focus on elite provision, whilst devolving mass and universal education systems to post 1992 Universities and FECs (Bathmaker and Thomas 2009). In doing so this was perceived as strengthening a two tier approach to HE. Some FECs have approached the dual role of FE and HE provision by providing HE specific teaching environments and in doing so adapting to changes in the field of education by separating the two cultures or habitats of FE and HE (Bathmaker and Thomas 2009).

Delegation of the delivery of Fds to FECs and the development of partnership working raised a further issue of quality management, as HEIs and FECs did not

have common systems and processes (Parry 2010). Rowley (2005) identified this as a particular risk and suggested new processes may need to be established with clear guidelines as to how the HEIs, FECs and employers would work collaboratively, including communication processes and clear statements of responsibility. This aspect was addressed in guidance from *fdf* (n.d.c) which stated the different combinations of partnerships and the potential advantages and problems, providing suggestions as to how to work together successfully. The literature review did not reveal any examples where partnerships between HEIs and FECs had specifically been examined. Some of the problems with processes and different ways of working were raised during the research by interview respondents, both in relation to partnership working but also with internal systems within HEIs that did not reflect the needs of Fds. Partnerships with employers have been discussed in the literature and these are addressed under employer engagement later in the chapter.

A significant point underpinning my own research is the impact on those delivering the Fd and other courses that widen participation in HEIs. Burke (2012) suggests that this has led to new professional identities, with widening participation practitioners working on the periphery and sometimes outside academic faculties and departments. Widening participation courses occupy specific space and were often seen as being outside the main work of academic staff and of less importance. Both the questionnaire and interviews asked respondents their perception of the status of the Fd in their institutions and how they felt it was perceived by others.

3.4 QAA Benchmarks and HEFCE Tenets of Foundation degrees

In chapter two the original QAA benchmarks (2000) and HEFCE (2000) tenets were described and a brief overview of these was provided alongside appropriate definitions. A number of reviews and evaluations of the implementation of Fds have been carried out since their inception. These include individual course reviews by course teams and wider reviews and evaluations undertaken by QAA and *fdf*. The themes raised from these incorporate a number of the underpinning tenets of Fds outlined in chapter two: life-long learning and employability from the perspectives of both students and employers, including personal development and skill acquisition, widening participation and flexibility, employer engagement and collaboration, WBL and types of Fds, including patterns of delivery and range of courses available. Other literature has included debates as to whether Fds could achieve government expectations, but also where they sat in relation to interpretations of the tenets with particular emphasis on WBL and life-long learning. The QAA benchmarks are institutional quality standards and therefore would need to be articulated within course validation documents to be approved. The literature available confirms this with the QAA (2005a) review of Fds, finding these were stated in course and module learning outcomes.

The academic debate concerning the introduction of Fds has focussed more on the HEFCE tenets:

Widening participation

Life-long learning

Flexibility

Employer engagement

Work-based learning

Employability

arguing that Fds were created to meet key government objectives and their origins had little to do with recognition by the academic community of the need for the award (Smith and Betts 2003).

“The government had directly placed many of the complex and radical pedagogic eggs currently on the HE agenda: work-based learning and delivery, credit accumulation, Accreditation of Prior (Experiential) Learning (AP[E]L), flexible delivery, flexible attendance, flexible entry, partnership, cross-sector consortia and funding. It has then stepped back to see what emerges” (p229-230).

Others suggested the award met the states social obligations (including providing funding) but individuals took on the risks and responsibilities (Webb, Brine and Jackson 2006) and that a moral imperative was produced for individuals to improve themselves to meet government targets for capital growth (Crowther 2004). However, Webb, Brine and Jackson (2006) were more positive and saw Fds as an intermediate award whose strengths lay in a localised curriculum and moved away from the elitist model of university qualifications. The academic criticisms were provided before Fds were fully established and appear mostly sceptical of the award or raise concerns. Literature dealing with the implementation and evaluation of Fds provides a more focussed look at the different tenets and the degree to which these appear to be met.

Widening participation

Widening participation has been defined as:

“...taken to mean extending and enhancing access to and experience of higher education, and achievement within higher education, of people from so-called under-represented and diverse social background, families, groups

and communities and positively enabling such people to participate in and benefit from various types of higher education... ” (David 2010 p15).

The impetus for mass higher education led the way for a range of different approaches including academic and vocational routes with growth particularly occurring at sub-degree level (meeting government agendas) and applicants having non-standard qualifications (Parry 2010 and Avis 2007). The development was also underpinned by the ideational context of an education system that develops the skills and knowledge of the workforce being associated with a successful economy and social justice (Avis 2007).

A number of criticisms have been levied concerning widening participation and the extent to which the agenda has benefited both individuals and society (Reay et al 2003, Bowl 2003, Avis 2007 and Creasy 2013). The first relates to who benefits from widening participation and secondly whether offering sub-degree level provision (including Fds) in FECs, whilst widening participation, is aiding exclusion from universities (Creasy 2013). Widening participation links to the concept of life-long learning, but also to the continuing agenda to provide access to HE for those individuals who have traditionally been excluded. Fds were seen as one of the ways forward to achieve this. Previous government policy included the creation of polytechnics in 1970, which later became universities following the Further and Higher Education Act in 1992 (David 2010). Following the Dearing Report in 1997, further growth occurred through the introduction of: broader entry requirements including accreditation of experience, more part-time delivery, Access courses, HNDs and HNCs and other courses which fed into degree level study (Parry 2010).

The focus was on increasing sub-degree provision as the UK was perceived to be behind other countries in increasing the academic level of the workforce (NCIHE 1997 cited by Parry 2010).

Widening participation for some groups has been successful with the number of women participating in HE quadrupling since 1965 (David 2010) and mature student numbers had also increased (Parry 2010). Both of these were partially attributed to the growth of part-time sub-degree courses including Fds. However, despite the myriad approaches there were still groups who were not accessing HE particularly those in lower social classes.

The widening participation agenda has been linked to the need for both mass and universal systems of education (Bathmaker and Thomas 2009). Exclusion from HE has been explored in relation to class, gender and ethnic minorities and the way in which existing structures and processes lead individuals to believe that HE is not for them (Bowl 2003, Bathmaker and Thomas 2009 and Crozier, Reay and Clayton 2010). Crozier, Reay and Clayton (2010) found that students from working class backgrounds tended to be more anxious in relation to coping with academic study than middle class students. This was associated with lack of preparation for higher education in schools as working class students are not expected to go on to university. In addition HE culture had problematised working class students as being risky and more likely to drop out. Their research found that whereas middle class students engaged with university life, working class students did not as they tended to have more commitments away from the university. They found that HE

institutions differed as to how they assisted students to integrate into the institutional habitus.

Research by Reay, Crozier and Clayton (2009) suggests that the decision whether to undertake HE is deep seated in social processes that stem from compulsory education. Individuals are socialised to either believe HE is ‘not for them’ or that it is an expectation. Working class students who transition to HE are more likely to do so because of their own efforts and development than with the assistance of secondary schools. Earlier research by Bowl (2003) focussed on choices made by first generation students as to where to study. Their choices were linked to those institutions where they felt they would ‘fit in’ but also those that best accommodated family and financial considerations. The students in the study were predominantly mature students with family commitments and needing to work, therefore proximity of the HE provision was an important factor. Burke (2012) argues that students entering HE through widening participation measures may face further barriers such as financial and practical support including child care.

The literature highlighted a major debate regarding widening participation and how this could be managed. These have focussed on how the under-representation of certain groups in HE can be addressed and the extent to which measures have widened participation (Burke 2012), the role of HE in the widening participation agenda (Duke and Layer 2005) and different approaches to widening participation (Osborne, Gallacher and Crossan 2004, Burke 2012).

The role of HE in society has been argued by Maton (2005) as having both ‘positional autonomy’ and ‘relational autonomy’. Positional autonomy is the degree to which HE self governs or is governed by external influences or bodies e.g. QAA, whereas relational autonomy is the context in which HE occurs i.e. for academic excellence or for economic gain. Maton (2005) describes HE as;

“hierarchically structured not only into ‘haves’ and ‘have not’s’ but also by competing ideas of what should count as ‘having’.”(p690)

In other words education is a tool of those in power to reproduce social structure and is part of social reproduction which can over time produce a ‘lasting habitus’ through which individuals experience society. I would argue that Fds in health fit into this through meeting government agendas to develop the workforce to meet current economical demands whilst maintaining existing social divisions.

Foundation degrees formed part of the widening participation provision with emphasis on lowering entry qualifications to enable non-traditional students to apply.

Bowl (2003) stated that Fds are:

“...likely to be targeted at people from less wealthy social economic groups. The economic and social exchange rate of such degrees is likely to be lower than full degrees. However, it will enable the claim for widening participation to be sustained, without altering the status and content of the traditional degree, nor requiring an institutional rethink of capital and habitus” (Bowl 2003 p 146).

This feeds into the debate as to the quality of Fds and their lower entry requirements.

Gibbs (2002) states that lowering the entry requirement did not fit with existing entry criteria for HEI courses. Rowley (2005) suggests that widening participation would lead to the recruitment of older students with minimal qualification which, although speculative, appears to be supported by the HEFCE statistics (2010), particularly for

part-time students. Marketing of the Fd was highlighted by Rowley (2005) as essential to attract those who would not traditionally attend higher education courses. This was aided by funding being available to the public services from central government and employers sponsoring students. Students' perceptions were that without this funding and support from employers they would not be able to afford to do the course (Tierney and Slack 2005). However there were other difficulties which had a negative impact on the experience. These included: negative effects on their family life, impact on health and some financial impacts due to the demands of the course (Dunne, Goddard and Woolhouse 2008).

The phase one introduction of Fds (2000-2003) showed that the award was popular with those aged over 20 and consisted of mainly public sector subjects (HEPI 2003 cited by Wilson, Blewitt and Moody 2005). A study of students across 55 courses (commissioned by *fdf*) suggested that Fds were widening participation as students had lower qualifications on enrolment compared to traditional student enrolments (Mullen and Kilgannon 2007). The course evaluations and commentaries have considered the way in which Fds in health can meet the widening participation agenda. This was addressed through lower entry level qualifications and by recruiting staff already in employment (Sheldon, Gillow and Humphris 2003, Thurgate, MacGregor and Brett 2007). Other Fds in health (Greater Manchester) drew individuals directly from job centres and recruitment events due to staff shortages.

The widening participation agenda was seen as being met by the HEFCE analysis of Fds (HEFCE 2007, cited by Craig 2009) which showed applicants included younger

students from non-typical backgrounds and mature students, many of whom would not have accessed Higher Education without Fds. The 2010 HEFCE report showed this trend had continued. However the report noted that, when comparing with undergraduate study as a whole, a higher percentage of older entrants accessed Fds. For part-time students the age range is more varied, with 55% or more being over the age of 30 and only 10% aged under 20. The statistics found that overall Fds had low numbers from minority ethnic groups and those with disabilities. Gender statistics showed slightly more women than men undertook Fds full-time, but significantly more women were likely to do part-time courses. For low participation neighbourhoods, the statistics showed that FECs recruited around 20% of entrants compared to 15% of HEIs. This could suggest that both ease of access to FECs and individual choice (Bowl 2003, Bathmaker 2010 and Crozier, Reay and Clayton 2010) may be contributing factors. Entry qualifications showed that while 13% of those recruited had higher entry qualifications, 70% had lower qualifications. However, over a third had 'A' levels or equivalents which is the entry requirement set by UCAS. Only between 1 and 2 % had no formal qualifications and over 16% of students' level of qualification was unknown for the three years covered by the HEFCE report.

The issues above relate to my own research in that the target group for Fds in health, particularly those developed with and for employers, were more likely to have lower entry qualifications, be mature students with family commitments and not previously considered HE. However, unlike the students in Bowl's study (2003) choice of institution was not an issue as this was usually decided by the employer. For those doing Fds in health as entry to the work setting it is possible that they may have more

choice in where to study. The widening participation agenda and issues of accessing, preparation for study and participating in HE were reflected in my own research and how academics delivering the courses perceived the students as facing a number of issues. This included needing more assistance with study skills, lacking in self-confidence and balancing work, home and study. Despite these difficulties Fds were seen as providing opportunities for a 'second chance' and academics experiences focussed on how a number of students engaged with and developed through completing the course.

Life-long learning

The concept of life-long learning is less debated in the literature than widening participation. Levitas (1999 cited by Avis 2010) argues that life-long learning can be construed as;

“...a lifetime entitlement to learning is effectively a lifetime obligation to acquire and maintain marketable skills.” (Avis 2010 p 182)

This suggests that the onus of life-long learning is for the individual to develop both for the benefit of themselves and society (Smith and Spurling 1999 and Parry 2010). Life-long learning is described as having an empirical element that includes; the nature of the learning (usually intended and planned) and a moral element of; personal commitment, personal interest, personal responsibility, social commitment and sharing learning with others (Smith and Spurling 1999). Fds appear to be designed to incorporate these factors by providing learning opportunities related to specific employment sectors and enabling individuals to gain academic qualifications either while in work or in preparation for work.

The extent to which Fds have met the above elements can be ascertained by the degree to which the other concepts underpinning Fds are met e.g. widening participation and employability and therefore the political agenda of developing the workforce in line with The Bologna Declaration (1999), The Lisbon Strategy (2000) and the UK National Skills Task Force Report (Department for Education and Employment 1999, cited by HEFCE 2000).

In relation to Fds in health the elements of life-long learning are evident firstly in the aim to develop individuals either for an employment sector, or those already employed (Pearson's types of Fds (2010)) and secondly through the provision of progression routes post qualification (QAA 2004). More recently, the emphasis on "grow your own" in developing healthcare workers (Willis Report 2015) is opening up clearer career progression from healthcare assistant to assistant practitioner to Registered Nurse.

One of the roles of Fds is encouraging life-long learning and supporting the UK government drive to raise the academic level of employees to meet the employability agenda (supporting the universal approach to education). This has been broadly interpreted as providing opportunities for those over 16 years of age, but also those who are in work and lack qualifications. Alongside this, the QAA benchmarks (2004) set out that all Fds should provide progression routes so that life-long learning continued after completion of the Fd. Sheldon, Gillow and Humphris (2003) state that this principle was considered when designing their Fd provision and incorporated a clear recruitment pathway to the health and social care professions. This is an important pre-requisite for validation of Fds and means, if followed, that

students have a clear progression route either academically to a Bachelor degree or, in the case of Fds in health, to a professional qualification, thus preventing a 'glass ceiling' effect. A study by Mullen and Kilgannon (2007) reported that 20% of the respondents planned to go on and complete a professional qualification. However, the evaluation did not state why 80% of the students were not going to pursue this option. HEFCE statistics (2010) state that 59% of full time students and 42% of part-time students who qualified in 2007-08 went on to do an honours degree programme.

Results from evaluations of individual institutions suggest that students embarked on an Fd for professional development either for career development in their work setting or to aid with future or alternative employment (Tierney and Slack 2005, Mullen and Kilgannon 2007 and Dunne, Goddard and Woolhouse 2008). The students emphasised the development of higher self-esteem and the sense of achievement from completing the Fd. Combined with the statistics from HEFCE (2010), the evaluations suggest that Fds have met targets to increase individual's educational level. It is not clear to what extent individuals may continue to engage with future life-long learning or what may be the barriers to achieving this.

Employability

A number of themes have been explored in relation to employability. Literature includes statistics related to outcomes for students undertaking an Fd (HEFCE 2010) and perceptions of both employers and students as to whether the Fd has enhanced their employability (Greenwood et al. 2008, Tierney and Slack 2005, Mullen and Kilgannon 2007 and Dunne, Goddard and Woolhouse 2008). Other literature has looked at the tensions for those students who are already employed and being

supported by their employer in new roles within education and healthcare. This is seen as impacting on associated professions (Edmond, Hillier and Price 2007) and also how the role of HE fits within the employability agenda (Gibbs 2000).

The role of HE in employability is seen as not being straightforward. Gibbs (2000) argues that the concept of employability is poorly formulated and the goals of education can be perceived as meeting economic or market needs whereby the employee sells their skills to meet employer needs. He argues that the role of HE is better situated as the “*creative revelation of an individual’s potential*” (Gibbs 2000 p 560). He also suggests that employability should not be just about hard skills i.e. numeracy and literacy, but also positive qualities which enable individuals to make good judgements and therefore HE needs to develop both the practical skills and positive skills. Gibbs’ viewpoint has salience for my own research when examining the extent to which the design and associated curriculum content of Fds in health have enabled the achievement of both practical skills and positive qualities.

The literature relating to Fds has tended to focus more on practical skills development. Pearson’s types of Fds (2010) include those that are developed with specific employers for their workforce and delivered in partnership. Concerns have been raised related to tensions between being both an employee and a student (Edmond, Hillier and Price 2007) and whether emphasis on workforce development in the public sector is being used as a justification for a re-appraisal of roles and responsibilities, particularly in health and education. This is stated as potentially:

“...leading to weakening of the traditional job boundaries that have previously defined the work of support staff.” (Edmond, Hillier and Price 2007 p172)

To some extent this should not really be a surprise, particularly in health related work, as some of the drivers for the need for workplace development, identified in chapter two, stem from the need to address skills mix and financial constraints, but still provide quality care. This will require changes in traditional approaches to care, including roles and responsibilities, but needs to be achieved through ensuring those undertaking the roles have the required knowledge and skills. However, these concerns have the potential to influence the implementation of Fds, particularly in health, as this constitutes a change in traditional practice and with changes of role or implementation of new roles there is often resistance (Schein 1992 cited by Cameron and Green 2012). This concept is important when researching Fds in health and whether specific barriers were perceived by academics as impacting on the delivery of curricula.

Other literature supports that Fds do develop softer skills, as suggested by Gibbs (2000), leading to individual development of knowledge and skills and therefore improve employability. Students perceived that doing an Fd had increased their confidence due to increased knowledge and development of skills including reflection, presentation skills and academic writing (Tierney and Slack 2005, Mullen and Kilgannon 2007 and Dunne, Goddard and Woolhouse 2008). There were a number of benefits for employers with Greenwood et al. (2008) reporting that employers felt their employees had developed a broader understanding of the industry and their performance of their roles improved (cross sector evaluation). They also felt employees had increased confidence and were able to bring new techniques and fresh ideas to the work place, which motivated other employees. This was also found in a series of evaluations of the Fd in health and social care for

Greater Manchester (Venning 2003, Benson 2004, Benson and Smith 2005 and Selfe et al. 2008). The course developed individuals for the AP role across a number of NHS Trusts and included those already with healthcare experience and newly employed staff. The evaluations stated that the employees' ability to take on more responsibilities was positively highlighted by employers. NHS managers saw the AP role as effective in freeing up professionals to do other work. The 2004 evaluation by Benson asked students what the main strengths of the Fd were. They highlighted: development of underpinning knowledge, increased self-confidence and improved clinical skills. The majority of students who completed the Fd felt it would lead to more employment opportunities and higher salaries. The final evaluation (Selfe et al. 2008) identified new services provided by the APs including annual health checks and health promotion activities.

Research on the impact of achieving an Fd in education, examined whether job roles and level of responsibility were changed as a result of the course. Dunne, Goddard and Woolhouse (2008) found that the age of the employee appeared to have more bearing than the qualification. Those aged between 25 and 40 (secondary schools) and 25 to 55 (primary schools) were more likely to be given promotion and more pay on completion. Those under 25 years were often given more responsibility, but not promotion or remuneration, and this also applied to those 56 years and over. The study looked at one course only and did not state whether other variables were present.

The literature above has focussed on courses predominantly developed with specific employers for their employees. They reflect that Fds have enhanced the individuals

and made them more effective in the workplace. There is no research as to whether Fds for those entering the workplace have increased employability specific to Fds in health. General statistics from HEFCE (2010) showed that for students who qualified in 2007-08, 47% of full-time students and 85% of part-time students were in employment. The statistics also showed that 43% full time and 60% part-time students were employed in graduate level jobs. A longitudinal study of those qualifying in 2004-05 showed 91% were employed three years after completion of an Fd. What this does not state is whether the jobs were in the work sector in which the Fd was undertaken. Further research would be needed to ascertain whether completion of an Fd in health leads to better job prospects and have or have not led to individuals being employed within the work sector.

Flexibility

All the courses evaluated highlight flexibility of delivery (Sheldon, Gillow and Humphris 2003, Benson 2004, and Thurgate, MacGregor and Brett 2007). This is achieved by including full and part-time options (Kilgannon 2007, Thurgate, Macgregor and Brett 2007, Selfe et al. 2008). Attendance, where stated, is one day a week at the HEI or FEC. Stinton et al.'s (2007) survey of employer engagement in the Eastern region found a range of delivery patterns existed and the definition of a full-time or part-time course was also varied. Some courses included one day a week at an HEI or FEC and were classified as full-time due to emphasis on WBL in the work setting. These were usually courses devised with employers for their employees (Pearson 2010 chapter two). Others had the same pattern of delivery with one day in university or college, but were classed as part-time and delivered over a longer time

period. They concluded that the delivery and composition of Fd curricula is so varied that it is impossible to compare them.

Flexibility of curricula delivery was identified within two of the case studies for Fds in health, (Thurgate, MacGregor and Brett 2007, and Kilgannon 2007), with both delivering a mixture of core and optional modules to address the different specialist areas within the work setting. They also incorporated flexibility in where learning took place by employing work-based facilitators whose role included teaching in the workplace and students attending sessions within the HEI. The evaluations of Greater Manchester (Benson 2004, Selfe et al. 2008) and the University of Bolton (QAA 2005b) also highlighted the work-based facilitator role as a particular strength of the curricula. The QAA review (2005b) did suggest that web-based learning needed to be developed to enhance the delivery of the University of Bolton curriculum.

Although the literature above suggests that flexibility is being achieved there remains a number of concerns as to the extent to which measures introduced have truly improved access for those who have not traditionally studied at HEIs. Parry (2010) argues that firstly, there are contradictions between government emphasis on widening participation and other policy which has led to higher fees and costs which is at odds with attracting those with lower incomes. Secondly, that although wider access has occurred this does not go far enough as courses are not flexible enough. He suggests term times that incorporate school holidays for parents to meet family obligations and longer delivery patterns to compensate for family obligations, work and study. Thirdly, that students from non-traditional routes are more likely to need

additional support but are enrolled in larger numbers and therefore support is diluted. This last point has also been highlighted by a range of authors (Bowl 2003, Bathmaker, 2010 and Crozier, Reay and Clayton, 2010) with Erith, Hayward and Hölscher (2010) concluding that the students require different support than the existing standardised advice services offered by HEIs.

Employer engagement and collaboration

A range of good practice to ensure successful employer engagement and collaboration was cited within the evaluations and reviews. These included the negotiation of an employer led curricula ensuring any collaborations had a clear definition of the employment area and its parameters and ensuring the consortium was manageable in terms of numbers involved. Time for developing relationships and establishing trust between organisations and individuals was also seen as pivotal (Foskett 2003). Regular meetings and a yearly audit of employers' views (QAA 2005) were also cited as effective practice.

There have been a number of concerns raised in relation to employer and university partnerships. This included whether employers wished to engage with universities and the difficulties of bringing diverse cultures together where there may be different understanding of learning and knowledge (Reeve and Gallacher 2005, Benefer 2007). Action research by Huxham and Vangen (2004, cited by Reeve and Gallacher 2005) found that many partnerships drifted into “collaborative inertia”, experiencing difficulties with different languages, cultures, managing trust and power issues. Reeve and Gallacher (2005) acknowledged that the role of employers was significant and requires effective processes to achieve clear understanding of roles and

responsibilities which could include: mentoring, assessing and administration. Other concerns linked to the individuality of employers and the extent to which they could represent the work sector and that universities were not associated with training for entry level jobs (this was considered the remit of FECs), but with career enhancement (McCracken 2010, White 2012).

From the university perspective, a number of risks were associated with employer engagement: development costs, long or short term business and employer demand (Conner and Hirsch 2008 cited by McCracken 2010). Rounce (2009) cites Trafford and Proctor's (2006) five key characteristics for effective collaboration: good communication, openness, effective planning, ethos and direction. Rounce sees that the link tutor role is pivotal and the formal role includes: quality assurance, monitoring and ensuring appropriate academic level. The informal role includes: being a critical friend, aiding the development of learning outcomes, aiding with the use of academic language and acting as an intermediary between the organisation and the university.

A number of evaluations found a range of employer engagement from "hands on" to "ad hoc" (Edmond, Hillier and Price 2007, Stinton et al. 2007 and Greenwood et al. 2008) with some students saying they were well supported and learning opportunities were provided and others having little support and no planning of learning opportunities. Stinton et al. (2007) looked at provision of Fds across the Eastern region of England. They found that where the employer was actively engaged with the design and delivery of the Fd there was greater satisfaction from both students and tutors. Where employers were highly involved, students were more likely to be

employed by them and they actively promoted the Fd qualification. Mullen and Kilgannon (2007) researched the student experience of Fds through an electronic survey of students on 55 courses reflecting national delivery. The response rate was disappointing with only 184 respondents. They found that 70% were supported by their employer and this included being given time for study and all of them were allocated a work-based mentor, some had their fees paid. Those not supported by employers tended to be younger and more likely to be on Fds designed for entry to the work setting. Students agreed that employer involvement was important within the Fd, but were not aware if the employers had been involved in the planning and delivery of the Fd.

Views of employers across Fd programmes in five sectors (creative/design/media, business and management, early years/teaching and learning support, engineering and public service) suggest that course providers did not develop opportunities for them to engage with design and delivery (Greenwood et al. 2008). A concern was raised by Craig (2009) that where Fds are designed with a specific employer, this may lead to a private agenda and not benefit the public arena. However, he felt this was not happening as many Fds were within the public sector and therefore society was benefiting. This concern was echoed by Lester and Costly (2010) who were commenting on designing WBL curriculum. They suggested that care needed to be taken to ensure that, when encompassing organisational dynamics and culture, learners did not become trapped in an employer driven or instrumental agenda.

There is a range of commentary concerning the design and delivery of Fds in health and developing employer engagement. These cover large consortiums (Sheldon,

Gillow and Humphris 2003 and Benson 2004) and more bespoke courses (Thurgate, MacGregor and Brett 2007 and Norrie, Hasselder and Manning 2012). The University of Southampton developed an Fd in partnership with 17 NHS Trusts, four FECs and the local Health Workforce Development Confederation (Sheldon, Gillow and Humphris 2003). A partnership framework was established which recognised the need to develop shared values, purposes and practices. A project manager was appointed and working groups established to design the course. The course was linked to the development of a Band 4 practitioner in health care and therefore a one day workshop was included to ascertain the job role and how the Fd would develop the workforce. Four locality groups were set up to enable any further decision making and find solutions to any future problems. A SWOT analysis was used at the beginning of the process to identify potential issues with having multiple stakeholders, the complexity of organisations and potential reactions to the change process. The University of Bolton's Fd in Health and Social care received a Guardian award for innovative partnership working in 2003 (QAA 2005b). The review found good partnership working across the 13 health and social care providers which was evident in the consistency of course delivery.

Benson (2004) emphasised the need for ongoing effective communication between the different NHS sites and the HEIs to support delivery. The employment of practice based facilitators within the Trusts was seen as pivotal in achieving this.

The development of an Fd at Canterbury Christchurch University involved one employer who approached the university (Thurgate, MacGregor and Brett 2007). The course was designed with the employer with new modules rather than adapting

existing materials. This allowed the provision to embrace WBL. In order to ensure ongoing employer engagement a work-based co-ordinator was appointed from within the organisation to work with the students. The reflection on the course development highlighted that exploring job roles would have been advantageous before developing the course.

The literature appears to mirror the good practice outlined by Rowley (2005) in chapter two and that of Skills for Health guidance (2006) and *fdf* (n.d.c). However, the literature only covers a small number of Fds in health and therefore a fuller picture was required. The research methods were designed to incorporate this, both within the questionnaires and from the interviews. The course curricula documents would also aid in this process through identifying courses for those in employment for specific employers (usually AP or Band 4 development is stated) and those for entry to employment and whether modules emphasised different theoretical content.

Work-based learning

As mentioned in chapter two, the literature for WBL presents a range of definitions and interpretations and is probably one of the most contentious areas. A number of terms are used within guidance documentation and Fd curricula, these include: WBL, workplace learning (WPL) and work-related learning (WRL). *fdf* (n.d.d) in their advice to learning providers stated:

“It is very difficult to say what work-based learning is as it is approached and delivered in so many different ways. It isn’t possible, therefore, to reduce it to a single essential ‘thing’. Work-based learning can’t be simply defined, for example, by the fact that it takes place in the workplace (since some forms of work don’t strictly speaking have a workplace) nor can it be defined in more general terms as learning which is ‘related to’ or ‘based in’ work since it is the nature of the particular relationship between work and learning which is important.” (p1).

The above view is supported by Roodhouse (2010) who cites the University Vocational Awards Council's (2005) stance on WBL as having no single or simple definition. They do however consider that WRL and WBL are two separate things. WRL is learning that may take place in the workplace to prepare individuals for the workplace. This includes vocational training and competency based learning and may be learnt away from the work setting. WBL they see as not being restricted to performance-related learning, but is more about identifying and then demonstrating learning that has occurred stemming from the workplace.

An earlier definition from Seagraves et al. 1996: "*Learning for, through and at work*" (Garnett and Workman 2009 p4) was widely cited, (Chapman 2006, Aird 2011) and allowed for a broad interpretation. As the debate developed, more attempts at differentiating between WRL and WBL led to greater differentiation. The definition used by Middlesex University, who are seen as the leaders in WBL academic curricula, states WBL is:

"A learning process which focuses university level critical thinking upon work, (paid or unpaid) in order to facilitate the recognition, acquisition and application of individual and collective knowledge, skills and abilities, to achieve specific outcomes of significance to the learner, their work and the university". (Garnett and Workman 2009 p4)

This definition broadens the concept of work, incorporating both paid and unpaid experience. The definition sets out the importance of a learning process leading to the achievement of specific outcomes which are significant not only to the learner, but to the workplace and the university. Avis (2007) supports this, suggesting that WBL is an important aspect of competitiveness and contributes to the wider economy through the development of knowledge and skills to enhance organisations. Therefore construction of learning needs to be located through understanding the

needs of the economy. This suggests that WBL is a complex process with a number of stakeholders and underpinning this is ‘*university level critical thinking*’. This definition therefore moves WBL into an academic process and away from a competency based approach which may require minimal understanding of the task being undertaken.

The academic debate concerning WBL moves from defining the concept to determining what the composition of a WBL course needs to be. Durrant, Rhodes and Young (2011) suggest that:

“Work-based learning programmes are designed to promote professional and personal development and intend to benefit both learners and the workplace. Inter-personal, inter-professional, intellectual and practical skills are developed through each learner’s recognition and reflection upon his or her professional development and the application of this to the workplace”.
(p2)

This interpretation of WBL programmes emphasises the importance of reflection and application of learning to the workplace of a range of intellectual and practical skills which should be of equal benefit to both learners and employers. However, Workman and Rounce (2009) suggest there is a continuum of WBL and courses may be anywhere along that continuum. Some courses may be at the more prescribed level, where learning is outcome driven and decided by organisations, or, at the other end, autonomous learning fully negotiated by the individual student. Other authors (Mumford and Roodhouse 2010) perceive Fds as not being a true representation of WBL, as most Fds were entry to work rather than learning through work. Students were more likely to attend placements than be in work and therefore unable to develop within an organisation. In response to some of the difficulties in

defining WBL, QAA Scotland (Ball and Manwaring 2010) produced guidance which provided examples of what they recognised as a WBL course and what was not.

Two different models of WBL: the affirmative model and the transformative model were postulated by Brown, Harte and Warnes (2007). The affirmative model appears to incorporate the concept of adequacy (Lester and Costly 2010) and links to White's (2012) concerns that focus is on employer needs and the development of competency rather than capability. The tutor's role is to provide knowledge and assist in skill acquisition. The second model: transformative, resonates with White's (2012) view of WBL as being concerned with the individual's development in a way that mutually benefits them and the organisation for which they work. The tutor's role becomes that of a facilitator. Brown, Harte and Warnes (2007) suggest that both types are needed to meet the demands of healthcare delivery in the UK. The affirmative model produces employees who "can do" whilst the transformative model provides leaders and decision makers to enable organisational change. They see the models as being at two ends of a continuum with no one model being better than the other and when developing a curriculum that incorporates WBL, it is important to ascertain, in agreement with stakeholders, where it sits on the continuum. The types appear to have been developed from existing models of learning, the affirmative model from John Biggs' work on motives for learning and transformation from the work of Jack Mezirow. Biggs (1987 cited by Walsh 2007) proposed that students when learning can use three different approaches; surface approach, deep approach or achieving approach. The approaches are used dependent on the students' motives for learning and they will adopt relevant strategies to achieve the outcome.

Mezirow (2000) has developed the concept of transformative learning over time. In order for learning to be transformative he suggests that there are a number of facets involving both the educator and the learner. The educator may start as a teacher, but as the learner develops they become a facilitator and then a collaborative learner. For the learner it can have both individual, social and cultural elements including changes in 'frames of reference', be life changing and lead to social and cultural empowerment.

"Transformative learning refers to the process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mind-sets) to make them more inclusive, discriminating, open, emotionally capable of change and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action. Transformative learning involves participation in constructive discourse to use the experience of others to assess reasons justifying these assumptions, and making an action decision based on the resulting insight."
(Mezirow 2000 p7-8)

Mezirow's concept of transformative learning has been critiqued by West, Fleming and Finnegan (2013) who focussed on how non-traditional learners can transform through university. They suggest that Mezirow's concept of transformative learning is limited in that it hinges on the meta-cognitive application of critical thinking and is associated with transformation as having potentially radical consequences. They cite Dirx et al 2006, who see transformative learning as *"more rooted in the shifting experience of self"* (p121) which can be achieved through developing a body of knowledge. They further cite Winnacott (1971) who saw Universities as transitional spaces where self-negotiation occurs. Adults can *"let go of past ideas and relationships"* or cling to an existing identity.

The affirmative model states learning is skills acquisition with underpinning theory in order to fulfil pre-ordained tasks and fill required job roles. Brown, Harte and

Warnes (2007) specifically used an example of an Fd in healthcare for the development of healthcare assistants with lower academic entry qualifications. However, this viewpoint does not appear to consider individual trajectories that could be seen as leading towards transformative learning. The two models of learning were important for my own research, when looking at both the content of Fds in health and the academics' perception of student's development. Did academics perceive the courses they delivered to have a transformative affect (for some students) or are the courses geared to meeting employers' needs for skill development?

More recent discussions on WBL focus on employer responsive provision (White 2012) with WBL moving from learner centred approaches to a focus of meeting employer needs. This re-asserts the importance of partnership working both in design and development of WBL curricula. White (2012) discusses the role of WBL in HE as providing an opportunity to bring together academic knowledge and skills with professional competency and/or capability. By doing so, both organisations and individuals will benefit. One of the key skills highlighted was critical thinking, with employees being skilled at looking at the organisation and promoting change. This comes with the caveat that some employers may not be ready for this and it could lead to tension in the workplace.

In relation to capability, White (2012) sees this as the ability to effectively use knowledge and personal qualities in a range of circumstances which then impact on performance and productivity. Personal abilities include: taking appropriate and effective action, communicating effectively, collaborating with others and learning

from experience. In an earlier publication, Lester and Costly (2010) suggested that capability was the expected outcome for university level WBL, but also brought in the concept of adequacy, where WBL focusses on a specific work role and the achievement of threshold standards, or development of skills to cope with a range of work-related issues.

WBL is perceived to provide opportunities for innovation by pioneering new approaches to teaching and learning (Reeve and Gallacher 2005). Curricula are expected to focus on the workplace and draw on real life experience. In addition they involve close collaboration with employers and use learning contracts to structure learning with few (or no) traditional modules or units. Reeve and Gallacher (2005) also highlighted concerns as to the extent to which the learning goals of employees can be synonymous with organisational objectives. They perceive Fds as containing only a minor element of WBL, but cite Baker's (2004) and Hillier's (2004) view that this can be the most challenging part of the curriculum.

Other literature (Dalrymple, Kemp and Smith 2014) has addressed the roles of the participants in order to deliver effective WBL. They state this occurs when there is a triadic learning endeavour involving the learner, industry specialist and university facilitator. They feel that the emphasis on the university facilitator as the holder of knowledge is not appropriate for WBL as they cannot be expected to have mastery across the industry. They state:

“The academic's contribution to the process is instead centred upon introducing and exploring more generic concepts in experiential learning and development, leaving the role of discipline specialist to a second party in the triad – the industry based specialist, with subject specific credentials in the eyes of the participants” (p79)

They see the role of facilitator as particularly demanding, requiring facilitation, curriculum design and inter-personal skills, alongside willingness to both share knowledge and gain knowledge to ensure effective learning occurs. Facilitators also need to recognise and be adept at 'stepping up' or 'stepping down' knowledge dependent on the learners' needs. The learners' role is less explicit in the triad with reference made to negotiating learning, drawing on own experience and becoming a co-producer of knowledge. Consideration of how learning from work can be achieved has led to suggestions that a number of tools need to be used, including: reflection, experiential learning and an andragogy approach (Workman 2009).

A few surveys and evaluations focussed on the delivery of WBL within Fds. Interpretation of WBL was found to be broad and a wide range of activities were found, ranging from employers being invited to deliver sessions to actively developing placements and experiences within a work setting (Stinton et al. 2007 and Reeve, Gallacher and Ingram 2007). The survey by Stinton et al. (2007) found that most courses had specific modules for WBL ranging from 15 to 45 credits, and the majority occurred in the second year. Both Stinton et al. (2007) and QAA (2005a) found that a small minority of courses had been validated which, contrary to QAA guidelines, had not made WBL explicit within the curricula. Attendance in a work setting ranged from students being in employment, volunteering or placements usually arranged by the course leader. Some courses set specific hours for work experience and had assessment of practice learning. Others stated no specific length of experience and emphasised work-related learning in that students were expected to reflect on practice and link to theoretical learning (meeting Durrant, Rhodes and Young's 2011 definition of a WBL course), but did not include structured learning in

the workplace. According to Edmond, Hillier and Price (2007) understanding of WBL and implementation in the workplace could be problematic even when WBL agreements are signed by the employer. They suggest that emphasis should be less on pedagogical models of course delivery and more towards managing learning opportunities. One of the problems highlighted when deciding how to define and incorporate WBL in an Fd curriculum was the lack of specific guidelines from QAA which Reeve et al. (2007) stated had led to wide interpretation and did not set parameters of the hours students needed to be in a work setting.

WBL is seen as more accessible for students who are employed within a set workplace. However there is some criticism that Fds are not creating new work initiatives but are using WBL as part of staff training and development. For people working full time who want a career change and undertake a part-time Fd, there are problems accessing WBL (Jackson and Jamieson 2009).

The inclusion of WBL within the curriculum is not implicitly addressed within the available research and evaluations specific to Fds in health. The inclusion of a work-based component is mentioned by Selfe et al. (2008) as being positively evaluated by both students and managers. The evaluation specifically asked how the Fd prepared the students for their role as an AP and 82% of students stated it had, with a further 14% agreeing it had partially prepared them. A case study (Kilgannon 2007) described the implementation of the same Fd and provided more detail of how WBL was managed. The course was designed for workforce development and WBL focussed on achievement of specific competencies agreed with the employer.

The cost implications and preparation of mentors to enable delivery of WBL was considered by Thurgate, MacGregor and Brett (2007). The costs included providing a work-based co-ordinator, recruitment of students from within the Trusts and their release from the workplace to attend the course. Other time costs included the training of mentors to assess the students and the time needed to carry out the assessment and complete documentation. The evaluations of the Greater Manchester Fd in Health and Social Care consistently found difficulties in managing WBL, particularly the awareness of mentors and other staff as to what this encompassed. Despite the issue being raised by Venning (2003), the final evaluation by Selfe et al. (2008) commented that understanding of WBL was, for some staff, limited to signing log books and there was a lack of understanding of both the Fd and the AP role.

Understanding of how WBL is designed and delivered within Fds in health remains largely unexplored in the literature. More debate has been around WBL in general and how it is interpreted. My own research does not have the ability to explore this issue in depth but, as an essential component of an Fd, the examination of curricula documents includes whether the course states if they incorporate WBL and at what points. The interviews allow for exploration of issues raised by participants as to how WBL is addressed and whether they perceived any specific issues.

Importance of HEFCE tenets to own research

The literature review highlights the issues related to the different tenets and builds on the policy aspects, outlined in chapter two, that underpin the development of Fds. The design and delivery of Fds needs to therefore bring together the tenets to create a cohesive curriculum and be able to demonstrate how the tenets will be met. Although

the tenets have been looked at separately, they combine and are reliant on each other, for example providing life-long learning requires widening participation and flexibility. Employability can be said to rely on life-long learning, employer engagement and WBL or work-related skills. Underpinning this is the need to provide funding, access and courses that meet work sector requirements and therefore government agendas to upskill the workforce. Fds were created to meet specific goals and agendas, with Fds in health incorporating aspects to meet the needs of the health sector. The tenets are therefore an important aspect of what constitutes an Fd and for my own research they underpin both the exploration of how these are reflected in the curriculums of Fds in health and the principal aim of my research to explore the perspective of academics who design and deliver Fds. In order to do this their interpretation of what an Fd in health is, needs to be ascertained and how this reflects the tenets. The literature review suggests that some of the tenets have been achieved by Fds, (in general) e.g. widening participation, whereas there is contention over the degree to which Fds truly deliver other tenets e.g. flexibility and WBL.

Another debate links back to the creation of the award and whether other existing qualifications, HNDs, NVQs and apprenticeships, could have provided the same results if Fds had not existed. This prompted my research to consider to what extent the tenets appear to have been met within Fds in health. By using a range of data, course curricula, questionnaires and interviews, it has allowed for a greater understanding of how these were incorporated into designing and delivering Fds in health.

3.5 Foundation degrees in health for Assistant practitioners (Band 4 roles)

Within healthcare, workforce development included the creation of the AP role and other Band 4 posts. Agenda for Change (DH 2004) suggested that Fds were one of the academic qualifications appropriate for Band 4 employees, resulting in courses which were designed to meet employer's needs. The range of available research, evaluations and surveys for the health sector include Fds specifically for Band 4 roles (Benson 2004; QAA 2005b; Thurgate, MacGregor and Brett 2007; Kilgannon 2007; Selfe et al. 2008 and Norrie, Hasselder and Manning 2012,) and those that have examined the introduction of the AP role but not explicitly linked to Fds, (Spilsbury et al. 2011a).

Only one article raised some of the difficulties with setting up Fds within the university systems and the work setting. Thurgate, MacGregor and Brett (2007) highlighted difficulties with university processes for the validation of the Fd and having appropriately experienced academics to work with an older student group with little academic experience. They approached this by keeping the student cohorts small with a dedicated tutor for the course duration and incorporating action learning sets to facilitate discussion rather than a pedagogic approach.

Discussion of the content of curricula for Fds in health mainly concentrates on the balance between the development of knowledge and skills, student or manager perceptions of the course content and how the course is delivered. The QAA review of Bolton University (2005b) mentions a good balance between academic content and WBL and the development of skills and knowledge. The Greater Manchester evaluation (Selfe et al. 2008) reports that students found that the Fd in health

developed self-confidence, but had been challenging. Areas they struggled with included the lack of literacy and numeracy skills at the beginning of the course and academic writing. In the same study, the students' managers had also found the content of the curriculum to be challenging. What was different in Selfe et al.'s (2008) evaluation of Greater Manchester from the preceding evaluations (Benson 2004, Benson and Smith 2005, Venning 2003) was the inclusion of service user views collected via focus groups. The service users felt that the APs developed deeper relationships with them and there was less power differentiation compared to registered health care providers. The service users also felt that the APs took on an advocacy role.

The main research available that examined the introduction of the AP role focussed on acute care (inpatient services) and was carried out by Spilsbury et al. (2011a) and was commissioned by The National Institute for Health Research. The research considered issues related to the implementation of the role and how it fitted with existing roles in healthcare delivery. There are two main issues raised by the research which have a bearing on my own research. The first is the resistance experienced from healthcare professionals and alongside this the need for clear guidance on roles and responsibilities. Secondly, the research asked what aspects should be included in the curricula for Band 4 development and this links to the course design of Fds in health with its focus on the AP role. These aspects included: familiarity with legislation, equality and diversity, IT skills, critical reading and understanding evidence based practice, written and oral presentation skills, time management and team working. These all resonate with Skills for Health (2006) guidance for Fds in health (chapter two). The research also asked about skills development and this

highlighted areas that registered nurses felt should not be part of the AP role: catheterisation, wound care, discharge of patients, nursing handovers, co-ordination of ward activity and medicine administration. One of the recommendations from the study was the creation of national guidance to regulate the AP role and standardisation of education and training to ensure consistency of level of qualification for the job. This stemmed from the analysis of job descriptions, which showed confusion as to whether the role was one of support or substitution, and the range of job titles and different levels of qualification pertaining to the role. This links back to Edmond, Hillier and Price's (2007) concerns, earlier in the chapter, pertaining to the blurring of job boundaries and threats to professional roles.

The majority of the literature that focusses on Fds in health is specifically linked to Band 4 development, including the role of APs. This adds a further level of complexity as both the award and the role are new. The lack of understanding of the Fd award has been addressed earlier in the chapter. A number of evaluations of Fds in health suggest that the AP role is also not understood (Benson 2004, Selfe 2008 and Spilsbury et al. 2011) and implementation has met with resistance within clinical settings (Benson 2004). There is confusion over what the role includes and what can and cannot be delegated (Spilsbury et al. 2011).

3.6 Emerging literature

Social Construction

Social construction includes a range of theories and approaches and has been developed over a period of time (Gergen 1999) and, as with other conceptual frameworks, application differs depending on the perspective used. An overview of

different theoretical approaches to social construction including psychological and sociological perspectives is provided by Lock and Strong (2010). From the sociological viewpoint they draw on Goffman's work on the self. He saw individuals as being able to constitute context in social situations through '*framing of co-existence*' or prior interactions. However, this framing could consist of multiple 'laminations' or definitions for any situation and therefore relies on shared understanding and purpose. The work of Garfinkel is also discussed particularly the role of 'reflexivity' or '*how people co-construct their realities through their interactions*' (p195). What Goffman and Garfinkel hold in common is that individuals are not passive recipients but are active in constructing society and meaning. For Garfinkel individuals are:

“...competent actors accountably producing and holding each other to realities they constitute through their highly contextualised interactions”
(Lock and Strong 2010 p 196).

These social realities therefore enable individuals to check the degree to which they stay or stray from the social order.

For Gergen (1999), the basis of social construction is the way in which signifiers make sense in a specific context due to shared understanding. He draws on Wittgenstein to state that meaning is generated by human exchange. He outlined four working assumptions underpinning social construction (with the caveat that these were not agreed by all theorists). Firstly, “*the terms which we understand our world and our self are neither required, nor demanded by ‘what there is’*” He explains this as meaning that there are any number of possibilities, descriptions or explanations of any situation/interaction. Secondly, “*Our modes of description, explanation and/or representation are derived from relationship*”. Meaning is only achieved through

shared language and is linked to historical and cultural contexts. Thirdly, *“as we describe, explain or otherwise represent, so do we fashion our future”*. Discourse is generated through rituals, traditions and other mechanisms. Within HE, descriptions of ‘student’, ‘professor’, ‘curricula’ and ‘learning’ require a common/shared understanding in order to have meaning. He sees these meanings as constantly being generated but also able to be challenged. Fourthly, *“reflection on our forms of understanding is vital to our future well-being”*. Gergen sees the role of social construction as sustaining and challenging valued traditions. This links to my own research and the need to recognise ‘taken-for-granted’ knowledge (Burr 2001 see methodology chapter) and how this is bound by the historical and cultural context, in which Fds in health were developed.

Habitus, field and identity

Bourdieu (1984, 1985 and 1987) draws on social constructionism, developing his theories of habitus and field from the standpoint that individuals are both constructed and being constructed by the social space they inhabit. He defines habitus as:

“Habitus is neither a result of free will, nor determined by structures, but created by a kind of interplay between the two over time: dispositions that are both shaped by past events and structures, and that shape current practices and structures and also, importantly, that condition our very perceptions of these” (Bourdieu 1984: 170).

Bathmaker (2015) cites Bourdieu’s (1985) explanation of field as:

“... the social world can be represented as a space (with several dimensions) constructed on the basis of principles of differentiation or distribution constituted by the set of properties active within the social universe in question, i.e., capable of confirming strength, power within that universe, on their holder. Agents and groups of agents are thus defined by their relative positions within that space” (p66)

According to Reay (2004 cited by Reay, David and Ball 2005), Habitus can be understood through four related aspects. Firstly that habitus is embodied as the body is in the social world, but the social world is also in the body. Habitus is structured within a given field whereby individuals understand the structure but are also structured by society. Reay, David and Ball (2005) emphasise the importance of habitus and field when explaining the experiences of working class students. They highlight how habitus becomes agentic as students transcend the social conditions of the cultural habitus, i.e. they achieve in a field (higher education) against cultural expectations and despite the institutional habitus of education being unsupportive or the expected individual trajectory. For example, in the context of my research education is a field and higher education is a sub division of that field which has its own rules, structures and processes. The individual can fit within the field if they are socialised into understanding the field. However, if this socialisation does not occur the individual is likened to ‘a fish out of water’ (Bourdieu and Passeron 1990).

Individuals can also be agents of the field and draw on transformative or constraining courses of action. The introduction of Fds is seen as problematic as they do not fit into the existing habitus and challenge the field of higher education. Reay, David and Ball (2005) suggest that this has led to problems with identity and credibility of the qualification. According to Bathmaker (2015) the ‘field’ of education, particularly the sub divisions of HE has been experiencing diversification and expansion (influenced by political agendas) which can be seen to challenge the existing understanding of what constitutes HE and those who participate in its social construction. For Bathmaker this raises questions as to how FECs delivery of HE fits into the existing HE ‘field’ or whether this needs to be seen as either a sub-division in its own right or a hybrid space which is created ‘*by porous borders between fields*’

(p69). This is an important point when considering the construction and delivery of Fds. Fds exist as part of HE provision but can be delivered in different institutions with different cultures which affect the individual's identity or sense of belonging. However as Fds are new to HE they have had to be developed within the existing structures of HE provision and also cross into the field of work. Academics when developing Fds are agents within the field of education and therefore influenced by the rules, structures and cultural practice. However they are developing a course which does not fully sit within the existing culture, for students who may come from other cultures which have not prepared them for HE.

A second issue raised by Bathmaker (2015) is that of movement between fields, either from one field to another or between fields. She suggests that this can lead to instability and contradictions when individuals experience dissonance in relation to positioning and ability to act within particular fields. This is particularly relevant to my own research and how academics perceive students as coping within the fields of HE and work, but also the degree to which they see students transitioning between the two fields.

Like Goffman and Garfinkel, Bourdieu sees the agent as not passive but an active participant in the construction of objects. Burke, Emmerich and Ingram (2012) have explored the concept of 'collective habitus' as a complex interplay of multiple individuals within a particular field. This links to the way in which groups of individuals both experience and influence a social field. This appears to be salient in relation to Fds in health and how students, although individual members of the habitus of HE, may also have a shared experience of healthcare work which

influences their experience of the course. This could also link to how the different types of Fds affect academics' perceptions of the students' behaviour dependent on whether on an entry to work course or for those in work.

Fds in health designed in the workplace can be perceived as introducing a new class of worker who has the potential to have more status than the traditional healthcare assistant but is still not seen as a professional role on par with nurses and other health professionals. They therefore occupy what Bourdieu (1985) terms 'social space' "*between the two poles of the field*" (p725). They were also introduced to meet specific social conditions (the need for a skilled and knowledgeable healthcare practitioner to support professionals and be economically viable (Skills for Health 2009)). Fds in health are therefore the product of social conditions and need to be coherent within existing structures and systems.

One of the emerging themes from the data analysis was that of identity in relation to how the academics ascribed characteristics to the students, but also how involvement in Fds in health had influenced the life trajectories and biographies of some of the academics. The theories of identity formation have debated the extent to which individuals' identities and concept of self are social constructions and whether formed by both the society and the individual (reflexive self: Giddens 1991). For Gergen (1999) individuals are represented in how 'others talk'. Individuals do not control or choose how they are seen, social reputations are formed by others with whom they interact. We need others to affirm who we are in order to grant worth and validation. For example I cannot create an identity as being a 'good teacher' without others affirming this status or without taking into account the cultural or historical

view of what a 'good teacher' is. However. Giddens (1991), whilst recognising the importance of the responses of others, proposes that individuals are creators of their own identities and they do this by managing self trajectories. He argues that the self is not passive but actively forges self-identity and emphasises the importance of lifestyle choices and life-planning as part of the structuring of self-identity. He draws on Garfinkel's study of language and discourse and how individuals as agents have to negotiate the infinite possibilities of any interaction through drawing on shared meaning to understand what is acceptable or appropriate in a given time. Woodward (2011) supports this, suggesting that although we see ourselves as the same person, we represent ourselves differently depending on context, because of social expectations and constraints.

The importance of teachers recognising how both personal experience and interpersonal relationships impact on self-identity is explored by West, Fleming and Finnegan (2013). They cite Honneth (1995) who emphasised the need for mutual recognition in order to develop self-respect and self-esteem. For West, Fleming and Finnegan (2013) the importance of recognising the need for mutual recognition but also avoiding undermining selfhood is essential when teaching. The quality of human interaction needs to be paramount and not necessarily the technique or use of technology.

The recognition of individuals by others underpins the work of Victor Turner (1969) who focussed on how individuals develop identity through transitions, including rituals and practices, unique to societies. He cites the example of a child becoming an adult and the ritual ceremonies conducted to reinforce this transition. Turner (1969)

explored the concept of liminality, building on the work of Van Gennep from 1909. Van Gennep posited that there are three stages in rites of passage, the first, separation, is when the individual or group detach from the existing social position, the second, margin (limen), is where they exist in a world between that of the old state and have not yet completed the transition to the third stage of re-aggregation. Turner describes those going from a lower to higher status as existing in a '*limbo of statuslessness*' Turner describes those in a liminal state as being ambiguous as they do not fit into existing classifications which position individuals within cultural space and within the '*communitas*'. This 'statuslessness' and ambiguity links with the concerns raised by academics regarding students who are unable to achieve higher status after gaining an Fd in health and have to revert back to their previous state.

These different approaches to identity all resonated in relation to my own research and possible interpretations of the words and descriptions provided by the participants. They also link to Bourdieu's concepts of habitus and field and how individuals fit or adapt to these, with particular emphasis on the field of education. The existing research on transitions and widening participation (Bowl 2003; Reay 2004; and Bathmaker and Thomas 2009) apply habitus, field and identity. The evaluations of Fds in health by QAA (2005a) and the development of the assistant practitioner role (Spilsbury et al 2011a) all highlight that for those undertaking development there has been an increase in self-confidence both from the individuals' perspective and also that of the employer. My own research builds on this through applying the concepts to how academics perceive Fds and the impact they have had on both students and themselves.

3.7 Chapter summary

This review demonstrates that the literature raises a range of issues and examines these from a number of perspectives. A recurring theme of lack of understanding of the award has continued to feature despite recommendations for raising awareness and the role of *fdf* in promoting the qualification. This appears at odds with the successful achievement of government targets for recruitment to the award and the range of employers and students who sign up for the courses. What is also evident is that employer engagement is also patchy, but where students are employed then this is stronger. Difficulties remain in trying to compare Fds due to the range of types of courses and how they are implemented. The larger surveys have incorporated students' views from across Fd provision and probably include all of Pearson's types of Fds. Therefore the results, while providing a range of experiences, are not easy to separate or compare across the different types or work-sectors.

The literature available concerning the design of curricula for Fds in health is minimal. The resources available have concentrated on employer engagement and collaboration rather than content. However, the journal articles were from the perspective of academics delivering the courses and not from that of the employer (Thurgate, MacGregor and Brett 2007 and Norrie, Hasselder and Manning 2012). Evaluations of Fds have focussed more on the views and perceptions of students and/or employers as to the extent to which they have met expectations and impacted on the work setting. One of the core aspects addressed is the degree to which Fds have met the HEFCE tenets, but this also led to an exploration of some of the academic debates concerning these. The academic debate suggests that too much was expected of Fds from their conception. The literature supports that some of the tenets

have been met: widening participation, life-long learning, employability and employer engagement, but to varying degrees. However there are also debates as to whether there is tokenism with some of the tenets being narrowly defined. For example, are Fds encouraging life-long learning or capacity building? Debates around WBL particularly challenge whether Fds achieve this or just provide work-related learning (affirmative learning) through meeting employment sector needs for skills development, or are vehicles for transformative learning.

The literature review suggests that Fds are delivering against the quality benchmarks and underpinning tenets of Fds. They are contributing to workforce development through educating the workforce and therefore aiding in employability and life-long learning targets. They have widened participation and brought non-traditional students into higher education, whether this is at university or through FECs. The variety of delivery methods and types of Fds suggest there is flexibility in how they are delivered. However there is a lack of evidence as to how many courses surveyed provided flexible delivery patterns. The robustness and generalisability of the data from the surveys and evaluations is generally weak with a number only focussing on one course and, where there has been inclusion of a range of courses, the number of respondents has been low. Those evaluations which have drawn on a wider participant base (QAA 2005a) have amalgamated a number of reviews and have provided more robust information.

The literature emphasises the wide variety of Fds in the market and that differences are not only due to the work sector, but include the delivery pattern, interpretation and implementation of WBL and course delivery. The Fds across work sectors

appear to have a range of delivery patterns: full and part-time, core and optional modules, face to face, blended or online delivery, courses designed and delivered with specific employers for their employees, courses for those employed or working as volunteers for a work sector and those for individuals wanting to enter a work sector. The literature for Fds in health is limited to those courses delivered for specific employers to develop employees. There is a focus on WBL and the development and assessment of skills and competencies are mentioned. The use of core and option modules are featured, but other patterns of delivery, whether full or part-time are not articulated, or if teaching is delivered through face to face, blended or online approaches. The literature provides examples of good practice in employer engagement through the inclusion of the employer at all stages from inception to delivery. The role of work-based facilitators was seen as pivotal in linking theory and practice, employer and academic institution, and providing support for students who are also employees.

Despite the confusion over the award and how it is delivered, students and employers perceive that they benefit from the course curricula through the development of knowledge and skills for the work sector. In addition, for the students there are the added benefits of increased confidence and self-esteem, both in the workplace and in their academic abilities. However, there are concerns raised about the impact on students' home lives and the degree to which the Fd has enabled individuals to develop their careers.

A number of areas for future research were suggested from the studies. These included: research as to why students choose to do an Fd rather than a Bachelor

degree, what is an effective curricula and actual and anticipated study demands from the student's perspective (Mullen and Kilgannon 2007). In addition more research as to how WBL is incorporated and managed within Fd curricula would also be beneficial. The areas that stand out as not having been explored are related to the delivery of Fds in health: Where are courses delivered and by whom? What is included in the curricula of Fds in health? What are the patterns of delivery, including how they are delivered and for whom? The existing literature on Fds in health focusses on those delivered for specific employers and not for the other two types as described by Pearson (2010) in chapter two. This led to identifying a further gap in the literature and consideration of how the examination of course curricula would enable better understanding of those curricula devised for entry to work, or for those aimed at the work sector rather than engaging with specific employers.

My own research builds on some of these issues, but takes the perspectives of academics rather than employers or students. The literature review aided in refining the research, partly by establishing the gaps in the literature, namely the voice of academics and their experience of delivering and designing Fds, but also in refining the questions to be posed across the data collection methods. Some of these reflect themes in the existing literature: whether Fds have met expectations and what impact they have had on students. What is unique is exploring what impact Fds may have had on the academics and what they perceive are the issues relevant to designing and delivering Fds and working collaboratively with both employers and other academic institutions.

Understanding of Fds and where they fit within academic and vocational learning has lacked clarity. My research includes questions as to the academics' understanding of the award and how this changed as they became involved and also how they perceive others view the Fd within their own institutions and the employment sector. Both chapters two and three highlight the complexity of designing and delivering Fds and, given the range of debates around some of the tenets and how these could influence the curricula design, it is expected that a wide variety of content and approaches will be found. By using a mixed methods approach it is hoped that this diversity can be captured and a better understanding of Fds in health can be achieved. Academics have to take these issues into account and by asking their perspective, this will add to the existing knowledge as to the degree to which they perceive Fds in health to be successful. The literature review has also included an overview of the emerging theoretical concepts, following data analysis, habitus, field and identity. These concepts have been linked to the tenets especially widening participation. The significance for my own research is explored in chapter six: discussion of findings. Chapter two provided the historical and contextual background (Walliman 2011) and chapter three the theoretical and empirical literature about the topic of my study (Flick 2014). Chapter four provides the methodological literature underpinning the research design and the methods used.

Chapter Four: Methodology

4.1 Introduction

This chapter looks at both the methodology and the data collection methods used in relation to my research. It explores how those decisions were made and the underpinning philosophy of the research approach and the process and procedures used. When deciding on the methodology and data collection methods, Creswell & Plano Clark's (2007) advice that the topic itself leads to the choice of both methodology and method was relevant. The title and themes were established first. As the focus of my research was on perspectives, this indicated a qualitative approach. However in order to understand individual perspectives, I found that there was a need to explore more broadly what an Fd is and how it is delivered. This led to a mixed methods approach to enable the personalised viewpoints to be set within a much broader context.

Phillips and Pugh (2005) highlight the need to consider whether the topic area is something that will hold interest over time and how the study shows originality in order to meet the criteria for a PhD. As a university lecturer charged with delivering an Fd this provided the interest. However, being a CL could also be a problem with the need to be objective when carrying out research. Robson (2011) emphasises that acknowledgment of who you are as the enquirer and what that brings into the research is essential to identify potential bias. As someone who works with, designs, validates and examines Fds I will bring in some subjectivity and need to state this and bring in checks to ensure this does not bias the findings. The interest provided the

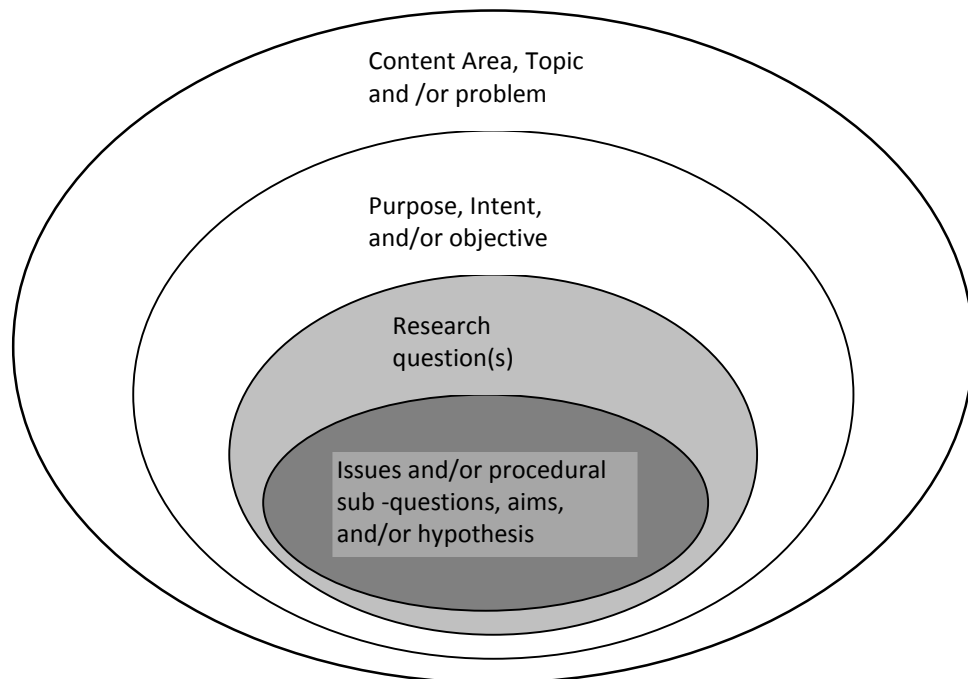
topic, but needed to be narrowed down to what specific aspect would be addressed and ensure originality.

Originality of topic came from searching the existing literature and ascertaining what aspects had previously been addressed and establishing areas that had not been researched before. Fds are a relatively new qualification and to date have been under researched. The literature available (Spilsbury et al. 2011a, Wakefield, Spilsbury and Atkin 2009, Selfe et al. 2008, Benson 2004 and Benson and Smith 2005) has focussed on the benefits to the workplace, with particular reference to the qualification leading to the role of the AP (Band 4). Other research has looked at Fds in general and the impact on students' employment (Beaney 2006, Foreman-Peck and Middlewood 2005). To date there has not been an exploration of the content of Fds in health or the views of academics delivering the course (other than comment on development: Winnard and Kittle 2008, Thurgate, MacGregor and Brett 2007) and therefore my research aims to explore this gap in knowledge.

4.2 Research Question(s)

The principal aim of the study is: *To explore the development and delivery of Foundation degrees in health from the perspective of course leaders and course contributors within Higher Education and Further Education institutions.* The research questions needed to be devised to ensure the aim was achieved. Plano Clark and Badiee (2010) provided a useful diagram (diagram 4.1) which enabled me to move from the research topic towards establishing the research question(s) and themes.

Diagram 4.1: Focussing a study from the topic to research questions

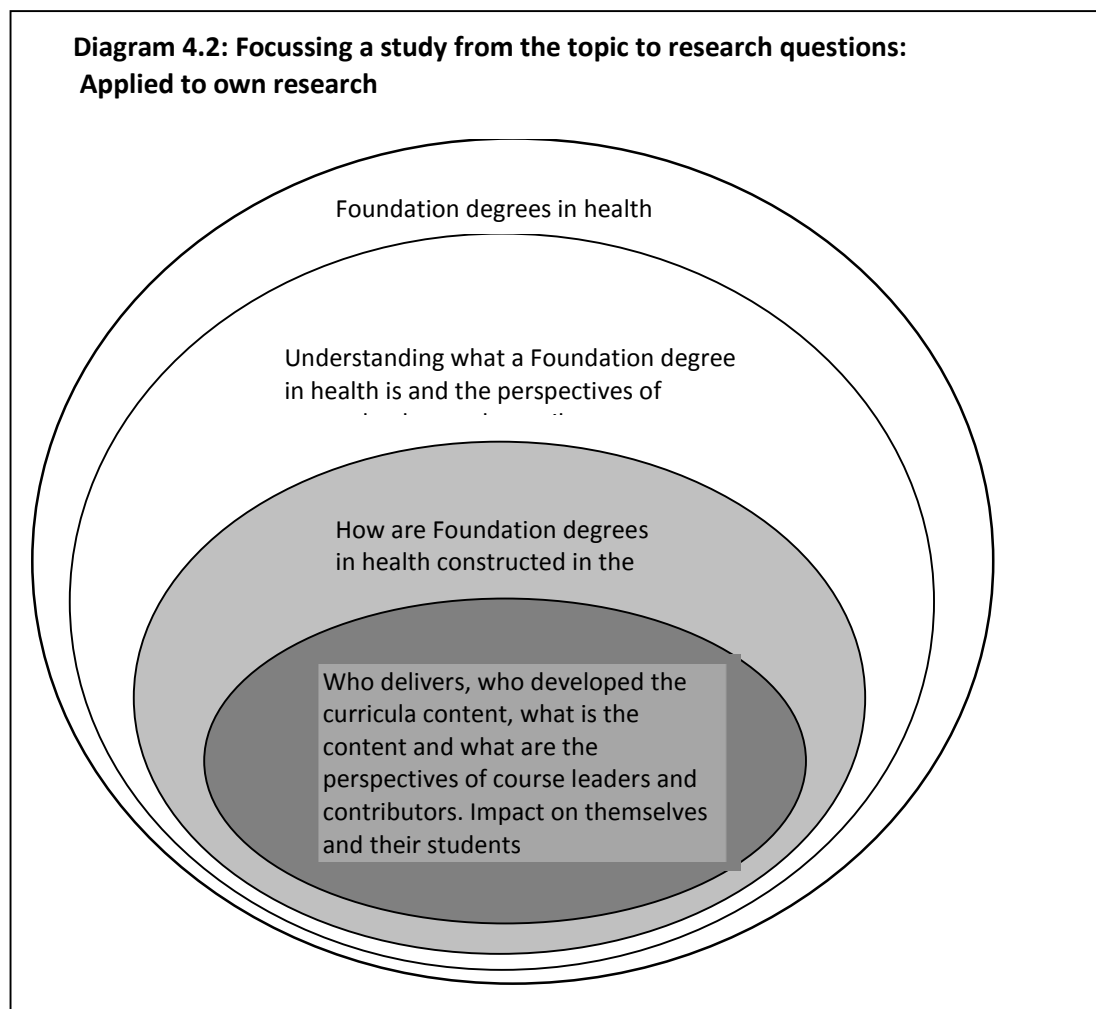


Source: Plano Clark and Badiee (2010)

They highlight the need to consider what the purpose and intent is when moving from the topic to the question(s). This aided my decision making and helped to clarify the direction of the research and how it would be conducted. Diagram 4.2, below, demonstrates how the categories were applied to my own research. The content/topic became Foundation degrees in health. The purpose and intent was *understanding what a foundation degree in health is and the perspectives of course leaders and contributors*. These were drawn from my own experience of running Fds in health and discussions with other CLs in the UK concerning what an Fd should or should not cover and the difficulties in meeting multiple stakeholders' needs.

The next circle, research question(s), developed following the review of the existing literature (research, evaluations and commentary) about Fds in health. In addition,

the main question asked by students, employers and other academics was “what is an Fd?” This raised the question as to whether my own explanation would be mirrored by other CLs. This led to the research question: *How are Foundation degrees in health constructed in the UK*, in order to understand what an Fd in health is. This led to the sub-questions and issues: *Who delivers? Who developed the curricula content? What is the content? What are the perspectives of course leaders and contributors? What was the impact on the academics and their students?*



It became apparent that there were a number of avenues that I needed to explore to provide a comprehensive picture of Fds in health. The first was who delivers and

who developed the Fds in health and how these linked to the benchmarks (QAA 2004) and the underpinning tenets of Fds (HEFCE 2000), particularly linking to widening participation, employer engagement and workforce development. Secondly, what are the curricula content and are there commonalities and/or differences. This was important as the data would provide depth of understanding and explanation of the features of Fds in health and the degree to which they draw on and interpret underpinning knowledge for healthcare delivery. Tied into the exploration of the curricula content is how the content also links to the benchmarks and underpinning ethos of Fds. This links to employer engagement and workforce development and also life-long learning and employability, widening participation, flexibility of delivery and WBL. Thirdly, the research aimed to harness the perspectives of the individuals who lead and contribute to the courses and what they feel are the positive aspects of Fds in health and areas of concern. Their views on the degree to which the Fds meet the government's agenda, stated in the benchmarks and guidelines, have not previously been sought, with previous research and evaluations focussing on students' and employers' perspectives. This, therefore, provided the originality for the research to be undertaken. Alongside this, how the CLs and CCs became involved with Fds was of interest and whether they had particular skill sets or characteristics that made them the right person for the role.

Having considered topic, originality and the development of the research questions and themes, the next decision was the research approach and what would be the best methods to examine the topic. Onwuegbuzie and Leech (2006) emphasise that in some instances you have to be a pragmatic researcher who recognises that flexibility

is required, resulting in different research techniques being applied to gain a more holistic understanding.

4.3 Methodology: mixed methods

The choice of methodology had to consider the possible approaches that would gain sufficient understanding of Fds, answer the research question(s) and link to the themes incorporated in the benchmarks and guidelines for Fds. When engaging with the literature on the use of mixed methods it became clear that there was no consensus of what constituted a mixed methods approach. There is an on-going debate as to how mixed methods either draws on the two established paradigms of qualitative and quantitative methodology, or should be a distinct paradigm with its own language (Creswell 2010). This is coupled with different definitions of what mixed methods means to those using the paradigm. Johnson, Onwuegbuzie and Turner (2007) found nineteen alternative meanings and proposed a working definition:

“Mixed methods research is the type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g. use of qualitative or quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.” (p123).

The above definition appears to suggest that the combining of the two paradigms can either occur at distinct phases of the research process or can be across this process. However, it also suggests that the combination does not have to be at the paradigm level, but can be at any stage of the research process. The degree to which the paradigms can be mixed, or should be mixed, has been widely debated (Tashakkori and Teddlie 2003, 2010, Greene 2008 and Creswell 2010). Creswell (2010)

concluded that there were three distinct stances: the incommensurable stance where the two paradigms cannot be mixed, a paradigmatic stance where the two paradigms are independent and can be mixed and matched in various combinations, and the complementary strengths stance where the two paradigms are not incompatible, but they are different and should be kept separate when conducting mixed methods research.

The literature provides a number of suggestions as to how to develop approaches incorporating qualitative and quantitative data collection methods. Johnson, Onwuegbuzie and Turner (2007) cited the work of Greene, Caracelli and Graham (1989) who identified five purposes or rationales for using mixed methods: triangulation, complementarity, development, initiation and expansion. Creswell and Plano Clark (2007) identified four main design features of mixed methods research: triangulation, embedded, explanatory and exploratory. They outlined the possible combinations of quantitative and qualitative approaches with both having equal weighting, or one being more dominant than the other. Bryman (2008 in Bergman 2008) provides a different option of completeness. Completeness is defined by him as using both quantitative and qualitative data collection methods in order to provide a more comprehensive account of the area under investigation. This fitted with the aims of my own research and the scope of the research questions.

Greene (2008) provides useful guidelines on how to combine the two paradigms (qualitative and quantitative) within mixed methods through establishing: the degree to which different methods are implemented independently or interactively (independence/interaction), the priority or dominance given to one methodology or

another versus equality in status (status) and whether the different methods are implemented concurrently or in sequence (timing). The dimensions fit with the decisions made for the research methods used and also reiterates Johnson, Onwuegbuzie and Turner's (2007) definition above, that the incorporation of a mixed methods approach can be more prominent at any point of the research process.

My research approach fitted into the paradigmatic stance (Creswell 2010) with both qualitative and quantitative paradigms influencing the research. The qualitative paradigm fits with gathering the perceptions of individuals, with questionnaires and interviews being the data collection approaches, whereas the quantitative paradigm underpins the understanding of what an Fd in health is, through the examination of the course curricula documents and collection of quantitative data through the questionnaires. In addition the research question(s) fitted with Bryman's (in Bergman 2008) concept of completeness. Emphasis was on the bringing together of different parts of the puzzle to gain a more complete understanding. The guidelines provided by Greene (2008) aided in the decision as to the degree to which the qualitative and quantitative paradigms would be independent or interactive, whether they would have equal status and the timing of the implementation of the paradigms. Equal status was initially given to both the quantitative and qualitative paradigms. However as the research progressed, it became apparent that the perceptions of the CCs and CLs were the main focus, with the quantitative paradigm providing an overview of Fds and their delivery and also contextual information. Although the paradigms have different status, it became apparent that the contextual information is integral to the understanding of Fds in health. The two paradigms were used both independently and interactively at the level of data collection. Qualitative approaches to data

collection were incorporated within the questionnaires and interviews to capture the voices of CCs and CLs and quantitative data collection methods were used for the course curricula and within the questionnaires.

4.4 Pragmatism and Social construction

The choice of methods for both the paradigm level and data collection were influenced by two ideological approaches: pragmatism and social construction.

Johnson and Gray (2010) advocate pragmatism as a suitable underpinning philosophy for mixed methods research. They cite Johnson and Onwuegbuzie's (2004) development of the tenets of pragmatism (table 4.1).

Table 4.1: Johnson and Onwuegbuzie (2004) Principles of classical pragmatism composite

1. Rejects dichotomous either/or thinking.
2. Agrees with Dewey that knowledge comes from person-environment interaction.
3. Views knowledge as both constructed and resulting from empirical discovery.
4. Takes the ontological position of pluralism (i.e. reality is complex and multiple).
5. Takes the epistemological position that there are multiple routes to knowledge and that researchers should make "warranted assertions" rather than claims of unvarying truth.
6. Views theories instrumentally (i.e. theories are not viewed as fully true or false, but as more or less useful for predicting, explaining and influencing desired change).
7. Incorporates values directly into inquiry and endorses equality, freedom and democracy.

Source: Johnson and Gray (2010)

They state that a general principle of mixed methods is that multiple levels and types of reality should be considered and interrelated. The pragmatic approach takes on board the ontological viewpoint of social construction. The third tenet above emphasises the view of knowledge as being constructed and they suggest that structuralism plays an important part as it emphasises that systems cannot be understood without understanding the underlying structure. Biesta (2010) concurs with Johnson and Gray. She suggests that pragmatism can provide a philosophical framework for mixed methods research and places qualitative and quantitative at the level of method of data collection rather than methodology.

The use of pragmatism as a philosophy for guiding the research incorporates the ontology of social construction as an approach to exploring the data collected. Creswell (2003) describes social construction as a world view where individuals seek to understand the world in which they live and work. They do this by developing subjective meanings of objects or things. Research, using this world view, tries to rely on the participant's view of the situation and how these meanings are negotiated socially and historically. Social constructivism is built on the premise that these meanings are established through interactions with others. Research tends to focus on a specific context and recognises how the researcher's own background also shapes their interpretation. Creswell suggests that the researcher's intent is to look at others' world views and interpret and make sense of them.

A useful definition provided by Bryman (2001) states that social construction is:

“an ontological position...that asserts that social phenomena and their meanings are continually being accomplished by social actors, it implies

that social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision.” p18.

This appears to have salience not only when looking at why Fds were introduced, but also at the exploration of what they included, why they included specific subject material and how the social actors (academics and others) were influenced in designing and delivering the qualification.

In her introduction to Social Constructionism, Burr (2001) outlines the range of approaches that form this methodology, similar to those posed by Gergen (1991). Included are what she considers to be the tenets of the methodology.

1. A critical stance towards taken-for-granted knowledge
2. Historical and cultural specificity
3. Knowledge is sustained by social processes
4. Knowledge and social action go together

The first tenet, “*A critical stance towards taken-for-granted knowledge.*” reflects the focus of the study and whether the content of the curricula for Fds is “*taken for granted knowledge*” given that there is no national curriculum and the guidelines for Fds are generic. The “*critical stance*” is therefore directed at examining to what extent the curricula appear to share a common knowledge base and how they differ. There is no existing literature or research undertaken that looks at how the curricula are designed or what content is included. This suggests that there is a need to critically examine what an Fd in health is and how they were developed. The curricula are designed around guidelines, but can be operationalised differently. I am interested in what influenced the construction of the curricula and whether there are both common and unique factors across deliveries.

The second tenet “*historical and cultural specificity*” was explored within chapter two, which addressed the historical and policy drivers for Fds and why they were developed. Fds are the product of a particular time in history and reflect cultural changes in relation to the workforce and, to a degree, the way in which education is delivered. Chapter two provided an overview of both the social and political drivers behind the emergence of the qualification and other drivers specific to healthcare delivery in the UK.

The third tenet “*knowledge is sustained by social processes*” is also partially addressed in chapter two. The ethos of an Fd is to meet the needs of the employer and the knowledge gained has to support the needs of the workforce and therefore the needs of the society. This suggests the Fd curricula are not developed in a vacuum. When considering how to research Fds, my initial thoughts were that health related courses are influenced by health delivery in the UK and workforce development. The Health Service is further influenced by society and has to adhere to policy laid down by the government at that time. However, what is not clear is why specific knowledge is chosen and whether it is the same knowledge. My aim is to explore this further through examining the curricula and the process from the perceptions of those involved.

The last tenet “*knowledge and social action go together*” links to the drivers to develop the work force in line with other European neighbours and also the need to ensure the UK workforce has the required skills and knowledge for both short and long term needs. Fds were part of the provision to develop vocational learning for 14

to 19 year olds (Avis 2004), alongside apprenticeships, and to widen participation for those already in employment (Vogler-Ludwig et al. 2012).

As a researcher, theories of social construction impact on my own role. Being part of the social world that I am studying, I need to be aware of how my own opinions and life experience may affect how I conduct the research study. The ability to be objective when carrying out social research is often debated (Denscombe 2010), as being part of a phenomenon influences how we perceive and interpret our social world. I cannot step outside the world or ‘forget’ knowledge acquired. My role as a social actor will influence both the approaches to undertaking research and my interpretations of the findings. Social construction therefore underpins both the role of myself as a researcher and the phenomenon being studied.

4.5 Data collection methods

Having decided on a mixed methods approach for the research, the next stage of the process was to consider what the data collection methods would be in order to ensure the research design was fit for purpose and the data collection methods would enable relevant data to answer the research question (Denscombe 2010). A second consideration was how these methods would be used and what the focus would be for the different approaches used in order to meet Bryman’s (2008) concept of completeness. The choice of methods also fitted with a pragmatic or problem solving approach (Newby 2014) as to which methods would best allow for the bringing together of a range of viewpoints and enable sufficient data to be collected to allow for analysis.

The first method chosen was the collection of course curricula documents in order to develop a macro view of Fds in health and address one of the research objectives: what is included in the curricula. The second method, a postal questionnaire, was decided on to reach a wider population and consisted of questions to gather both quantitative and qualitative data. This method was chosen as it allowed for exploring who delivered the curricula and individual's perceptions of the Fd and its impact on them. The third method of data collection, interviewing members of different course teams, aimed to provide depth of understanding and explore individual perceptions of Fds in health in more detail than a questionnaire could achieve. The last method was also useful in that it enabled me to explore different types of Fds and different institutions.

Course curricula

The initial task was to establish which HEIs and FECs delivered relevant courses for the focus of the research. To include as many courses as possible, I searched the UCAS listings of Fds. The UCAS listings had limitations in that some courses are not advertised via UCAS as they are delivered in partnership with employers. Previous experience of developing an Fd had made me aware of the *fdf* web site and their list of Fds delivered in the UK. The *fdf* list was particularly useful as it provided information on where the course was delivered as well as the validating university. This meant that course materials were not duplicated through having information from both the HE provider and FE provider and also if the same course was delivered in more than one FEC. However, the list only included those organisations who have informed *fdf* of their courses and was not always up to date. This list is

no longer available due to the disbanding of *fdf*. The lists gained from the two organisations were used to search the HEI and FEC web sites for prospectuses and other course information. From my involvement with the HEA special interest group for Fds, I was also aware of a number of Fds being delivered which were not on either list and these were added.

Having collated a list, the next decision was what to include under the heading of health, the list of available Fds covered a range of subject areas including health and beauty, sport massage and paramedic science. The search was confined to programmes which were titled: Health, Health and Social Care, named awards which linked to types of care or age groups i.e. Child Health, Mental Health Care etc. and any programmes which stated the preparation of APs. My reasoning in setting these parameters was to try to have a range of courses that covered similar aspects of healthcare in order to be able to compare and contrast the curricula. By including too many diverse areas this would not be achievable. There was also a degree of self-interest in the selection, I was running an Fd which linked to the AP role and this had developed my interest in researching Fds.

Having decided which courses to include, the next problem was to decide how to collate the information and what information needed to be compared. This linked back to the tenets of Fds: widening participation, flexibility, life-long learning and WBL. A table was produced to record entry level qualifications, mode of delivery and whether full or part-time, and the target population. The last category was to establish which of the three types of

course the institution provided (Pearson 2010). A second table recorded the names of the modules listed in the documentation to enable comparison of themes and content.

Postal questionnaire

When deciding whether to use a questionnaire, I needed to consider the scope and contribution to the overall study and how this linked to the other two methods of data collection. As the content of curricula was addressed in the course documents this topic could be excluded from the questionnaire.

However, the questions needed to seek additional information not available from other sources. I needed to ensure that the questionnaires were manageable for the participants. The original questionnaire had too many questions and when piloted took over ninety minutes to complete which is too long (Robson 2011). The questions were reviewed and those that overlapped with data that was available through course documents and the interviews were removed.

The questionnaire was approved by the University Research and Ethics Committee and was piloted with five individuals who have run or contributed to Fds both within my own institution and another HEI. Initially one questionnaire was designed for all participants. The pilot identified that in asking both the CLs and CCs the same contextual information this was leading to duplication or blank responses. For example, CCs did not know who had been involved in the design of the course. Two questionnaires were therefore developed, one for CLs and one for CCs (appendix one).

The sample used was comprehensive in that all the organisations identified from the list used for the course curricula were sent questionnaires. Although names of organisations were available, it was not possible to identify the CL or CC's names. Envelopes were therefore addressed to the organisation rather than an individual. Sampling also relied on the CL receiving the envelope and passing on the questionnaires to the CCs. This meant that CLs could act as gatekeepers in relation to access to the CCs (Silverman 2013). Questionnaires were also given to colleagues within my own HEI. In total 400 questionnaires were sent out. All participants were provided with a letter explaining the purpose of the research and giving contact numbers if they had any questions or concerns (appendix two). Tacit consent was gained from the participants, in that those who completed and returned the questionnaires were seen to be giving permission to use the data. The questionnaires were coded so that returns could be monitored and to allow for sending out repeat requests without approaching those who had contributed. In organisations where there was more than one course which met the initial search parameters, questionnaires were sent for each course named.

One of the inherent problems of postal questionnaires is the cost of this method (Bryman 2001). By sending an envelope with a number of questionnaires this reduced the cost. To encourage return of the questionnaires a freepost account was created so that postage costs were not placed on the respondent. A return envelope was supplied for each questionnaire to ensure the respondent could keep their response private from other colleagues in the organisation. Factored in to the cost of this was that it

was unlikely, given the historical rate of return for questionnaires (Robson 2011), that all 400 questionnaires would be sent back.

Content and design of the questionnaires.

The questionnaire sent to CLs asked who was involved in the design of the curriculum and if any changes to either the curriculum or the Fd focus had occurred. The questions also established whether the course was linked to a particular job role within health and social care delivery. Both questionnaires included: how long they had been involved with Fds, their job role and place of work. The remainder of the questions were aimed at qualitative data collection. They asked the individual's view of a range of issues in relation to delivering Fds. Gillham (2007) highlights issues with questionnaires in that they are researcher led and focus on their remit, which is a form of power, and that selecting questionnaires as the method of data collection moves data into structured responses. These can be frustrating to the respondent as they do not allow deviation. By including open ended questions, although still structured as the researcher chooses the questions, this allowed for some expression by the participant of their own views. In addition, the questionnaire contained a section for the respondent to include other issues they felt were important. None of the questions were seen as "difficult questions" that could lead to emotional distress (Oppenheim 1992). Questions related to the curricula were limited to the title of the course and any pathways and whether any changes had been made to ensure that the individual respondents were not infringing institutional intellectual property.

Robson (2011) emphasises that when designing questionnaires the researcher needs to consider how the data will be collated and managed. Having decided to use both closed and open questions this meant that appropriate tools needed to be used. The information asked for in the closed questions would produce nominal data making SPSS an appropriate tool. This was set up prior to the sending out of the questionnaires and data entered as questionnaires were returned. The responses from the open ended questions were collated and grouped under CLs and CCs. As the questions related to specific issues e.g. positive aspects of delivering an Fd and difficulties delivering Fds, the themes were already established. The responses were examined for repeating or similar phrases. I did this manually by reading through the statements highlighting words and then re-reading to look for associated words or phrases. By having all the responses from the CLs and CCs in one place it was possible to compare and contrast these to establish if the CLs had similar views both with each other and to the CCs.

Interviews

The sample for the interviews came from two sources: those individuals who stated a willingness to be interviewed from the questionnaire and those who were directly approached. Those who showed an interest in being interviewed were working in FE and by chance were from different geographical locations which meant they were validated by different HEIs. These were convenience samples and were not chosen because of any specific characteristics of the courses on offer. The HEIs were approached directly with two of the sources chosen from connections through the HEA

special interest group and the third was approached, because they were one of the original pilot courses and it was deemed they would have a different experience when compared with the other two. These therefore were both a convenience sample due to having prior contact with two of the course leaders and a purposive sample due to the third HEI's unique position as a funded pilot. The three HEIs were also chosen because of their 'maximal variation' (Flick 2014) with one running a single pathway course in conjunction with one employer (Aspen University) and one that started with one employer now working with multiple employers (Willow University) and validating a number of pathways. The third HEI (Hawthorn University) was the initial pilot for the AP role but also validated an Fd for students looking for entry into health and social care work. Before directly approaching these organisations, they were checked against the responses from the University's Council of Deans to ensure permission had been given.

The sample was restricted to three FECs and three HEIs, within each organisation it was hoped to interview the CL and two CCs which would have given a total of 18 interviews. In reality the participants from the FECs mainly worked independently and there were also logistical problems with the HEIs to interview three staff on the same day. The total sample was six institutions and eleven individuals.

Description of the HEIs and FECs.

Aspen University

Aspen was delivering a pilot course: Fd in Assistant Practice designed with a specific employer, an NHS Trust, for the purpose of workforce development. Twelve students were enrolled on the course and were all employees working as healthcare assistants and, on completion of the course, were guaranteed a Band 4 role. The course was considered to be full-time with students attending the university one day a week and having an additional study day. The Fd was developed with the Trust and regular meetings took place with the named Trust lead, line managers, mentors and students. The course was delivered over two years, but was ended after the pilot by the HEI.

Willow University

Willow started the delivery of Fds with one specific employer, but has since developed the course and works with a range of employers, mostly NHS Trusts, but also other health and social care organisations. The course was designed for workforce development. The course includes a number of pathways that reflect different specialities within healthcare. Students are healthcare workers or equivalent employed by the organisations. They attend one day a week and are classed as full-time, completing the award in two years.

Hawthorn University

Hawthorn was one of the pilot universities for Fds leading to the AP role. The pilot recruited large numbers of students over a broad geographical area and

worked in partnership with a number of NHS Trusts and two other universities. At the time of the interviews, there were lower numbers and less staff involved as the initial workforce problems were resolved. Initially the Fd was designed for the AP role and practice facilitators were employed within the Trusts. Teaching took place both in the university and in the work setting. They now offer Fds for those entering employment as well as the existing workforce development option. Unusually, they did not have a progression route to an honours degree, but this has now been developed.

Primrose College of FE

Primrose College delivers an Fd for those entering employment and those in employment, or working as volunteers that may or may not be supported by their employer. The college works as a franchise with the course being validated by an HEI and delivered through a number of local FECs.

Tulip college of FE

Tulip College delivers two Fds as a franchise for Aspen University, but not the pilot course described above. One Fd is in health and social care and the other early childhood studies. The Fd in health and social care was for both those entering into employment and those working, or volunteering and who may be supported by an employer.

Snowdrop college of FE

Snowdrop College delivers an Fd in health and social care as a franchise for an HEI (Poplar). The course is for those entering employment, in

employment, or volunteering. The course is part-time and all students completed the same modules.

Planning of Interviews

Interviews are recommended for qualitative data collection as they are more flexible than using a questionnaire and allow for development of themes and processes (Newby 2014). When planning the interviews the decision to use semi-structured interviews stems from the belief mentioned earlier that there are multiple realities and the world view that these realities are socially constructed (Creswell 2003). Robson (2011) explains that constructivist researchers view the participants as helping to construct reality and therefore questions cannot be fixed as this only allows for the researcher's construction of reality. In order to collect data that reflects individual views and perceptions, a more open form of questions was needed. The decision not to use an unstructured interview was taken as, although this would meet a constructivist approach and lead to a depth and range of data, this approach would not ensure focus on the main themes. I also had concerns that, in my journey as a researcher, my lack of experience in conducting interviews would affect the usefulness of the data.

The decision to use a semi-structured interview allowed questions that focussed on specific aspects of information and for the flexible development of additional themes to minimise researcher bias and to collect data that had salience to the respondents (Barbour 2014). The questions (appendix three) used to guide the interview were drawn from the research questions and

phrased colloquially (Brinkmann and Kvale 2015) to elicit responses to establish the individual's experience and views of Fds. The questions were grouped into a number of categories as recommended by Gillham (2008). These categories were: the individual's experience and previous experience; their skills and skill development; the development of the curriculum; and where they saw Fds in the future. The questions were not used verbatim, as the response to the first question influenced the direction of the interview. For example, starting with how individuals had become involved with Fds opened up areas for discussion based on the different experiences. For two of the respondents the initial roles had been as practice based practitioners which enabled exploration of work-based approaches and support, whereas other respondents' initial experience linked to curriculum development within an HE or FE setting. Being flexible and following up on themes established by the respondents, ensured varied information (Brinkmann and Kvale 2015). However, the use of semi-structured interviews allowed for the research themes to be addressed with each respondent. Dependent on the responses, other questions were asked to develop themes or clarify understanding. As some of the responses pre-empted later questions, these were explored at that time for coherency and to demonstrate responsiveness to the respondent (Bryman 2001). For some of the respondents certain questions were not applicable due to their specific role and were therefore omitted.

The interviews were conducted at the respondent's place of work at a mutually convenient time. This avoided power issues as I was their guest and the costs related to time and travelling were minimised for the respondents

(Brewer and Hunter 2006). All the participants were sent an explanation of the research prior to the interview and consent obtained. All the interviews were recorded as this is recommended as good practice, (Bryman 2001, Hammersley 2010, Gray 2014 and Silverman 2014), with the advantages of correcting 'natural limitations of memory' and enabling more thorough examination of the content by being able to repeatedly listen to what was said (Bryman 2001). This also allowed me to concentrate on the flow of the interview, using listening and interviewing skills to develop or refocus the interview (Gray 2014) rather than trying to take notes. The recording of the interviews also met the descriptive, interpretive and evaluative validity (Maxwell 1992 cited by Flick 2014) by ensuring the data collected was available for scrutiny by others and as a record of what happened at the time of recording (Hammersley 2010).

There were a number of issues arising from carrying out the interviews, particularly earlier interviews, which resulted in refining the style of interviewing and addressing some of the practicalities. Firstly, pre and post interview conversations were not recorded and therefore not included in the data. The prior conversations were an issue with respondents I had met previously, and resolved by ensuring phatic communication was used until the formal interview commenced. The second issue was choice of venue and formality of the interview environment. As a guest I had little control of the setting other than requesting a private area where we were unlikely to be interrupted. Some of the interviews took place in informal surroundings including staff rooms while others were in classrooms. In the classroom

setting, I gave more thought to the placement of the respondent and interviewer to ensure there were no physical barriers e.g. tables.

The third issue related to the style of the interview and the relationship of the interviewer with the respondent. The conduct of the interview utilised my own experience with Fds, providing a rapport with the respondents and led to reciprocal sharing of information. My experience is within HE and was different to other respondents particularly in FE, so, by sharing our experiences, clarification of processes and systems were enabled. This flexibility is supported by Gillham (2008) who emphasises that using interviews means the relationship involved is more responsive and allows for clarification of issues that other methods do not. The research therefore followed an auto-biographical approach (Reay 1998 cited by Burke 2012) drawing on experiences, values, perspectives and understanding from my own perspective and that of the respondents.

The interviews were transcribed by two people, my sister, who is experienced in audio transcription and myself. All transcriptions were checked by myself to ensure an accurate record. This reduced the likelihood of transcription errors, which can result in false inferences (Hammersley 2010). There is some debate as to whether interviews need to be fully transcribed (Barbour 2014) as understanding may be achieved through listening. However full transcription allowed for comparison and identification of themes which could be visually checked (Bryman 2001). Transcription focussed on the words recorded and not interpretations of tone, pauses or other verbal nuances and did not include

any descriptions or notes, the words were therefore taken as ‘given’ (Hammersley 2010), and interpretation was not influenced by memory of what I thought had been said.

The transcripts were not sent to respondents for validation, therefore the interviewees have not been able to clarify or alter any statements made.

Whilst some authors see respondent validation as good practice (Reason and Rowan 1981 cited by Silverman 2014 and Denzin and Lincoln 2011), avoiding reification of data (Barbour 2014), others suggest it offers limited methodological value (Silverman 2014) as responses from those interviewed often do not significantly alter research findings.

4.6 Ethical Issues

In using mixed methods for the study there are a range of ethical aspects that needed to be considered. Ethical approval was sought from the University Research Ethics Committee and the research adheres to ethical guidelines for researchers as laid down by the ESRC Research Ethics Framework (2010).

The research design was included in the ethical application (including a copy of the questionnaire and interview questions) along with participant information sheets and details of the storage of confidential materials. Any later changes were also submitted through the Chair. Discussions on the design were held with supervisors and a pilot carried out with the questionnaires. These were undertaken to meet with the guidelines to ensure integrity and quality. Regular meetings with supervisors also added to the process.

Research ethics refer to a number of core principles: informed consent, confidentiality and respect for persons (MacFarlane 2009). Informed consent was addressed with each participant being provided with a participant information sheet (appendix two) which described the study and those participants who agreed to be interviewed were verbally reminded of the scope of the study. Participants had the right to withdraw from the study and refuse to be interviewed. Confidentiality of both the participant and the organisation approached was also addressed by using pseudonyms for the individuals and the HEIs (tree names) and the FECs (flowers). The ethics application form has a section that states how data collected will be stored in order to ensure confidentiality. All data collected is stored in a password protected computer or in a locked filing cabinet. Original names of organisations and individuals are not disclosed and quotes used are anonymised. Course materials are in the public domain, and therefore are not affected by confidentiality and no linking of the information is made to the questionnaire responses or the interviewees.

The next ethical consideration is respect of persons, which overlaps with confidentiality and consent. This incorporated both individuals and organisations. This was particularly important as the extent to which information can be shared in relation to course delivery had to be considered. Employment by an education provider brings with it expectations concerning the use of intellectual property. The Intellectual Property Policy for Anglia Ruskin University (2008) states that as an employee any outputs come under intellectual property of the university which includes course materials and

curricula information and similar policies exist within other HEIs. Therefore care was taken to ensure that the research did not breach this. Any information regarding content of Fds was drawn from the public domain (prospectuses and published evaluations etc.).

A business aspect that was considered was whether it would be acceptable to include those organisations that are in direct competition with Anglia Ruskin University. It was decided to exclude these as it could be problematic for both the researcher and the respondent. The sample therefore included organisations that were not in direct competition geographically, and the focus for the questionnaires and interviews was on the experience of setting up and running Fds rather than specific course content. As an external validation panel member and external examiner for Fds I had access to more detailed information from some organisations, but this was not used as the information was acquired for other purposes and this would be abuse of trust.

The points above ensured that participants in the research, regardless of the type of data collection, were not put at risk. The participant letter and verbal explanations set out the terms of the study, the non-use of intellectual property and the right not to participate. In addition, permission to approach staff through the University Council of Deans was sought, which also protected individuals. Some universities refused permission based on added work load for their staff. I also ensured that any identifiers were not used and that information gained from both the questionnaire and interviews which crossed into possible intellectual property were omitted.

In relation to confidentiality, the questionnaires did not identify the respondents except if they chose to request a summary of the research or state they were willing to be interviewed. Where this occurred the collation of the responses did not include their identity. For those participants who were interviewed, their names and institutions are not identified in the dissertation. All participants took part voluntarily and tacit consent was given in that the questionnaires were returned and individuals agreed to be interviewed. As respondents are not directly working with the researcher, issues of power relations did not arise.

Risk also applies to the researcher (Flick 2014) and this needed to be taken into account as interviews were undertaken within premises unfamiliar to me and with people unknown to me. Therefore all meetings were undertaken at HEIs or FECs and meetings were arranged through institutional emails. I deemed the research did not encompass sensitive issues (although this is subjective, (Walliman 2011)) and had not identified any specific risk. I also needed to guard against sharing intellectual property and where interviews led to the discussion of courses, no information was shared outside that available within the public domain and any anecdotal information did not name the education providers, mentors or students with whom ARU currently works, or has previously worked. A further ethical issue was to ensure that the researcher's independence is clear and there is no conflict of interest. All participants were aware that the researcher is employed by Anglia Ruskin University and is currently the CL for an Fd in health. By declaring this, it

also ensures there is no misrepresentation and reinforces researcher integrity (Denscombe 2010).

By fully considering the ethical issues above, and by ensuring relevant permissions were received before commencing the data collection, I made sure that the research process closely addressed the research topic avoiding wasting the time of respondents. It was essential that I uphold my responsibilities to fellow researchers, the academic community and the public (Walliman 2011). This responsibility continues throughout the stages of the research process by clearly showing what decisions were made, how analysis was conducted and retaining materials that show processing of data for scrutiny by the supporting university. Any conclusions and recommendations made from the research need to stem from the data collection and analysis and appropriate application of the methodological approach.

4.7 Research Sample

The three data collection methods required three different samples. A further consideration was the cost/benefit aspect of the chosen data collection methods. Brewer and Hunter (2006) state that using multiple methods results in multiple research costs. Cost is not just in terms of financial outlay, but also time and effort. Finding the curricula information meant costs in relation to my time and effort. The questionnaire incorporated all three aspects: money, time and effort for me, but also time and effort for the respondents. The interviews, as they were carried out in the respondents' own places of work, involved time and effort on their part, but money, time and effort on

mine. However, I believe that the benefits of the collection methods in terms of providing data for analysis outweighed the cost.

The collection of course material is a comprehensive sample, but did lead to providing the names of institutions to send out questionnaires. The sample for the questionnaires drew on the same data set, but used a snowball approach (Seale 2004) in that CLs were approached and asked to complete their own questionnaire, but also identify others who contribute to the teaching on the course. Questionnaires were sent out to 80 HE and FE providers, one for CLs and four for CCs. The sample for the interviews was purposive in order to ensure a range of Fds were included from both FECs and HEIs, including courses for direct entry and/or supported by employers and those designed with a specific employer (usually linked to Band 4/AP role). Using purposive sampling leads to theoretically significant data rather than statistical significance (Brewer and Hunter 2006). By interviewing course teams in selected institutions context representativeness and synecdoche rather than generalisability can be obtained (Brewer and Hunter 2006). By looking at a smaller unit, essential features of the larger social unit, in this case Fds in health, can be ascertained.

4.8 Objectivity, validity and reliability

Objectivity of the researcher in social research was touched upon earlier in the chapter in relation to social construction and my own place in society and actions as a social agent. In order to mitigate this, the importance of reflexivity and taking a step back has been advocated by some researchers

(Denscombe 2010). Guidelines for good practice suggested by Denscombe (2010) have been followed throughout the research including: providing a biographical note of my involvement in Fds, as well as my background as a senior lecturer developing and delivering the qualification and demonstrating what decisions were made and why. The ethics section outlined any personal involvement and moral aspects that could have impacted on objectivity and how these were considered and avoided. By being transparent in each stage of the research about why decisions were made, but also striving to examine Fds with an open mind, it is hoped that both subjective and objective elements are identified and handled appropriately.

Ensuring the validity of the research findings needs to be considered (Seale 2004). Leonard (1995 cited by Brewer and Hunter 2006) suggests that with mixed methods Multi-test Validity is acceptable. She argued that it is possible to have divergent or different findings from each data collection method. This does not mean researcher error, but that there is more than one perspective and each method provides a different, but valid, perspective. However, within the research literature there has been some debate as to the degree that qualitative research can be stated to be valid and if so how this conclusion is reached (Flick 2014). Maxwell (1992 cited by Flick 2014) produced a typology of five types of validity:

1. Descriptive validity
2. Interpretive validity
3. Theoretical validity
4. Generalisability

5. Evaluative validity

The first three are stated as referring to analysis and presentation of the research and are suggested by Maxwell as being the most important for qualitative research and the first type, descriptive validity, is the most crucial and underpins all the others (Flick 2014). Descriptive validity is shown by factual accuracy of any transcripts or researcher accounts of what occurred. Interpretive validity takes this further by ensuring the researcher shows how meaning was obtained from the collected data and that there is evidence of the participant's language and viewpoint rather than the researcher making theoretical abstractions immediately. Theoretical validity relates to the concepts and theories the researcher draws on and explanation of how these were drawn from the data. Descriptive validity is addressed through the presentation of findings which uses the participant's voice, and the availability of the original recording and transcriptions of the interviews and the completed questionnaires. Interpretive and theoretical validity are demonstrated within the discussion of the findings and throughout the thesis by explaining decisions made and the exploration of theory both in relation to methodology and also linking to themes established from the data analysis.

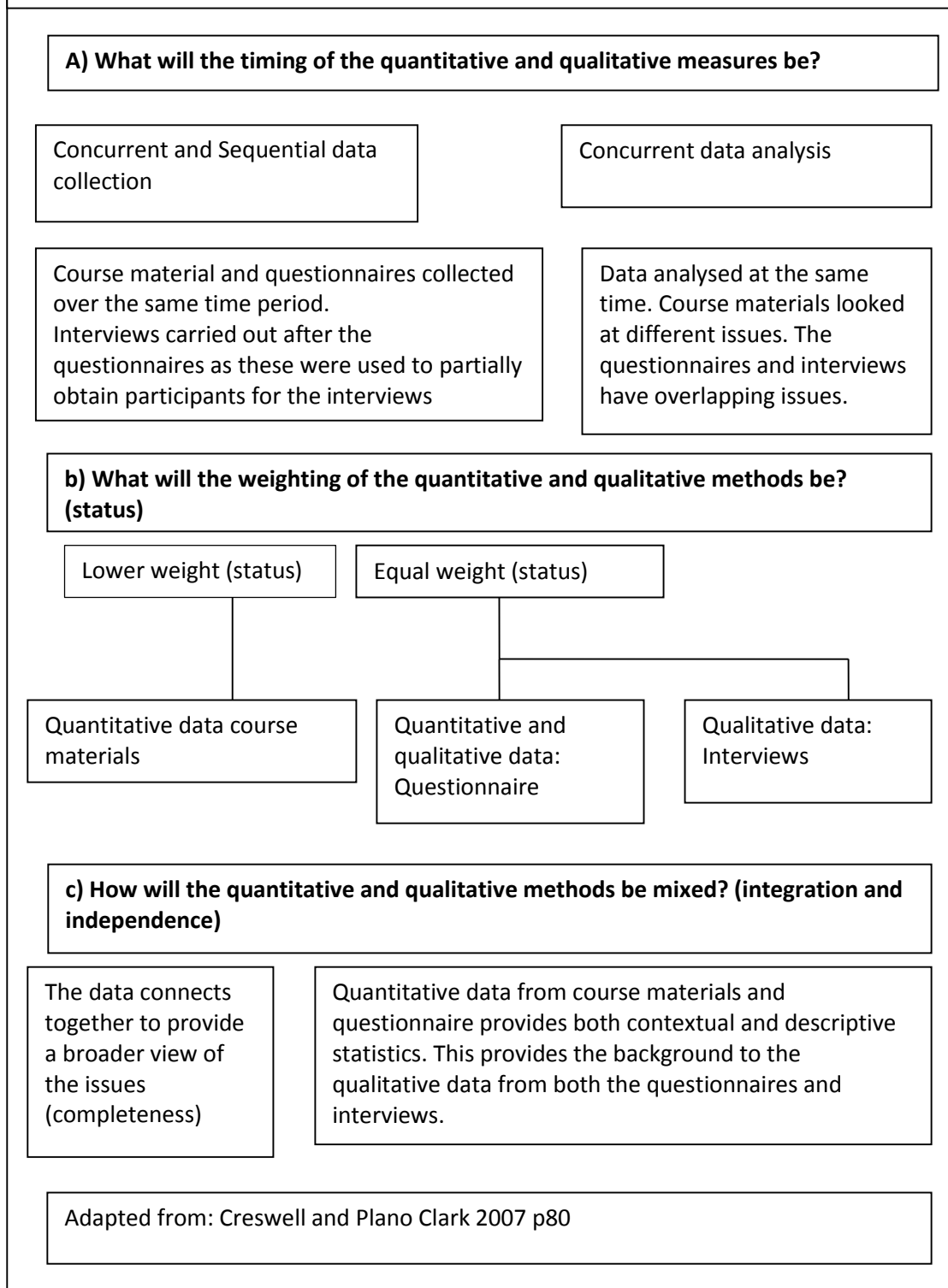
Generalisability is also known as external validity (Flick 2014) and brings in the extent to which the research could be reproduced, but also the extent to which findings can be applied to the wider world. The collation of course materials meets the criteria for quantitative approaches to be generalised (Bryman 2001) as it was a comprehensive sample and therefore representative of the area under research. The method of data collection and

statistical analysis can be applied to similar research investigating curricula for a named award. The results are representative of the information available at that time and given that curricula can change, some variances may occur over time. The statistical analysis will use descriptive statistics as the data is looking at factual information rather than examining the discourse of curricula material. The last typology, evaluative validity, refers to the extent to which any frameworks used for analysis or categorisation can be seen to have been effective in identifying typical or atypical examples.

4.9 Data collection process

Alongside deciding on the data collection methods and type of samples, the order in which the methods would be used needed to be considered and their weighting. Creswell and Plano Clarke (2007) provide a decision tree to illustrate the data collection methods chosen, the order of the data collection and the weighting attributed to each method. Diagram 4.3 is an adaptation of their decision tree which shows the different approaches chosen and the sequence in which they occurred. The decision tree was particularly useful in providing an overview of the methods and making sense of the design of the research before implementing the data collection. The decision tree shows how the data collected will be analysed and when. For the purpose of the research the data collection methods were viewed as being separate from each other with the questionnaires and interviews carrying equal weight and data from the course curricula having lower weight.

Diagram 4.3: Decision tree for Foundation Degrees in health: perspectives of course leaders and contributors across the UK



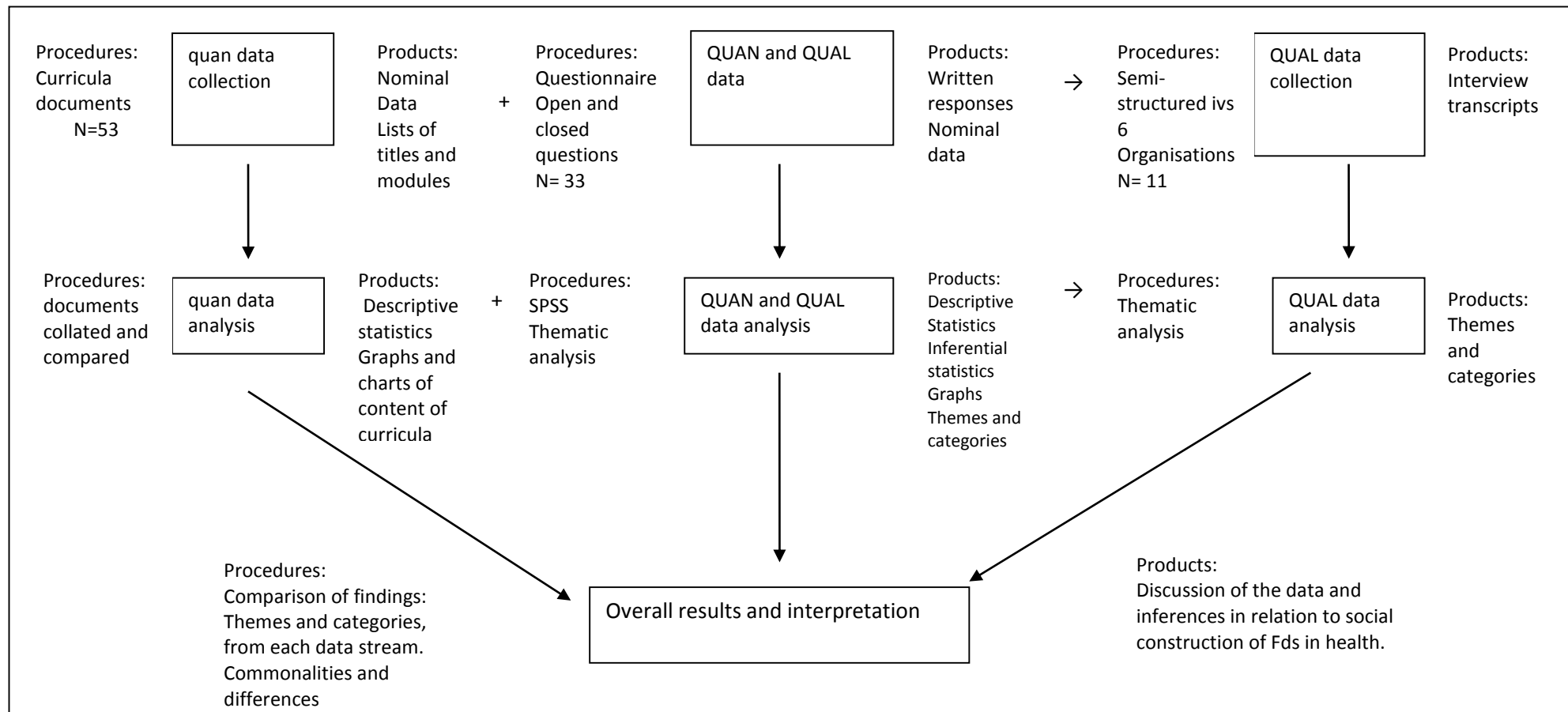
The combining of the mixed methods would be within the discussion phase and the diagram makes this explicit, thereby meeting the criticism by Bryman (2008) that this is often omitted when explaining the use of mixed methods.

4.10 Overview of research stages

Having decided on the data collection methods and the order in which they would be implemented, the next decision was how the data collected would be analysed and, in keeping with the mixed method paradigm, how the component parts come together. Data analysis needs to be planned from the inception of the research based on the research question and how the data will enable answering of the question (Teddlie & Tashakkori 2010, Yin 2011 and Guest, MacQueen and Namey 2012). This therefore led to decisions as to how the data will be analysed. The diagram below, (diagram 4.4) has been adapted from Cresswell and Plano Clark (2007) to provide a summary of the research undertaken.

The diagram highlights that the different methods of data collection will result in both quantitative and qualitative data for analysis and how this will be carried out. The diagram also shows how the data analysis will be addressed and that the different parts will be brought together at the results stage. Decisions regarding the order of data collection were pragmatic with the collation of curricula documents first, as this provided a list of HEIs and FECs delivering Fds in health. Secondly, the questionnaires as it was hoped that a number of the respondents would agree to be interviewed, and lastly, the interviews. However, only a couple of the respondents provided their names and therefore others had to be approached directly and then asked to complete a questionnaire.

Diagram 4.4: The procedures and products of the study



Source of diagram: Creswell and Plano Clark 2007 p46

Underpinning the data collection and data analysis was the decision to use the HEFCE tenets as themes. The choice to use the tenets of Fds as one of the themes on which to base the data analysis and structure presentation of the findings, was because these were stated by HEFCE as the principles underpinning the development of Fds and also inform the QAA benchmarks for writing Fd curriculums. This highlighted the political and policy approaches by which Fd curriculums would be measured and therefore constructed. I deemed that any examination of Fds would need to include these in order to assess if they were being met but also to establish academics' views of the ability to meet them and what barriers or difficulties may occur. Concerns had been raised by Smith and Betts (2003) and Gibbs (2002) that Fds brought together a number of policy aspects hitherto addressed separately. Therefore using the tenets seemed a logical way of structuring the research to see how Fds were constructed and the extent to which the principles were addressed but also how these may be interpreted. However the research focus was not just on the curriculum aspects but also the perspectives of the respondents. This then brought with it the need to add aspects drawn from the data and that moved away from the tenets towards concepts of 'other', identity, habitus and field, and transformative learning.

4.11 Planning mixed methods research

The chapter has identified the design of the research, different stages and underpinning epistemology. The data collection methods reflect the aims of the research and reflect the chosen methodology. A useful tool for evaluating how the different components of the research adhere to a mixed methods

approach is provided by Biesta (2010). This includes seven levels of discussion when deciding to carry out mixed methods research (table 4.2):

Table 4.2: Seven levels in the discussion of mixed methods research:	
Level 1: Data	Is it possible to have numbers and text within the same research?
Level 2: Methods	Is it possible to have data collection methods that generate numbers and data collection methods that generate text within the same research? Is it possible to have data analysis methods for the analysis of numbers and texts within the same research?
Level 3: Design	Is it possible to have interventionist and non-interventionist designs within the same research?
Level 4: Epistemology	Which epistemological set of ideas is most appropriate to account for the knowledge generated through a mixed approach?
Level 5: Ontology	Is it possible to combine different assumptions about reality within the same research?
Level 6: Purposes of research	Is it possible to combine the intention to explain with the intention to understand?
Level 7: Practical roles of research	Can research be orientated toward both a technical and a cultural role?
Source Biesta (2010) p 100	

The above levels enable understanding of the underpinning processes when carrying out a research study. They also remove some of the difficulties in relation to using a mixed methods paradigm by providing a guide for decision making and clarification

of how the component parts are brought together. Table 4.3, below, applies the levels to my research.

Table 4.3: Application of Biesta's seven levels of mixed methods	
Level 1: Data	The data collection uses both numbers and text. They provide different forms of information to give a more complete picture of the topic.
Level 2: Methods	The data collection methods are established methods in their own right and are not problematic. They form the basis for collecting both numbers and text. Questionnaires have been used to generate both numbers and text.
Level 3: Design	The study uses non-interventionist approaches only. The design relates to the phenomenon as observed through the eyes of the participants and the researcher. This therefore means there is no contention with the interventionist approach. The design includes a concurrent collection and analysis of data with equal status for the three data collection tools used and for the analysis of the data collected.
Level 4: Epistemology	The study incorporates a social construction approach to ascertain how a social phenomenon occurs and explore the belief that individuals interact with their environment to construct the phenomena of Fds. As a researcher and a designer of Fds, I am also active in that construction which will influence my interpretation of the data. This therefore fits with a subjectivist epistemology rather than an objectivist epistemology.
Level 5: Ontology	The study uses a Social Ontology as outlined by Biesta (2010). The researcher is interested in the meaning and interpretation of individuals when constructing an Fd curriculum rather than the mechanical ontology of cause and effect. In order to do this the philosophical approaches of Social construction and Pragmatism are used. This draws on Creswell & Plano Clarke (2007) Stance 2: Researchers can use multiple paradigms or world views in their mixed methods study. (p27)
Level 6: Purposes of research	Following on from the ontological stance, the purpose of the research is to understand, and, therefore, the focus of data analysis is to interpret rather than explain. However, as Biesta (2010) points out, the use of an interpretive approach does not preclude a level of explanation that may lead to connections between the

	interpretation and how this can be applied to future curricula development.
Level 7: Practical roles of research	The practical aspect of the research is that of a cultural role. By interpreting the data gathered from a range of individual perspectives and other sources, those delivering Fds may develop a better understanding of the phenomena and be able to apply what was learnt when developing their curriculum.

4.12 Chapter summary

The chapter has examined the epistemology and underpinning ontology. The decisions as to how to carry out the research and how the research question was developed are also explained, drawing on relevant theory from mixed methods methodology and research design. Alongside this a comprehensive application of ethical principles and risk factors relevant to the participants, the researcher, academic and public communities has been provided. A range of diagrams have been applied to the research to provide clarity as to the decisions made and how the different methods of data collection will be brought together within the study. The chapter provides an explanation of the data collection methods used and includes the processes for data collection and why the methods were chosen. The target population for the different methods is explained and ethical considerations are addressed.

The different methods combine together to provide a fuller picture of the area under study (completeness (Bryman 2010)). The analysis of course documents provides the context of the delivery of Fds through bringing in understanding of the content of curricula. The quantitative part of the questionnaire provides more context in relation to the length of time courses

have run, who was involved in designing the curriculum and changes that had occurred in the life of the Fd.

The qualitative aspects of the questionnaire were designed to gather the perceptions of CLs and CCs, but are limited in that the respondents are answering the researcher's questions rather than setting their own agenda. This was aimed at getting a wider picture of thoughts on Fds that could then be explored with a smaller group through interviews. The interviews then bring in more focussed qualitative responses which allow for participants to develop aspects of the questionnaire, but also to have an opportunity to bring in other perspectives than that of the researcher.

By using multiple approaches this provides a fuller picture which can draw on different sources to make connections that are larger than the individual methods. The following chapter presents the findings from the three data collection methods and how data analysis was performed.

Chapter Five: Findings

5.1 Introduction

This chapter will demonstrate how the data collected was analysed and the findings drawn from that analysis. In carrying out a mixed methods approach, the data collected came from a number of sources and therefore a range of methods of analysis was needed. Within the methodology chapter, diagram 4.4 provided an overview of the structure and methods to be used. The decisions made as to how to collect the data were discussed and the tools developed. From these decisions, the analysis of the data will highlight the effectiveness of the tools used and consider if they lead to a better understanding of Fds in health.

The chapter is divided into sections which deal with each type of data collected and the findings. The first section will look at the quantitative data from the course descriptions collated from course prospectuses available online. The second section examines data from the questionnaire. This includes statistical analysis of the quantitative data and thematic analysis of the qualitative responses. The third section will address the data from the interviews and also uses thematic analysis. For both the questionnaires and interviews the names of the respondents and institutions have been changed to maintain confidentiality. As we saw earlier, FECs have been given names of flowers and universities names of trees to aid differentiation. Where there are both CLs and CCs from the same provider, the initials CL and CC have been used after the name.

5.2 Course documentation

The examination of course documents was designed to ascertain what the content of Fds in health are, what is being provided, by whom and if there are any differences between HEI and FEC provision. The curricula documents were examined for delivery patterns drawing on Pearson's (2010) three types of Fds (Chapter two) and content of the curricula was used to compare similarities and differences. Underpinning the analysis was the degree to which the documents demonstrated adherence to the QAA benchmarks and HEFCE tenets, particularly life-long learning, employability, widening participation, flexibility, employer engagement and WBL agendas.

The collection consisted of searching the HEI and FEC websites for curricula documents for the 2012/13 academic year. These ranged from full pathway specification documents to information from course overviews for applicants via online prospectuses. The level of material provided mostly consists of names of modules rather than descriptions of module content. The course materials, accessible online, differed between the organisations. The majority had, as a minimum, an overview of the course which included a list of modules, but lacked detail in relation to content within the modules. Others provided the module content and one organisation published the full course description.

Delivery of Foundation degrees

The data collected lists a total of 88 different courses (including named pathways). The most common title was Health and Social Care and other course titles reflected

specialist input. Some courses were excluded from the list as, although they stated health and social care, they were focussed towards management and leadership or were predominantly social care. Thirty-nine universities had validated Fds in health and of these 24 also delivered a curriculum within the university setting. The Fd appears to be delivered within British universities with only one Welsh university validating a course and no Scottish universities. Nine of the providers had courses that were delivered both in the university and through partner colleges. Two of the universities, Plymouth and UCLAN, appear to have delivered an Fd devised with local NHS providers themselves and franchised the entry level Fd to local colleges. Others, for example Bolton, ran the course for employers and franchised this to a local college. For those courses that were aimed at students already employed, a number of the titles reflected the work setting. These were either as specific courses i.e. Cornwall College Camborne (validated by Plymouth University) has an Fd entitled working with older people, or by adding a specialism to a generic degree for example Brighton University provides an FdSc Health and Social Care (Acute and Critical Care) and an FdSc Health and Social Care (Children, Family and Public Health).

Of the 39 universities, 17 clearly stated that the course was designed with specific employers and students were drawn from those organisations only. The mode of delivery for those courses is predominantly two years full-time with one day a week face to face learning and a minimum of 16 hours in a work setting. The notable exception to this is Greenwich's Primary Care Assistant Practitioner Course where teaching is two or three days per week and a minimum of one day in the Trust. The majority of the other courses did

not state if the courses were developed with set employers or at whom they were specifically aimed. One of the courses at Cornwall College: Long term Conditions, stated that their course was for both those currently employed and those wanting to be employed. For those courses that did not state they were designed for a specific employer, or include the words assistant practitioner in the title, attendance is spread from one to three days a week. A small number of courses (Derby and Hertfordshire) were stated as being part-time over two years with the same pattern of attendance as other full-time courses.

Types of Foundation degrees and patterns of delivery

When looking at the available courses, it was interesting to discover how many of the courses were aimed at the different target groups as described by Pearson (2010) (chapter two). Counting the number of institutions who deliver courses: seven FECs provided courses aimed at preparing people for work but none of the HEIs and 11 FECs delivered courses for specific employers compared to 23 HEIs. These courses tended to be delivered by both the validating HEI and the college franchises. In comparison FECs were more likely to deliver courses aimed at both employability and those in employment with 31 courses compared to only nine HEIs. This suggests that HEIs were more likely to deliver the course in partnership with employers than FECs, however FECs were predominantly involved with preparing individuals for work and in work.

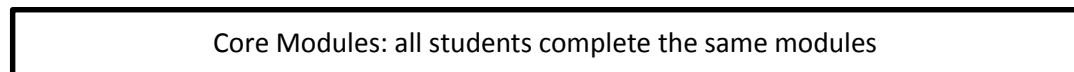
There is a mixture of how curricula are designed across the Fds (Diagram 5.1). The Fd consists of 120 credits at both level 4 and level 5. The credit levels for individual modules influenced the number of modules on the course and therefore the number of assessments. Some universities had 10, 20 and 30 credit modules whilst others had 30 and 45 credit modules. This is influenced by the validating university, with some universities preferring larger modules encompassing a range of themes, whilst others favour shorter focussed modules.

The overall design of Fds showed a number of variations. A number of courses consisted of core modules which all students completed. This tended to apply to entry level Fd courses, but did include some of the courses designed for employers, particularly for one employer. Other Fds also stated core modules, but allowed for individualisation within some of the modules to reflect different practice settings. This was usually within WBL modules on courses delivered across NHS provision to provide Band 4 practitioners. Other curricula offered a mixture of core modules that all students undertake and option modules that reflected the work setting. Some of the universities had validated a range of named awards to address the specialist nature of different work settings within health care delivery. These usually consisted of common learning with shared modules that addressed underpinning aspects of healthcare i.e. ethics, evidence based practice and anatomy and physiology, and specialist modules to address niche areas of work. Six of the curricula had modules that stated negotiated learning was incorporated into the design of the course. Common named awards differentiated between

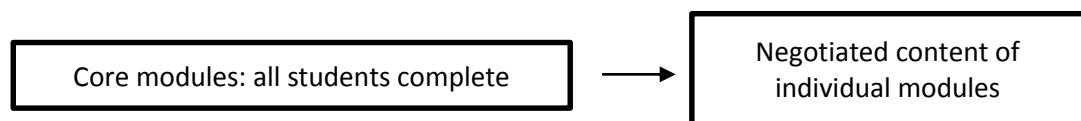
mental health, adult hospital or community care and allied health roles including Physiotherapy and Occupational therapy.

Diagram 5.1 Curricula design of Foundation degrees in health

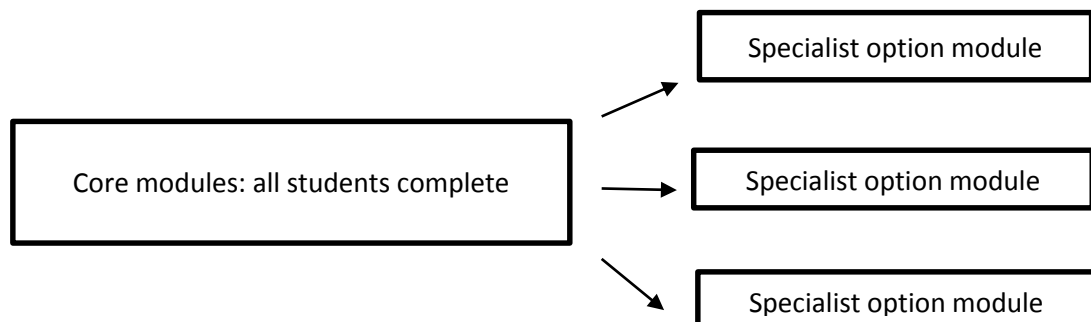
Option one:



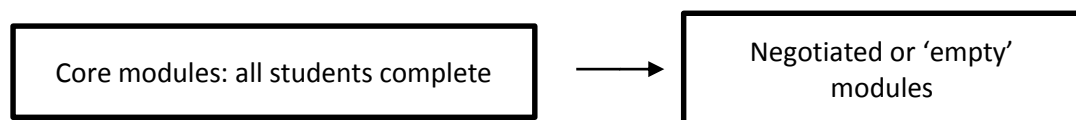
Option two:



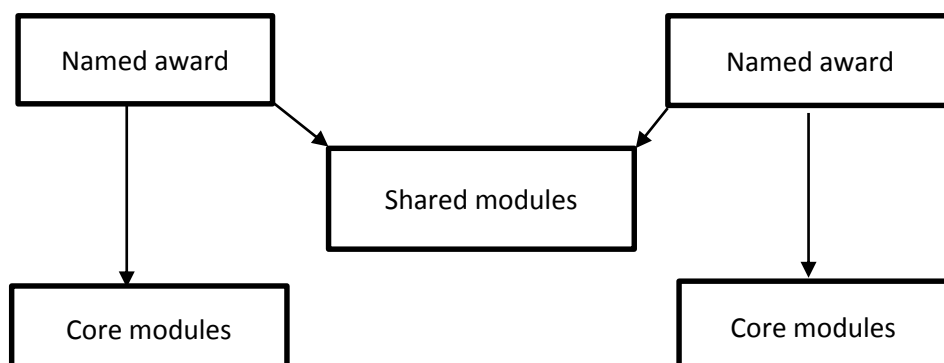
Option three:



Option four:



Option five:



Widening participation and flexibility

A further unique feature of Fds was to widen participation. All of the course prospectuses and flyers included entry requirements for the Fd. UCAS points needed were stated, (equivalent to two 'A' levels), but all included that individuals without entry qualifications would be considered. Some stated that Key Skills level 2 or equivalent in numeracy and literacy were desirable. Fds designed with employers predominantly stated that applicants should have an NVQ3 before they would be considered.

Another feature of Fds is that there should be an academic progression after the Fd. The majority of the course prospectuses highlighted this by providing a named award. In addition some HEIs stated a progression route into nursing, entering year two of the course. This option was linked to those courses delivered with an NHS employer.

Flexible delivery patterns were demonstrated by a number of courses offering both full-time and part-time options. One provider, Cumbria University, had a flexible part-time route to allow students up to four years to complete the course. Details of the attendance pattern were not provided. Sunderland was the only provider that stated different attendance hours which included afternoons and evenings.

Manchester Metropolitan and St George's also offered more flexible delivery through the use of face to face, e-learning and the use of work books to reduce physical attendance within the institution. Other courses may offer these patterns but this was not evident from the available prospectuses. Some courses had semester delivery consisting of two teaching periods, whereas others use three trimesters. One

course, Liverpool John Moore University, designated nine weeks to WBL during the summer break.

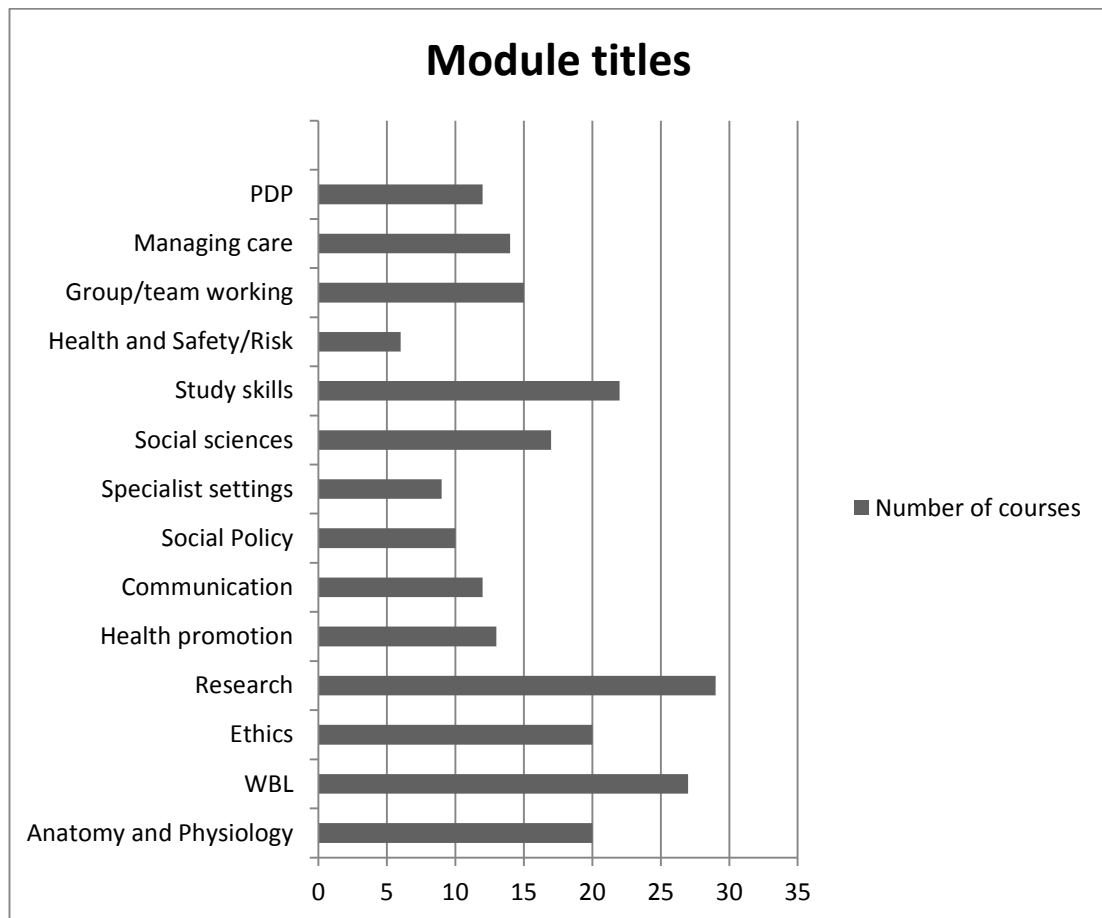
Curricula Content

As Fds are validated courses they are expected to follow the QAA benchmarks for Fds (QAA, 2000, 2004 and 2010 see chapter two) and would have gone through university processes. The benchmarks place emphasis on curricula incorporating NOS and relevant Sector Skills Council guidelines (Skills for Health, see chapter two). A few of the prospectuses mention Skills for Health and NOS specifically those linked to Band 4 roles. Courses designed for those not in work did not state they included NOS but incorporated the skills of reflection, communication and evidence based learning which fits in with the QAA benchmarks and Skills for Health framework.

By looking at the module names, provided by the online documents, it was hoped to see to what extent the Skills for Health framework (2006) had been followed.

However this has limitations as the titles did not always fully reflect the content covered and some course prospectuses did not list module names, providing an overview of the type of content instead. Of the 51 courses that provided names of modules there was a wide variety of terminology used and it was not always clear what content was addressed within the modules. The figure below (5.1) shows the subject areas included in the curricula that were discernible, according to the module titles.

Figure 5.1 Module titles identified from curricula documents



When looking at the Skills for Health (2006) guidance for curricula content the module titles suggest that all courses incorporate modules which address the health and social care context. This was either through specific modules that stated care settings or those entitled health and social care context. The chart above shows that where the content of modules was identifiable, the majority of the courses included study skills, ethics, research and WBL. The other subject areas outlined by Skills for Health (2006) as being core to the curricula: health and safety and risk, are explicitly stated in six of the curricula. Additional subject areas expected to be included in Fds in health were social sciences and anatomy and physiology. Seventeen courses had modules clearly stating social sciences including psychology and sociology. Ten

courses included social policy as a specific module title. However, as with all the subject areas above, the other curricula may incorporate all of these areas, either within the health and social care context modules, or as content across a range of modules. A number of courses had modules which included social sciences in the title and values and ethics. The courses devised with employers (mainly NHS) tended to include anatomy and physiology and health promotion focussed modules.

The WBL modules encompassed a broad definition of what constitutes WBL and include module titles that explicitly state WBL or practice module. When looking at when the modules were delivered there was a variety of patterns. Thirteen courses had one module in each year and four had two in the first and second year. Two courses had modules in year one only. The other courses had a range of approaches including one module in year one and two modules in year two, three modules in year two and none in year one and one course had three in both year one and two. Liverpool John Moore University provided a summer block for WBL between years one and two. For those courses providing entry to the work setting, three did not explicitly state WBL modules although one (Cumbria) included a module entitled work-based project. Those curricula devised with a set employer tended to have more explicit WBL modules and restricted applicants to their own employees. Those Fds aimed at entry to employment stated students would attend placements in relevant settings. Other Fds stated that applicants had to be either employed or working as volunteers in health settings in order to apply learning to the work setting.

5.3 Summary of data from course documents

The data shows that there are three types of Fds as suggested by Pearson (2010) and a mixed picture as to who delivers which type of course. There also appears to be a number of different patterns as to how the curricula are delivered and over what time period. The wide choice of Fds in health and the interpretation of learning in the workplace means that the content of Fds are varied and draw on a range of disciplines. However the core content of all the curricula link to the QAA benchmarks. This variety suggests that the different Fds meet the requirements of different employers, both in relation to those which develop students for entry to the workplace, and those already in the work setting and being developed. What this does show is that the expectations that Fds would be developed to meet the needs of employers is occurring, particularly for those Fds designed with employers. Further evidence of this is demonstrated by the research carried out by Spilsbury et al. (2011a) and the evaluations undertaken by Benson (2004) and Selfe et al. (2008) (Chapter three). The available documentation did not have sufficient detail to get a true picture of the academic content of the individual modules. The module guides, including lists of indicative content would be needed to make comparisons. However this would involve gaining permission from all the providers, as this level of data falls into intellectual property.

5.4 Questionnaire

This section looks at both the quantitative and qualitative data from the questionnaire. The quantitative data was analysed using SPSS version 16 to provide descriptive statistics. The qualitative data used thematic analysis, guided by the questions asked. As stated previously in the methodology chapter, there were two

questionnaires used, one for CLs and one for CCs. The first part of the CLs questionnaire included the same questions asked of the CCs.

The resulting responses only reached a 15% return rate. Robson (2011) suggests there is no agreement as to an acceptable response rate, but cites Mangione (1995) who considers 60% as a minimum. The impact of the low response limits the ability to generalise and produce statistical significance (Robson 2011).

Quantitative data

The quantitative aspects of the questionnaire addressed a number of elements:

- Place of work
- The role of the respondents
- Length of time delivering foundation degrees
- If the foundation degree is related to a Band 4 role
- Personnel involved in curriculum design
- Mode of delivery
- Any changes to the foundation degree, including discontinuation
- Should a national curriculum be developed

The choice of these factors was underpinned by a number of rationales. The first factor was needed to establish what role the respondent had as there were a number of potential roles. These included the CL, course developer, module leader, lecturer and clinical support. The variable also needed to include a category of other role and for more than one role. This was to establish the degree of involvement and the perspective the individual brought to answering the questionnaire. The next three

factors; length of time, place of work and mode of delivery, are descriptive statistics which aid understanding of the level of experience with Fds and what that experience is. The mode of delivery was included to establish the ways in which the Fd is delivered and also allows cross correlation against the Band 4 role. The place of work was asked in order to enable responses to be sorted and enable comparison of responses from HEIs and FECs. The aim was to look at the experience of the respondents and years of involvement with delivering Fds to ascertain if experience equated to being asked to deliver the Fd. It was also hoped to examine who was involved in designing the Fds to draw out partnership aspects and degree of employer engagement.

Place of work

Thirty three responses were received and consisted of 14 CLs and 19 CCs. Seven of the CLs were based in HEIs and seven in FECs. The CCs were less evenly distributed with nine HEIs and four FECs represented. One of the HEIs had four respondents, another had two respondents. One of the FECs had three respondents and the rest only one respondent.

The role of the respondents

The findings showed that for the 14 course leaders the majority had multiple roles within their organisation. Only four of the respondents stated that their role was solely that of course leader. One of the respondents had five roles including course leader and programme manager (overseeing other Fds). One of the respondents stated they were involved with course development and oversaw all Fds in their faculty but was not a course leader. Across the CLs the role combinations were

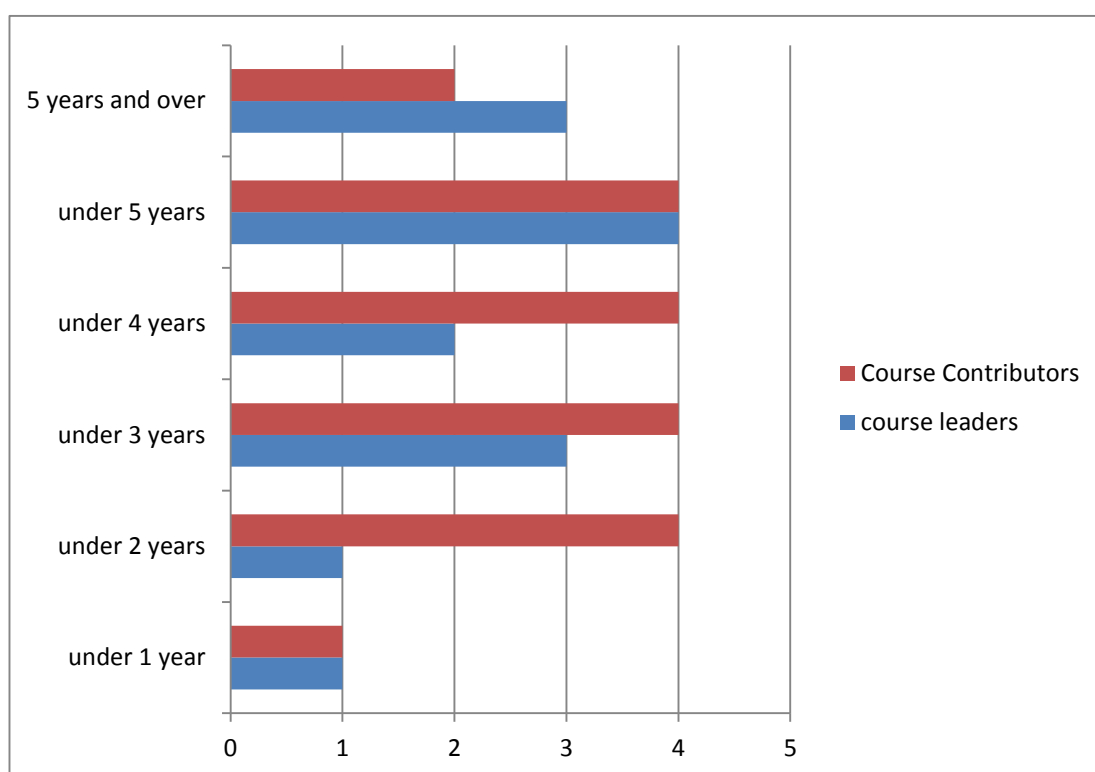
mostly as CL and module leader, or CL and lecturer, or senior lecturer. Seven of the respondents had been part of course development including four from HEIs and three from FECs.

The roles for the CCs were mainly that of module leaders and lecturers/senior lecturers with 11 respondents ticking both. Fifteen CCs were module leaders and 15 stated they were lecturers/senior lecturers. Eight of the CCs stated that they had been involved in curriculum development with six working in HEIs and two within FECs. Only four of the respondents had been involved with the course development which suggests that the majority of CLs had either been excluded from the development, or taken on the role after the course had been established.

Length of time delivering Foundation degrees

CL's years of involvement ranged from one year to over five years with an average of four years. CCs averaged two and a half years but were more evenly spread across the time frames. The chart below (5.2) presents the number of years of involvement for all the respondents. This suggests that those undertaking course leadership are more likely to remain with the award for longer periods, however the role of course leader is not static and changes over time. When reflecting on the questions, what was not asked was whether the CLs had previously been involved as CCs prior to managing the course.

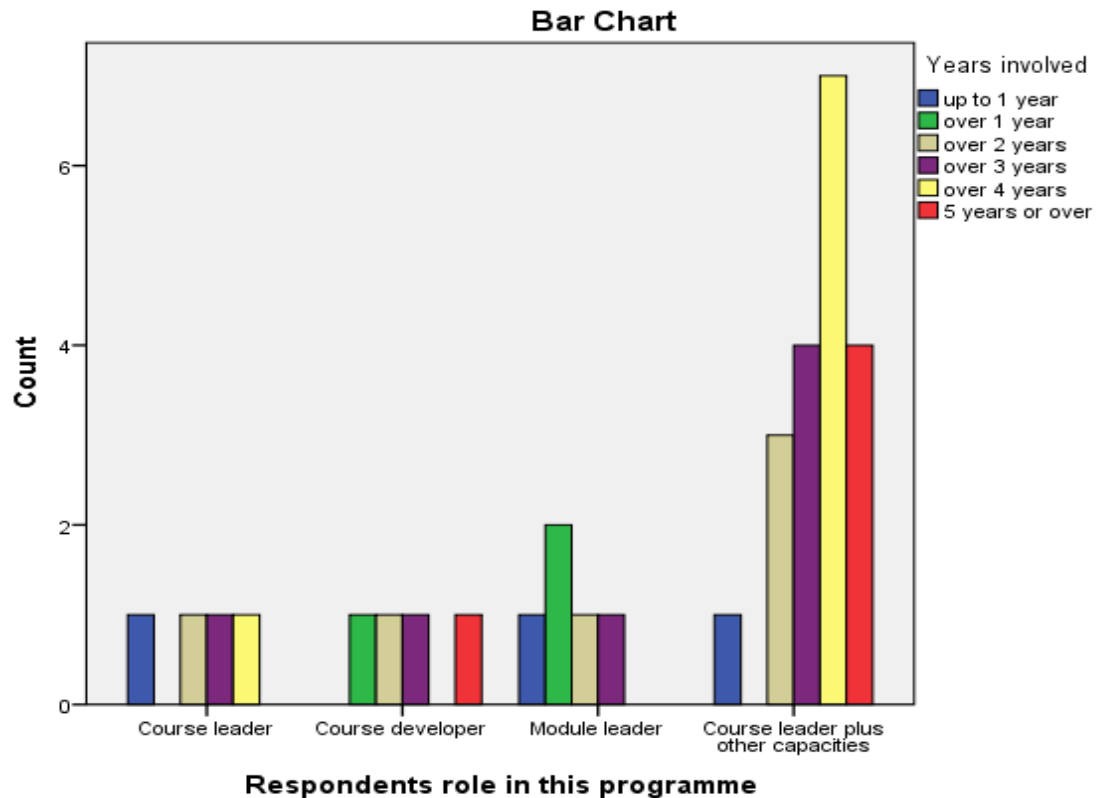
Figure 5.2 Number of years involved with Foundation degrees



The Figure below (5.3) shows the number of years the respondents had been involved with the Fd correlated with the role identified. What is interesting is that those who were involved with course development had been working with Fds for less than four years. This could suggest that new Fds were still being developed or could also be linked to courses being revalidated or changed. This would fit in with QAA policy of reviewing courses on a five yearly basis. The table also highlights that CLs are more likely to stay with the Fd for more than three years and were the main group who worked with Fds for five years or more.

Figure 5.3 also highlights that the majority of the respondents undertook other roles within their institution. What was not asked was whether these roles were related to the Fd in health or to other awards and activities within the institution.

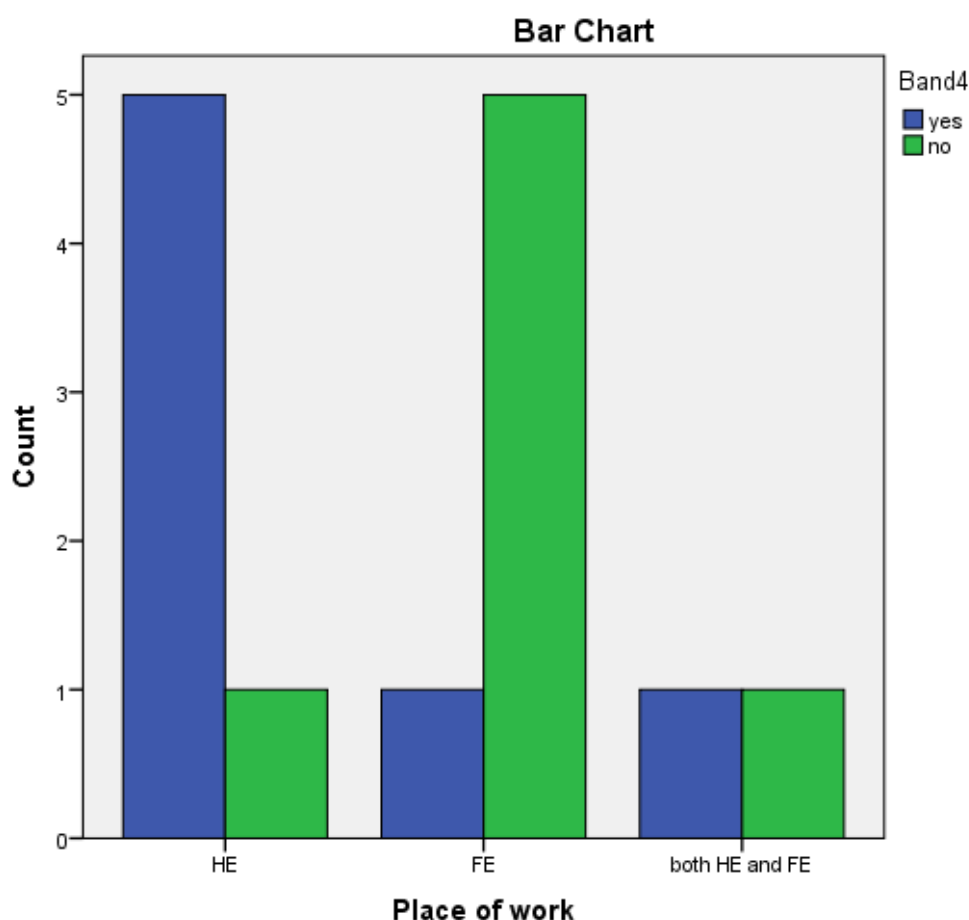
Figure 5.3 Role and years involved with Foundation degrees in health



Relation to Band 4 role.

Seven of the courses were aimed at Band 4 development and a further four courses were delivered with other employers. The chart below (Figure 5.4) shows the cross correlation between place of work and whether the Fd is aimed at creating Band 4 employees. This suggests that HEIs are more likely to run courses leading to Band 4 than FECs based on the sample. Conversely this suggests that FECs are more likely to deliver more generic Fds aimed at widening participation and preparation for work. The size of the sample does not allow for generalisability. However, the pattern is confirmed by the findings from the course documentation.

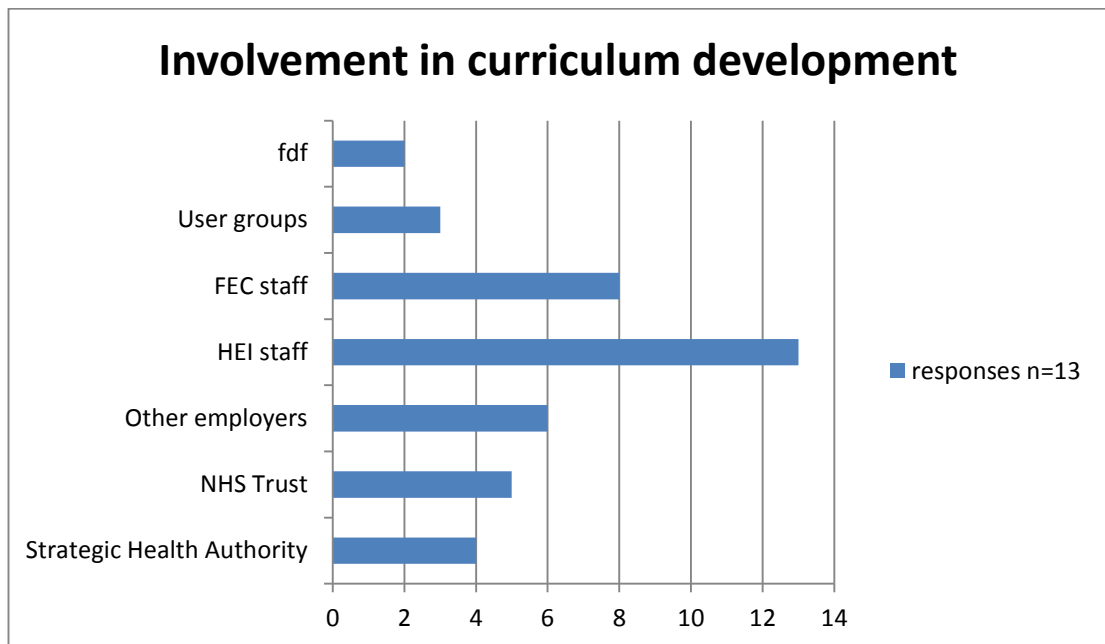
Figure 5.4 Place of delivery and Band 4 courses



Personnel involved in curriculum development

The data from the questionnaires demonstrated the inclusion of employers and staff from both HEIs and FECs in the development of the curricula. In addition three of the 13 respondents who answered the question had included user groups as part of the design team. However three of the CLs stated that only academic staff (from both FECs and HEIs) had been involved with the curriculum development. Only two of the CLs had sought advice from *fdf* when designing the course. The chart below (5.5) shows the range of people/organisations involved in the development of the curricula for the 13 courses.

Figure 5.5 Involvement in curriculum development



In total eight of the courses had employers as part of the course development team.

This included four courses which had both SHA and NHS Trust involvement and six courses that had links to other employers (local councils and social care organisations).

Modes of course delivery

The modes of course delivery were predominantly face to face with 13 of the 14 CLs stating this and the other course was delivered through blended learning. However the wording of the question caused some confusion with the respondents, as a number stated they were both face to face and blended learning (six courses) and two CLs stated they used face to face, online and blended learning, suggesting that six of the courses use a variety of approaches when delivering the curriculum. No courses were stated as being delivered using distance learning.

Changes to the course or discontinuations

The questionnaire asked CLs if there had been any changes to the course or if courses had been discontinued. The responses received from CLs stated that no changes to the course had occurred and that courses had not been discontinued. An additional three questionnaires were returned uncompleted, stating that the course was no longer being delivered.

National Curriculum

The questionnaire asked for CLs' views on whether there should be a national curriculum for Fds in health. This was backed up by a qualitative response providing their rationale and opinion. This question stemmed from discussions with other CLs during special interest group meetings. The majority were delivering courses leading to Band 4 roles mainly supporting nurses and this raised issues of whether there should be a common curriculum and whether this would aid in development of new courses. Five respondents stated a national curriculum was not required with the comments reflecting the diverse nature of Fds in health and the need for courses to meet employers' needs. Four stated that a partial curriculum would be beneficial due to commonality of content across Fds in health. Three respondents thought there should be a national curriculum with one stating the diverse interpretations of Fds in health as the reason and how standardising the course would be beneficial. Most of the CLs felt this was not appropriate as this would affect the ability to meet employers' requirements and therefore lose one of the ethos of the qualification. However, some respondents did suggest content that could be common across Fds in health. This included: communication skills and health promotion. Emma (Elm CL) highlighted reflective practice and evidence based practice. Tina (Tulip CL) stated

the need for the course to have flexibility to meet the current needs for health care linked to policy change.

5.5 Summary of the quantitative data from the questionnaire

The quantitative data raised a number of issues around the development of Fds in health and the degree to which employers are engaged in the process. When setting the questionnaire I had thought that asking the length of time involved with Fds would provide a cross analysis with the course development role and would indicate any change in personnel. However this was not the case. With hindsight, there needed to be a question asking how long the Fd had been running and whether the respondent had been working with the Fd from its development, or its delivery, or had taken on the role at a later date.

However, the questionnaire did ask who developed the Fd. The HEFCE tenets for Fds state that there should be partnership between employers and the academic institution. The findings from the questionnaire show that for Fds in health, there are different levels of employer engagement and five of the 13 courses appeared to consist of partnerships between HEIs and FECs only. This was more likely to be entry to work courses which reflect Skills for Health or work sector criteria rather than that of specific employers.

5.6 Qualitative data from the questionnaire

The qualitative section of the questionnaire was designed to elicit the viewpoints of the respondents and explore their perceptions of Fds in health. The aim of the questionnaires was to gather a cross-sectional view of those developing and

delivering Fds and focussed on their experiences, although as the questions were set the views elicited were heavily influenced by myself as the researcher. In order to mitigate this respondents were offered a section where they could add in other aspects that they wished. The themes were drawn from the research questions and focussed on gaining an understanding of what an Fd is, and the experiences and perceptions of those delivering the Fd.

A number of questions were included that aimed to establish the perceptions of the respondents. The first question focussed on the respondents' perspective of the status of the Fd in their institution. This was chosen due to the literature review which suggested that the Fd award was not fully understood and its introduction in both HE and FE was a move away from the 'normal' business (Gibbs 2002 and Smith and Betts 2003), were unclear as to where it fitted in terms of current provision (QAA 2005a; Wilson, Blewitt and Moody 2005, and Rhodes and Ellis 2008), and had lower status in HE and higher in FE. The next two questions asked if the respondents felt that colleagues, not involved with Fds, understood the qualification and what were the common questions they were asked about the Fd. This was included due to my own experience of colleagues inappropriately referring students who were failing on diploma level courses to me as they perceived the Fd to be a lower qualification and having to explain what an Fd is to students, health care providers and colleagues. I was therefore interested in whether other academics had similar or different experiences and whether these differed between FECs and HEIs.

The remaining questions were devised to gain a deeper understanding of the impact (or lack of impact) developing and/or delivering Fds had on the academics and

whether there were common or different experiences. This was drawn from the aim of my research to explore the perspectives of academics delivering the Fd, which was developed from my discussions with other course leaders as part of the HEA special interest group. The questions asked what they felt were the positives and difficulties in delivering the course, if they had personally benefited from delivering the course and the skills they felt were important to have.

In addition to the joint questions above, the CLs were also asked more specific questions related to the curriculum content. These included:

- What influenced the choice of curriculum content?
- How were the WBL competencies managed?
- If there was to be a national curriculum, what would be the essential components?

The decision to ask if there should be a national curriculum was based on discussions within the special interest groups. The inclusion of how work-based competencies were managed on the courses is the only question that specifically addressed the Fd tenets. This was included as, from my own experience, this aspect of the Fd was delivered differently across institutions and generated the most discussion at validations as to how to manage this from both an academic and work environment perspective. By asking the question it was hoped to develop a better understanding of the different ways in which this is approached and what good practice existed that could be applicable to future course development.

Status and understanding of Foundation degrees

The first two questions asked the respondents for their views of the status of Fds in their institutions and whether they felt the qualification was understood. These were included as I was aware of the early discussions of the award by Gibbs (2002) and Smith and Betts (2003). The responses from the CLs suggest that within HEIs, Fds were perceived to have a low status, whereas the opinion was mixed in FECs. Some respondents felt that having HE provision at FECs is a positive move. However the over-riding view was that despite this they were not really understood or valued:

“The foundation degree feels like an adjunct to the rest of our business”.
Opal (Oak CL)

Patsy (Poppy CL) expressed a similar view but from an FEC viewpoint and focussed more on internal differences:

“HE in FE is growing in importance, in the college as a whole it is viewed positively. Within our particular FE department it is viewed I would say as not part of the FE business”

Clare (Cedar CL) stated:

“They are not regarded as on par with other professional courses. The Fd in health and social care is being moved out to colleges... although it is primarily due to funding it gives staff the impression that they are not a priority”

A number of CLs and CCs ascribed higher status in FECs and lower status in HEIs.

For example, Diane (Daffodil CL) presents this viewpoint:

“...within the FE environment high status, but a much lower status amongst the teaching staff in the HE environment”

The responses from CCs were more mixed with some feeling that Fds did have higher status in universities mostly because it was seen as a new source of income and was recruiting high numbers of students.

“...generally good in that they are seen in the faculty as a “cash cow” but overall seen as low status and possibly should be taught in an FE environment” (Ophelia, Oak CC).

“In FE they are treated as a money-spinner, with totally inadequate resources, staff and time allocated. In HE they have gradually gained respect and are now acknowledged in my institution as valuable and relevant.” (Dora, Daisy CC)

Others stated that its status came from being a progression route to a full degree e.g.

Orla, Oak CC. Whereas one respondent felt that:

“...perceived status amongst staff and students seem to be lower than bachelor degree” (Brenda, Beech CC)

What was interesting is that a number of respondents who worked in FE felt that it had high status in HEIs, whereas those working in HEIs felt status was higher in FECs. Respondents mentioned confusion over what an Fd was as leading to lower status:

“My personal feeling is that they are of lesser value than other programmes in the university e.g. failing nursing students are recommended to do the Fd. However within areas where Fds are more common place, they are seen as a unique way of learning and developing the workforce.” Yolanda (Yew CC)

The theme of lack of understanding was also apparent in the responses to whether colleagues understood the Fd. Most felt there was little understanding:

“...Colleagues are often unsure of content and level and the fact that students are students of the university. There are discrepancies between Fd students and other undergraduate students, support etc.” (Belinda, Birch CL)

“There appears to be limited awareness of what the Fd involves, potentially because this is an FE college with little understanding of the HE sector and working practice. In addition the word “Foundation” suggests that the course is less than a full programme but the modules are the same as the BA Hons programme.” (Amanda, Amaryllis CL).

The lack of understanding of the qualification had led to specific issues for Hannah (Hawthorne CL):

“...we have had problems engaging staff outside the Fd team in teaching on the programmes and also in agreeing APL to other courses for progression of successful students.”

This was also identified by Emma (Elm CL) who commented that it was difficult to get colleagues to teach the students as they saw the course as not academic, and the course was not recognised by other CLs resulting in APCL not being considered for progression to a top-up degree.

Opal (Oak CL) felt that lack of understanding was not necessarily due to a lack of willingness from colleagues, but because they focussed on their own work and had little time to engage with other courses within the institution. This was echoed by the CCs. However, they felt this was also due to colleagues being confused by the title of the course and not understanding the academic level. They felt colleagues saw it as a Diploma qualification, or equivalent to below level 2.

“The term degree is confusing because they are taught to diploma level (1&2). There is some feeling we are re-inventing the SEN training.”
(Ophelia, Oak CC)

Others felt that although the course may have status in FE, there was limited understanding of the preparation required for delivering the course. The respondents working in FE felt there was little understanding of the HE involvement in the course and colleagues were unaware that the students were doing an HE level course:

“Tutors have not experienced Fds themselves and occasionally older HE staff feel that they are somehow ‘dumbed down’.” (Dorothy, Dahlia CC)

A number of the CCs included comments regarding the practical aspect of the course which were not picked up by CLs. Lucy (Larch CC) felt that staff involved with the

course recognised the Fd as important for developing a new role but others did not.

Opal (Oak CL) stated:

“On the whole there is little recognition that the work based element is fundamental to the programme as students are only seen in the HEI one day per week.”

The third question asked the CLs and CCs the questions they were commonly asked about Fds. The answers further demonstrate lack of understanding of the award. Over half of the CLs and most of the CCs stated they were asked: *What is an Fd? What level of qualification is it and what does it lead to?* This included *Why is it called a degree when it is not one?* One of the CCs (Yolanda, Yew) echoed my own experience in that colleagues saw the course as a fall back for students not managing on a degree course. Students tended to ask if they could graduate, how difficult the course was, how would it benefit them, employment opportunities and did it lead to a professional registration. Other questions linked to the outcome of the qualification and how it would impact in the work setting. These included: *“Is it like the old SEN?”*, *“Is it recognised by employers?”*, *“Are the students going to replace staff?”* Questions from the employer were not specifically highlighted. However, one mention was made as to how the Fd would benefit the organisation.

Positives and personal benefit of delivering Foundation degrees

What stood out when looking at the positive aspects of delivering Fds, was that all the respondents found it enjoyable to work with Fd students regardless of institution.

Tina (Tulip CL) highlights the positives of delivering an Fd in health as:

“Seeing non-traditional HE students flourish and grow in confidence. Being able to help students to link work experience to theory successfully...”

Christine (Cedar CL) cited a similar experience:

“Bringing together students from such a wide health and social care background to learn from each other and with each other. They are highly motivated students. Seeing how the course and their learning transforms them personally and professionally.”

A number of the CCs also stated the positives were linked to student development and achievement:

“Experiencing the success of the students’ hard work and efforts” (Irene, Iris CC)

“The nature of the students and their experience that they bring to the course and the amount that I learn from them. The willingness of the students to learn and the effort they put in.” (Yolanda, Yew CC)

A second theme which emerged was that Fds provided a “second chance” and how Fds contribute to the work setting. This was particularly linked to the Fds where HCAs were being developed towards Band 4 roles:

“I have realised how many people appreciate a second chance at education, how mature students have a different perspective on education, how different the work ethic is of mature students and how undervalued health care assistants are.” (Hannah, Hawthorn CL).

“To see experienced HCAs gain confidence in their academic ability, discover the theory behind their practice, begin to question/challenge poor practice, take a renewed interest in their role and take it seriously. To see real change in the clinical environment through projects and attitude change. To produce change agents and whistle blowers.” (Ophelia, Oak CC).

The third theme identified linked more to the tenets of Fds, including how the course widened participation and led to life-long learning;

“The way that people with academic ability who have missed opportunities in the past, come on the course and flourish. They go on to many professional roles – widening participation and inclusiveness” (Diane, Daffodil CL)

“Mature students engaging with HE because they want to develop themselves. Students accessing professionally registered courses...” (Sarah, Snowdrop CC)

“Reaching a demographic who otherwise would not have the opportunity to study at this level or achieve pursuit of a career...” (Lucy, Larch CC)

An unexpected finding was the number of respondents who saw the positives of delivering the Fd in relation to their own development and learning.

“It has allowed me to develop my teaching and extend the levels on what I teach” (Deirdre, Dahlia CC)

“Opportunity to constantly update my knowledge and practice during research etc. preparing lessons” (Dorothy, Dahlia CC)

“I am learning different skills in teaching and subject areas” (Ona, Oak CC)

Brenda (Beech CC) simply stated that having autonomy was a positive of delivering Fds. Two of the respondents, Penny (Primrose CL) and Amanda (Amaryllis CL), highlighted the opportunity to work with the university and the associated higher level of teaching as specific positives of working with Fds. Development of partnerships with employers was also included by Eve (Elm CC), Dora (Daisy CC) and Lucy (Lily CL).

A later question asked respondents to consider any personal benefits from delivering the course, which overlapped with the positive benefits of delivering a Fd. Penny (Primrose CL) and Diane (Daffodil CL) commented that involvement with the course had led to them developing their own careers. Penny had been funded by the validating university to do a Master’s degree and Diane had been able to access the HEI by being offered work as an associate lecturer. Other comments linked to job satisfaction in seeing students’ progress and achieve. Some respondents stated that their own knowledge had increased particularly around understanding of work settings. This included developing better understanding of work roles and also

developing skills in partnership working. Lucy (Lily CL) felt that how they taught and supported students had been challenged:

“I feel I have been challenged to have a more flexible approach with undergraduates, offer a supportive facilitative role to the learners and to listen to their perspectives”.

This was supported by some of the CCs who felt their range of skills had improved, particularly interacting with larger groups and teaching at different academic levels.

*“Improved my teaching abilities to get complex information across”
(Yolanda, Yew CC)*

“Challenged to teach in different ways to those with no or poor academic background/experience. Challenge to teach classes to mixed pathways (levels of practical experience.” (Ophelia, Oak CC)

“Developed my teaching abilities to incorporate large groups, different equipment, adapting teaching skills to address all learning styles. Developing teaching materials to support learning” (Oprah, Oak CC)

For other contributors, increased understanding of university systems and skills in course development were of personal benefit:

“Greater understanding of workplace learning. Ability to challenge pre-conceived HE principles...” (Wendy, Willow CL)

*“Increased expertise, working alongside university and other colleges”
(Dorothy, Dahlia CC)*

“Increased understanding of how they work” (Dora, Daisy CC)

“Involvement in course development” (Brenda, Beech CC)

“Opened up new opportunities to develop skills” (Lucy, Larch CC)

For some respondents the benefits included gaining a better understanding of the health sector and inter-professional working: Lucy (Larch CC), Bianca (Box CC), Ona (Oak CC) and Cheryl (Cedar CL). One response suggests that initially the respondent had concerns about the validity and benefit of Fds and this had changed:

“I have increased confidence that there are people out there who need this type of course” (Beryl, Blackthorn CC)

Only a minority of respondents felt that they had not personally benefitted from working with Fds.

The themes from both the positives and personal benefit questions were also reflected in the responses to the skills required to deliver Fds. Those who responded highlighted the need to communicate effectively with adult learners and have the ability to respond to students’ needs. The word most used across the sample was patience. This was linked to explaining to students who lacked confidence in their own abilities.

“Patience with new students who will have educational barriers. Accepting that students have many roles they have to address in life. The ability to keep going with students who they feel are not able” (Diane, Daffodil CL)

“Patience: students are very anxious and frequently need things explaining more than once in a different way...” (Yolanda, Yew CC)

Other issues were raised, firstly, the ability to work with and understand the work setting. This raised issues of diplomacy and good knowledge of the industry. Hannah (Hawthorn CL) stressed the role of advocate was particularly important:

“Belief in the students and the course so that you can promote this group and their role within health and social care both within the university and the NHS”.

Secondly, the need to teach students study skills so that they could cope with the academic requirements was identified by a number of respondents. This raised concerns that the students required greater support from student services and the lecturer than other student groups:

“...Students are less confident when approaching academic writing, require more regular feedback so the need for regular formative assessments and

summative assessment preparation. Also encourage self-directed learning...” (Lucy, Lily CL)

“Ability to teach academic writing skills (and related study skills) alongside module content so students learn, practise and play by the rules of the academic game from the beginning of the programme...” (Patsy, Poppy CL)

“You need to be very supportive of students in relation to their academic needs – we have found that the more support you give particularly in the first year, the more success for the majority will be. You need to be available to the students regularly – more so than undergrad students.” (Christine, Cedar CL)

Thirdly, a number of qualities were identified as a requirement of teaching Fds.

These included: motivation, creativity, willingness to challenge, the ability to adapt your teaching approach responding to the students’ needs and humour. A number of respondents stated it was essential to have experiential knowledge of the work sector and be able to relate theory to practice (Dorothy, (Dahlia CC), Doris, (Dahlia CL), Lisa, (Lime CL) and Bella, (Beech CL)). Bianca, (Box CC) stressed that:

“Apart from teaching skills, lecturers need to be student centred, getting students to participate, assessing prior knowledge, checking their understanding and setting specific tasks.”

Difficulties delivering Foundation degrees

The difficulties involved with delivering the Fd mostly link to factors within the delivering institution and the work setting. Respondents reiterated the lack of understanding of Fds as an HE qualification in the FE setting and how different processes and systems impacted on delivering the course. Alongside this, time issues were highlighted in relation to teaching loads in FECs impacting on time to prepare sessions and doing marking:

“Fitting HE into FE. Lack of HE areas for students to use...” (Doris, Dahlia CL)

“Insistence on FE practices enforced on HE programmes” (Amanda, Amaryllis CL)

“No prep time included in timetable when teaching other levels, all prep done at home usually” (Dorothy, Dahlia CC)

“FE colleges refuse to commit adequate resources. Quality assurance across sites can be difficult” (Dora, Daisy CC)

“Although the second/third chance education ethos of FE fits well with Fds which tends to recruit non-traditional students, the FE approach is not always conducive to HE...” (Patsy, Poppy CL)

A second issue raised was employer engagement and the provision of placements and support of students in practice areas. Lucy (Lily CL) experiences, from the perspective of an FEC running an Fd for those entering the work sector, of needing to arrange placements found:

“Work placement despite an undertaking at county council level of support. This has been exacerbated by the impact of the recession on budgets in social care and the closure of a major care provider in the locality. Furthermore a level of uncertainty in social care with the Health and Social Care Bill and the implementation, this appears to make managers apprehensive about offering placement and mentoring support when the future is uncertain”. (Lucy, Lily CL)

The above quotation also highlights how political and social change can have an impact on course delivery. A different range of issues was raised for an Fd delivered for a number of employers for employees, designed for Band 4 employment:

“The lack of mentor involvement from the employing organisations. The huge variation in employer support to students in terms of encouragement/time/student status/ placement arrangements/promise of Band 4 employment... Unrealistic employer expectations: lack of consistency in these expectations” (Ophelia, Oak CC)

In previous sections the positive attitudes and motivation of the students were seen as contributing to academics’ positive views of the course and seeing them develop was one of the rewards. However the students were also seen as challenging and this is raised as one of the difficulties of delivering Fds, alongside the size of cohorts and the issues of teaching mixed ability groups:

“Lack of staff and large numbers in the class. Also differing levels of experience and subject matter leading to wide variations in support required by the groups” (Ona, Oak CC)

“Standards of students seems low, therefore difficult to pitch higher level work” (Bella, Beech CC)

“The students come with a lot of baggage and are very anxious about returning to education... Students have very blinkered views about their roles and trying to get them to transfer information from one discipline to their discipline is challenging” (Yolanda, Yew CC)

One of the respondents raised specific issues concerning students recruited to entry to work Fds following ‘A’ level results:

“Students straight from school coming on the course because they did not get ‘A’ level grades they needed and are disengaged... Students expecting to be spoon fed like they are at school, not taking responsibility for their learning in partnership with me.” (Sarah, Snowdrop CC)

Both Penny (Primrose CL) and Hannah (Hawthorn CL) raised the lack of understanding of the award by both academic colleagues and registered practitioners as a difficulty. Hannah also commented on changes in the student intakes and the impact on the curriculum:

“The other major factor has been the widening diversity of roles of the assistant practitioner group of Fd students which has required constant review of the programme.”

Issues raised by respondents

Both the CLs and CCs were asked if there were any issues they wished to raise about Fds that had not been covered by the questionnaire. Two of the CLs used this to emphasise the value of the Fd award:

“Foundation degrees are an excellent qualification for those following a vocational pathway. Employers still value HNC/HND qualifications and do not seem to understand the foundation degree model. Linking foundation degrees to Higher National Apprenticeships seems to be a very positive way forward” (Tina, Tulip CL)

“I feel they are important and the future and the college should embrace them more” (Penny, Primrose CL)

However, other respondents, although positive about the Fd award raised concerns for future delivery:

“Funding. The changes in funding will probably mean that the university will no longer run Fds” (Belinda, Birch CL)

“Fees could have a huge impact on the uptake of these courses in light of new policies. I feel that it is important that fees for Fds are set at a different level to other degrees in order to maintain uptake” (Hannah, Hawthorn CL)

Two of the contributors suggested measures that would improve delivery of the course from their perspective. This included having regular team meetings to enable updating of information and student issues. Ophelia (Oak CC) particularly raised concerns about the impact of the course on students and other negative aspects;

“The work life balance of these students are often under severe strain and this can lead to stress and ill health... it is unreasonable to expect these students to complete this course without good regular mentoring in the workplace.....it is not fair to train these students and then not offer grade 4 opportunities.”

All of the sections above included responses from both CLs and CCs. Additional questions were included in the CLs’ questionnaire which focussed more on the development and changes that had occurred during the life of the Fd award.

Influences on content of Foundation degrees

The responses to this question reinforced the concept of Fds as needing to meet the needs of employers. Most of the responses highlighted local needs of employers and suggested that consultation had occurred with the employer. Others stated skills and knowledge needed to be transferable to the workplace and Hannah (Hawthorn CL) stated they had worked with guidance from the *fdf* and the NHS knowledge and Skills Framework provided by Skills for Health. One respondent, Clare (Cedar CL), stated that the course development had taken into consideration possible progression

to a nursing registration and ensured the Fd mapped against the first year of the Nursing course. Two of the CLs in FECs (Penny, Primrose CL and Tina, Tulip CL) highlighted that content was set by the validating university and they had not had the opportunity to be involved.

Management of work-based learning

The questionnaire responses showed different approaches to WBL and highlighted that the approach in FECs was different to that of HEIs. For FECs WBL was more likely to be through the meeting of learning outcomes and reflections. One HEI, Beech, stated that WBL was achieved through students attending placements and one FEC, Lily, who provided further details:

“The course leader and the practice placement officer identify a range of placements that students could select. The students, following research into the sector and health and social care environment, identify the areas they would like to be placed to gain experience. The placement officer works with the student to actualise the placement following college protocol, CRB, student agreement, Health and Safety check. The student attends placement. The WBL lecturer monitors the learning in placement and students reflect on placement using reflective blogs for support and guidance. A debrief and group discussion of learning and experience remains part of the module evaluation.” (Lucy, Lily CL)

Four of the HEIs stated that WBL was assessed using portfolios and performance criteria. These were developed in partnership with the employer and included assessment by a supervisor/mentor in practice. Support included visiting students in their practice areas. One of the respondents provided a detailed response as to how WBL was managed:

“Students receive a skills log containing core competencies. Role specific competencies are added in consultation with mentors and service managers using Skills for Health competencies or Trust policies. Students then have to build a portfolio of evidence to demonstrate achievement of skills. This is supervised and signed off by mentors in the workplace supported by work based education facilitators who are employed by the SHA and work closely with the university. Three of the modules within the programme are work

based and the portfolio is the assessment for the second year double work based module” (Hannah, Hawthorn CL)

The final question asked if any changes had occurred to the course over its life span, with five of the 14 respondents stating this had occurred. One FEC, Tulip, stated that the current course had not changed. However due to funding changes, this was being reviewed. For two of the respondents, Primrose and Oak, changes occurred due to the validating organisation implementing changes to credit levels of modules. Two of the courses had been changed significantly, Daffodil and Hawthorn:

“We have changed the course completely over ten years. Removed exams, reduced placement hours. Removed 10 credit modules, more 30 credits. Online testing (MCQ)” (Diane, Daffodil CL)

“To enable inclusion of students from a wider range of roles with regard to the Foundation degree Health and Social Care (Assistant Practitioner) and to rationalise provision...” (Hannah, Hawthorn CL)

5.7 Summary of the qualitative data from the questionnaire

The qualitative data from the questionnaires provided the respondents’ perceptions of Fds and their subjective view of how others see the award. A number of benefits were identified and, for the majority of the respondents, it is engagement with the students and the satisfaction of seeing them develop that is the main benefit. The Fds also provided opportunities for the academics to develop their expertise as teachers/facilitators, but also for some to develop skills in course management and this resulted in career changes. The disadvantages associated with delivering Fds appear to focus more on the FE and HE systems and lack of understanding by others as to what is involved to meet the requirements of an Fd. The questionnaires were sent out when HEFCE funding of Fds was being reviewed and the uncertainty of funding for Fds is reflected in the responses of a couple of the respondents.

5.8 Interviews

The third source of data came from semi-structured interviews with the three FECs and three HEIs described in chapter four. One of the main things that came across from the interviewees was the passion of those interviewed towards both the qualification and the students who embarked on the courses. Those willing to be interviewed, were enthusiastic about Fds, which suggests they may be a skewed sample (Silverman 2013). Academics in only six institutions were interviewed so the sample cannot be construed as representative of Fds in health across the UK. What the interviews provide are vignettes of different types of provision and their individual experiences.

The use of semi-structured interviews allowed for exploration of individual's experiences of Fds and also my own agenda around collecting data to answer the research questions. The questions were devised to gain more depth of understanding of the respondents' perceptions than could be achieved from the questionnaire. The initial questions asked how individuals had become involved with Fds and what experience they brought with them and were aimed at developing an understanding of the context from which the respondents were coming. This links back to a social construction view that individuals are both subjects and agents and therefore it is essential to try and understand what experiences, values and attitudes the respondents may have.

From the interviews an interesting pattern emerged. The majority of the CLs and CCs came from diverse backgrounds and not all of these were relevant to the focus of the Fd. Nor had they originally applied to work with Fds. Most of the CLs and CCs had had limited teaching experience and, with the exception of one of the CLs,

had not had experience of developing a curricula or having a CL role. Two of the HE CLs had not had any experience in curricula development and had only recently started careers in education. A number of them became CLs due to having the capacity to take on the role, not necessarily because they had the right experience or a clinical background linked to the focus of the Fd.

All respondents were asked how they felt working with Fds and whether this had a positive impact on themselves and if they had experienced any difficulties. This led to data that explored the way in which Fds had impacted on their sense of self. The development of the interviews became less structured and focussed more on exploring themes or experiences based on the responses. For example the different biographies meant each person had unique experiences of becoming a course leader or course contributor and working within different institutions. This led to a range of areas being explored. One of the benefits of delivering the Fd for a number of the respondents was the development of the students and how they benefited from the award. This became a key theme when analysing the data and a number of the respondents linked their responses to the tenets of Fds, particularly widening participation. Some of the interviews focussed more on work-based learning due to the background of some of the respondents.

The guide questions were kept in view during the interview in order to check that my own agenda was being met, but were not followed verbatim and questions which did not link to the individual's experience were omitted. By reacting to the individual's responses and experience this enabled a more conversational than formalised approach which was achievable due to my own background with Fds.

Aspen university

Two academics were interviewed: Amy, the CL, with a background in physiotherapy had worked in education for a number of years and Ann, the CC, a podiatrist with only a couple of years in an academic setting. Both members of staff worked on the Fd for half their time. The Fd was being delivered in partnership with an NHS Trust to develop Band 4 roles supporting nurses and was a pilot course.

Willow University

Three academics were interviewed. Wendy, the CL, is a paediatric nurse and had one year's experience of working in HE before taking on the role.

"... I came to the university as a lecturer in child nursing and at the time the head of department had been, erm, targeted, or whatever, to develop the foundation degree. I think because I had a background, although it was in child health, and this foundation degree is very adult orientated, but because I had this sort of mix of work in education and social care, it seemed a good marriage to come into. So she asked me if I would be the programme director for that. So, being the person that I am, I thought things happen for a reason, let's go for it, having been in HE for less than a year...I was a complete novice. I had come into higher education in the beginning of June, and it was in the December of that year that I was asked. So, I had very little understanding of curricula, had very little understanding of higher education, had very little understanding of work force development issues. So I actually think I came in very naïve to foundation degrees" Wendy (Willow CL)

Wanda, CC (at time of interview was taking over as CL), is also a paediatric nurse and adult nurse, with neo-natal intensive care experience. She was a sessional lecturer and had applied for a post in pre-registration child nursing, but was offered a role teaching on the Fd part-time instead. Winona's background, (also a CC) is community nursing and she had been teaching for two to three years. She was approached to help with the expansion of the Fd, run one of the pathways within the course and deliver some of the modules.

"I applied for a post to do pre-registration children's nursing, erm, in the Health, Social Care Faculty and because I did not want to come full time,

they wouldn't offer me the post, but they said they had a part-time post to do Foundation degree, would I be interested? Erm, and I was very keen to get into higher education, erm, I had been a sessional lecturer for a number of years, and so I accepted it. I didn't actually know what a Foundation degree was at the time. Yeah, but to get into education and to come out of the clinical area. There was nowhere for me to go within the clinical area" Winona (Willow CC)

The Fd was originally designed for one employer but expanded to serve a range of employers. The course was designed for employees only and consisted of a number of pathways relevant to specialist areas of practice.

Hawthorn University

Two academics were interviewed, Hannah's, (the CL) background is radiography, and she had originally taken on the practice facilitator role within the Trust for the Fd on a temporary contract. This led to two years of teaching with the HEI also on a temporary contract. She applied for the CL role as she felt vulnerable. Hope, (CC), is a Theatre nurse and also came to work on the Fd as a practice educator for the Trust. She had been teaching for seven years and had worked on the development of an Fd for physical trainers with the army. She had just taken on the CL role for the BSc top-up/progression route, recently introduced. The university delivers two Fds in health: one with NHS Trusts to develop employees for Band 4 roles and an entry to employment Fd.

Primrose College of FE

Penny, the CL, has a background in nursing and had taught in FE for a number of years. Other staff taught on an ad hoc basis and were not available for interview. The Fd was designed for entry to the workplace and those in

employment or volunteering and was designed for the work-sector, not for a specific employer.

Tulip College of FE

Tina, the CL, had a background as an accountant and had started working in FE delivering an Fd in Business Studies for a different HEI. She had moved to her current role as CL and at the time of interview was working with a local NHS Trust to develop an Fd in health practice for the Band 4 role. Although other staff contributed to the course they were not available to interview. The current Fd was for those in employment or volunteering, but not designed with a specific employer.

Snowdrop College of FE

When Susan, the CL, completed the questionnaire she was still working in the FEC. However, by the time the interview was conducted, she had moved post and was working as the CL within Poplar University and had oversight of the franchise at Snowdrop and other partners. Prior to this she had been the CL at Snowdrop since 2000. She moved to Poplar in 2012 when the post became vacant due to redundancy, but also due to the threat of redundancy at Snowdrop College. Susan's background was in business and she initially entered into FE teaching policy and psychology:

“my actual background strangely and funnily enough is not actually in health and social care it's in business I used to work in sales as a young person um then I was um I was a Sales director at (local newspaper) so you know I've done all those kinds of very different things.” Susan (Snowdrop CL)

At the time of the interview the course was being discontinued, but the FEC provision was to continue. Due to the mixed background, the interview with

Susan does touch on the provision at Poplar University, but the main focus was on the Fd provided by Snowdrop College. However, the interview allowed for a unique viewpoint of an individual who had worked in both HE and FE. The Fd at Snowdrop College was for those in employment or volunteering. The Fd at Poplar University was for entry to work-sector.

Where Foundation degrees should be delivered

Those interviewed expressed a mix of views as to whether Fds were better situated in FECs or HEIs. Susan (CL Snowdrop) who had taught in both FECs and HEIs, felt that they fit better in FECs due to colleges being more used to supporting students with lower qualifications. However, she felt there were issues with partnerships between the validating HEI and the FEC. This included lack of understanding as to how the university systems differed to FE systems (and vice versa). Difficulties had occurred in one FEC (Snowdrop) where students were not coming in via the usual funding streams as they were paid for by the NHS. This resulted in problems with accessing learning support and who should pay for this. For the interviewees based in HEIs there was a mixed picture. Some, Hannah (CL Hawthorn), felt that the course would be more likely to be delivered in FECs in the future (particularly generic courses), but felt that Fds for APs, due to their clinical nature, needed to be delivered in institutions already providing clinical courses. Susan, (Snowdrop CL), highlighted that problems with meeting university targets had resulted in the provision being no longer delivered by the university itself but it is still validated for FEC delivery. There were a number of issues raised regarding delivering HE in FEC, which required the development of administrative skills:

“Me personally, I think it’s made a massive difference to my understanding of how education works not just from a teaching background but from the administrative side. Because I think you have to be much more involved in the

administrative side when you're working in a college. If you're teaching HE in an FE college then you basically are completely out of step. You're doing semesters they are doing, they are coming in at different times, your inductions in the wrong time, their enrolments at the wrong time. So I think you develop extremely good self-directed skills in relation to administration. Because I know the administration of the foundation degree off by heart as well as I know the teaching and I think that's been really good..."Susan (Snowdrop CL)

Status, understanding and support

The interviews corroborated the views from the questionnaires regarding status and understanding of Fds. The interviewees were first asked about their own understanding of the qualification when they initially became involved. The majority stated that they had little understanding of the qualification, its level or what it led to:

"Very limited to be honest. Um I guess I just knew that they were the first two years of a degree course but what students actually came out with and what it enabled them to do was arbitrary I suppose" Amy (Aspen, CC)

"My initial understanding and the way it was kind of like sold to me and the way I was informed about it, it was in the fashion and level of the old HNDs really where people used to do higher national diplomas they could now do this foundation degree which was focussed mostly on the Associate Practitioner role and it was something that the NHS required because they had a lot of band 3 people who they needed to get to Band 4... and about bridging as well. It was about allowing people to go to university and to study who maybe would not have gone otherwise have gone down a non-traditional route for whatever reason. Or didn't have the pre-requisite qualifications." Susan (Snowdrop, CL)

The question was followed by what the respondents felt their understanding of the course was, since being involved. Most included statements around WBL and meeting the widening participation agenda. Other comments highlighted the course's role in developing individuals within the practice setting:

"It is bringing more knowledge to your everyday job. It is giving you the skills to understand the evidence that supports what you are doing. It gives you the skills to, perhaps, be quite critical of your practice, erm, in that you might say well that's not best practice but give you the skills to actually go and find out what best practice is." Winona (Willow, CC)

"That we teach them the theory but they are then able to relate it to the workplace..." (Tina, Tulip CL)

“A programme that’s embedded in practice...and all the teaching enables them to look at their own practice more critically and ask why rather than just doing really. I think they are a fantastic model of learning really.” Anna (Aspen CL)

Support for Foundation degrees within HEIs, FECs and work settings

All of those interviewed raised issues about status and support for Fds in their institutions. Most of them felt that colleagues and managers had little understanding of what an Fd is or the content and level of the course. Some felt that there was little interest in trying to understand the course:

“The fact that no one else in the University is interested in them. Um and I mean in the student National student survey the questionnaire, the student perception questionnaire, last year, we got the highest rating, we got 100% satisfaction on everything, we got the highest ratings in the faculty of any programme and it was only at that point then that someone said oh what’s this then? ...” Anna (Aspen, CL)

A recurring theme from the HEI participants was the poor attitudes to both the course and the students. This included reluctance to teach on the course and discussions as to whether the teaching level needed to be lower so the students would be able to cope:

“We talk about the foundation degree and a lot of staff think it is beneath them to get involved with it beneath them to teach it and I find that very frustrating. Things like evidence based practice it’s deemed that you know you’ve got to teach it at a lesser level because they’re foundation degree students when that just isn’t the case.” Amy (Aspen, CC)

However when colleagues did become involved with the course, by delivering sessions or modules, their attitudes were perceived to change and many enjoyed the experience. Wendy (Willow CL) felt that there was a good understanding of the course in her institution. This was because there were regular meetings of CLs within the faculty where courses were discussed.

Some of those interviewed (Wendy CL, Wanda CC, Winona CC – Willow, Hannah CL Hawthorn and Anna CL Aspen) perceived that students encountered problems within their work areas. This applied to those who were working towards a Band 4 role. These included registered professionals being unsupportive and not facilitating learning. This was perceived by the academics as being due to feeling threatened by the student's development and feeling their jobs were at risk:

"...I think now as they come to graduate, some of the teams where they haven't really thought it through are now starting and I think with the stresses with the changes and everybody being under pressure, "Who do you think you are" and "pinching my job" is starting to emerge again." (Anna, Aspen CL)

"...there's a bit of lack of awareness of what the foundation degree is, a bit of a cynicism about the role, people are a bit challenged by it....and liken it to the old SEN you know and it's trying to move away from that comparison..." (Wanda, Willow CC)

"the negative in practice is the sort of challenges the students face, the animosity from people they work with and that can be animosity from staff nurses who feel threatened because the trainee AP will then have perhaps higher or equivalent qualification, that they are upskilling and perhaps seen to be taking you know traditional nursing duties away from them, never mind that they are overburdened..." (Wanda, Willow CC)

Wanda (CC Willow) felt that other HCAs were also resistant to changes perceiving they had a "right" to the AP role based on years of experience:

"...but also animosity from the healthcare assistants, "so what makes you different from me?" and you know I think perhaps people who have been in the role for a long time think that they just by right because they have been doing it longer have more knowledge and have more skill and don't necessarily display the right attributes..."

For one of the respondents (Anna Aspen CL) barriers included professionals' attitudes both within the work setting and the HEI:

"I think there's barriers within HE - tribalism, I think a lot of colleagues are very focussed, very set in their disciplines and their professions, so we had to challenge that. I think in the workplace it is very similar, that we have got managers who don't understand it, that they don't understand the need to

develop the workforce and I think that is a real area of concern, but also barriers that mentors do not want to mentor these people... ”

The attitudes of some academics were also highlighted by Anna (Aspen CL) in relation to how she came to lead the Fd for students working with nurses, although she had a physiotherapy background:

“I think part of it is because most of them are in nursing posts and the school of nursing was not interested in delivering the course at all so nursing had deliberately turned their back on it and they are quite snide about it really”

Frustration was expressed about the lack of support and problems with institutional processes into which Fds did not always fit. For CLs in FE this was particularly an issue where the FECs were new to HE provision as were the CLs:

“But I also found that (University name) as well they didn’t give you much guidance. It was like oh, there’s your module guide which was a joke it was about two pages and off you go. And I’m thinking am I teaching the right thing? Um is my assessment correct am I teaching at the right level, is this actually what they wanted.....And they don’t help you at all and they think they are doing you a huge favour by letting you go along and do your own thing but they’re not!” Penny, (Primrose, CL)

Tina (Tulip CL) highlighted the bureaucracy of the university and how many of the quality systems tended to look back rather than forward to improve the course. She particularly highlighted difficulties with making changes:

“So there’s too much, the university system is quite cumbersome, you know, bureaucratic process. And that, that’s frustrating because that energy could be spent on spending more time with employers, with focus groups looking at future need. The process of changing modules is also a very you know bureaucratic process in that you have to think of your ideas, at a certain time of the year because it has to go to a particular academic board before you can introduce change for the following year. And it may not be until after that date that you think actually it would be good to change, and you’re too late. So the bureaucracy and the fact that it takes time to make changes there. It’s not a quick response um to employer needs.”

The above comment also picks up on the need for Fd curricula to meet the needs of employers and the university processes’ ability to meet the demands of changing

practice. This issue was also raised by Hope (Hawthorn CC) who highlights what she perceived as the dynamic nature of Fds and the difficulties that occur within the university processes for making changes:

“Erm I just think that they’re, whether it’s the same with all courses in the university, but it’s very much a dynamic programme erm and I mean we revalidate every five years, but we’ve sort of spent all our minor changes in-between then as well so there’s definitely, I don’t know if that’s your experience of foundation degrees but yeah it’s definitely dynamic and moving all the time, depending on service drivers and current um practice definitely changes and moves the foundation degrees...” Hope, (Hawthorn, CC)

Respondents also highlighted problems with being able to provide students with the level of support that they required. This was linked to the delivery of the course being one day a week and the rest of the week students being employees and therefore they had less flexibility as to when they could access tutors compared to students who were studying on traditional full-time courses:

“...we just don’t have the time to offer them the pastoral support which I would like to offer and again because the students are only in one day a week and might be working miles away it tends to be they want to see you before or after class... so you know you can finish up doing nearly a twelve hour day at least on that day.” Hannah, (Hawthorn, CL)

Employer engagement/Collaborative working

Although the interview questions did not specifically ask for the respondents’ perceptions of employer engagement and collaborative working, this was a theme that emerged in some of the earlier interviews in relation to both benefits and frustrations in delivering Fds. This was then included in the later interviews as I realised that this was an important theme for understanding Fds. This was particularly relevant to the Fds where students were employees either in the NHS or Social Care settings. These courses were mainly delivered by the HEIs and one of the FECs. Some of the responses were surprising given that one of the principles of Fds

(Skills for Health 2005) is employer engagement which includes the design of the course, mechanisms to support students and procedures for monitoring, evaluating and reviewing programmes. Susan (Snowdrop CL) highlighted employers' lack of understanding of the qualification;

“Um, the lack of knowledge that employers had, the lack of knowledge that was given to the industry as a whole. The lack of knowledge that the NHS had about it..... Also employers saying, making students do NVQ2s when they were doing a foundation degree or NVQ3s...I think it's never been given a good press, I think people don't, have never really understood what they are and I think that's a great shame.”

Hannah (CC Hawthorn) supported the above and felt that this was also due to the name of the qualification which led to more confusion. This suggests that more emphasis was needed at the inception of the course to develop understanding of the qualification and the aims of the course. Wendy (Willow CL) highlighted the need to form relationships in the first place and address the issues of the conflicting agendas and language of the employer and the HEI:

“One of the hardest ones, I think, for me, early on, in the beginning, was realising that the employers and us, although we were both in this together, we both had different outcomes and we both had different agendas um and that we didn't always use the same language, so that that was quite difficult. So, relationship building with employers, trust in those relationships has been big learning curves.”

Those that felt there was a good understanding put this down to good partnership working. They emphasised regular meetings with managers and mentors, visits to the work areas and the importance of having a champion within the work setting:

“I go out every six weeks and see all the students in practice so I meet with their managers and mentors. And then we have managers and mentor meetings at least twice a year, maybe three times a year with as many of them as possible. And xxx who's the director of, deputy director of professional practice at the trust has been the champion of the trust and she's fantastic like this morning we met with her you know and we said we need to just to talk to you about some things, and she always finds time so it's a very, they are great they've been fantastic.” Anna (Aspen, CL)

For one course (Aspen) the champion was a higher level manager, for other courses, staff were appointed within the different organisations to support the students within the clinical settings and provide organisational lead training in conjunction with the HEI (Hawthorn and Willow).

Other ways that the partnership between employers and the HEI were managed, included the SHA taking an active role through regular education partnership meetings. One of the contributors highlighted that this worked well with the SHA acting on comments from a number of HEIs as to the problems with identifying students' needs and having a mentor in practice:

"I mean the SHA have been good in that they through this education partnership we've all brought up similar sort of things so they now say that the manager has to have a job description and they have to identify a mentor..." Hannah (Hawthorn, CL)

Wendy (Willow CL), who had started with a small bespoke course for one employer and then ran the course across a range of employers, raised the importance of continuing to engage with employers. She emphasised a number of questions she kept at the forefront when expanding the course to meet other employers' needs but also raised the changing nature of health care practice:

"I think over the last two or three years, health has become more complex in what they require. And I think it's that complexity, the uncertainty that if we are not careful we could lose what the philosophy of the foundation degree is. So I think that we have to always go back and my immediate question is always: Right, what is the outcome, what is this person, what is this role that we are developing for? What is learning we need in the workplace and how are we going to accredit that learning? That to me is the philosophy of the foundation degree. Employer led and accrediting that learning in the workplace." Wendy (Willow, CL)

What was also an issue for courses where students were recruited from a number of NHS employers was the lack of parity between employers around the management of

staff while on the course and expected outcomes particularly for assistant practitioner roles. Hope (Hawthorn CC) explained the issues and how this impacted on the delivery of the course:

“...the inconsistency in approaches to how Assistant practitioners are managed in practice. Um different trusts doing things differently and the lack of a kind of consistent approach because we have some trusts who, and this causes great difficulty amongst our students, we have some trusts who employ our students on a supernumerary basis and they are in a trainee role. They get 70% in the first year of a Band 4 and 75% in the second year um and a guaranteed job at the end and then in the community you are not guaranteed a job your paid on your current pay scale and you know those variations cause, because the student talk and you know they can see how good it is for some and vice versa um so you know there are negatives but the positives far out way the negatives for sure.”

Work-based learning

The support from the employer and the university was explored further in relation to how WBL was approached across the different curricula and the effectiveness of the support mechanisms to achieve this. Within two of the FECs the WBL was delivered through students reflecting on their own workplace or voluntary work (Fds for those employed or volunteering but not devised with a specific employer), and placements arranged by the college (entry level Fds). For one of the FECs (Primrose College) the validating university course entry requirements included working in a health or social care setting for 120 hours each year. The FECs were required to provide a list of workplaces to the university, but were not involved with checking or visiting the areas. Penny (CL) highlighted problems with ensuring students were employed or volunteering in appropriate settings and the monitoring of this by the university:

“...You must make sure they are working in health and social care as they had someone from xxxx who was working in McDonalds for two years...but there is no check or anything like that they're just taking it from the word of the student...All you need is a letter from their manager to say yes they have completed 120 hours that year, but they never check the letters”.

For the courses devised with employers, the majority used work-based competencies as part of modular assessment. The way in which these were set differed across the HEIs. One course (Hawthorn) delivered what they describe as an “empty module”:

“...there’s a theme of work-based learning throughout. Um what we also do in the first year here is we have work-based learning modules which are potentially empty modules. Um the students are supported um with a, a work based educator facilitator which was a practice educator, they changed the title, um and they can particularly focus on that particular student group’s needs...” Hope (Hawthorn, CC)

This meant that the work setting chose what would be included and this was delivered within the setting. Evidence of achievement was via a personal development plan and a portfolio. The CL/module leader would check for parity across the students. Others, (Willow and Aspen), produced competency packs based on discussions with managers and mentors and incorporated the core competencies from Skills for Health which were introduced in 2010. However those courses which deal with a wide range of settings have used a combination. Most drew on the Skills for Health core competencies for all the settings and then asked the workplace to set a particular number of specific competencies related to the area of practice. This approach still requires input from the CL/module leader to ensure parity. However, regardless of the format used, one of the issues was the variety of work settings and the numbers of managers and mentors who needed to be engaged.

Mentor support of students showed a range of experiences across the employing organisation and across employers. This was perceived by the respondents to cause a number of problems, particularly where students shared their experiences and led to other students feeling disadvantaged:

“...we find that mentor support is very variable um but yet it is crucial to the success of the students. Students who aren’t, haven’t got supportive mentors or don’t get access to their mentor very much become de-motivated quicker and don’t progress clinically as quickly so they get frustrated when they are in the group and they’re hearing other people that I’ve done this and I’ve

done that and I've ticked off this you know so that's a challenge for us from the point of view of you know maintaining that morale and um so I think, I mean we've tried various ways of addressing that, running mentor workshops and that sort of thing ...” Hannah (Hawthorn, CL)

This highlights the effects of not having a supportive mentor. However, the respondent did state that the problems were wider with mentors having to support a range of students, and having competing pressures and not having dedicated time for mentorship to occur. The above quotation mentions that the CL had tried a number of ways to improve parity including mentor workshops. Two of the HEI courses worked with practice facilitators who were joint appointments between the SHA or NHS Trust and the university. Initially the role was created for each Trust and they worked with the students and managers/mentors to identify roles and competencies required particularly for the Band 4 students. From discussions with CLs at the HEA special interest group and my own experience as both a CL and external validator, other mechanisms have been tried to support mentors, these include mentor handbooks, pre-course information and regular meetings with both students and mentors held in the employing Trust.

Hope (Hawthorn CC) noted that the way in which competencies were managed had changed as the student group had developed:

“When we first started we had forty students and they did the acute pathway or mental health and long term conditions, but now practice is, we've got students from practice areas which are so diverse we can't build a skills lab to fit everybody's needs.”

The initial deliveries had been focussed on specific work settings and therefore there was a common skills base. This allowed for the teaching of skills to be carried out in skills labs within the HEI. However, as more students were recruited from diverse settings this became impossible and therefore more emphasis was placed on these

being identified and taught in the workplace. This was a common theme across the other universities and respondents highlighted the difficulties with getting competencies written and ensuring parity of the number of competencies and the level. Some of the problems were not necessarily due to mentors setting too many competencies, but the student's enthusiasm to learn and do more. For the two universities with workplace facilitators (Willow and Hawthorn) this was part of their role to negotiate with the manager/mentor with the student's job description influencing the choices made. For Aspen University this was managed by the CL in conjunction with the Trust champion. In some cases the process could take a number of weeks and the respondents felt this added more issues for students.

From my own experience of being a CL and discussions at the HEA Special Interest Group, the experience of the respondents is typical of the Fds devised with employers. The examples quoted highlight the importance of having job descriptions to refer to and a dedicated person to aid with the process. The majority of problems occur where there is a wide range of employers and different contractual issues. In some instances, although the employer supports the student's attendance on the course, this does not always extend to students achieving AP roles (Band 4) at the end of the course.

Future of Foundation degrees

The respondents were all asked what they thought the future for Fds was. This elicited a range of responses. For Susan (Snowdrop CL), who had moved from the FEC to Poplar University, the entry to employment course, delivered by the university, was being discontinued, but not the franchise with the colleges. Susan felt

that this was an appropriate move as the university had struggled with the Fd, but was pleased that the Fd itself would continue:

“the foundation degree will be in its last year this year however the provision will continue in the colleges wherever they promote it and wherever they can recruit it will continue. That is a saving grace for me because I would be mortally disappointed and upset if the foundation degrees didn’t continue in some kind of vein. Because I have seen some students walk through the doors who have been terrified who have barriers to learning who something happened to them younger but are as bright as a button. I’ve got a student at the moment who is on the foundation degree she’s 22 and all her marks are in the high eighties and she is so bright but she has no qualifications. Now people like her would not stand a chance now. If she came to the university to apply this next coming year there’s nothing for her here. She would have to go to the colleges and if the colleges stopped doing it...” Susan (Snowdrop, CL)

The course offered was both for preparation for work and for those already in employment or working as volunteers but was not devised with specific employers. Aspen and Tulip courses were also being discontinued and the respondents felt that this was short sighted on the part of the academic institutions. All of the respondents mentioned that the loss of Fds would affect students’ ability to have a chance to enter education.

Some of the other respondents felt that there was a future for Fds or at least a course with the same ethos including widening participation (Penny, CL Primrose, Anna, CL Aspen and Tina, Tulip CL). One concern raised was the number of changes that had occurred which had not allowed Fds to become embedded as a vocational qualification:

“Foundation Degree Forward which was sort of raising awareness of foundation degrees. We had Aim Higher that was promoting Foundation degrees. I wonder in this current economic climate when the government is re-thinking Tony Blair’s education, education, education when we can’t afford 50% of people to go on to higher level qualifications. I wonder if Foundation degrees are losing their way. Slightly going out of vogue I think that would be a great shame because I think there is an opportunity to

use them in a very productive link with apprenticeships and vocational needs. But sometimes people take a short term view...” (Tina, Tulip CL)

Wendy (Willow CL) had thought in-depth about the current and future provision of education to develop the healthcare workforce. She felt that there was a need for a spiral curriculum that encompassed the initial training through to professional registration:

“In the world that I live in, I would like to see them stronger, I would like to see them as very much part of um the whole of the set-up of the workforce with very clear workforce development plans that um. Yes, so it’s so it’s just a recognised part of the assistant practitioner tied in with the foundation degree was a known part of the workforce and I think in an ideal world, and I have been talking about it for a year or so now, er is actually what I would like to see is very much a spiral curriculum that actually everyone came and learnt together. It didn’t matter whether you saw yourself as a nurse or an OT or a physio or you saw yourself as an assistant practitioner. Let’s have some joint learning and then people can step on and step off as to where and that would give them career progression, but that needs a clear vision, it needs clear direction and it needs clear leadership at national level”.

Students would be able to leave the course at set points equivalent to current bandings with an appropriate academic qualification.

Foundation degree as an opportunity

For all the CLs and CCs the Fd had acted as an opportunity for development of their own knowledge and expertise, but also as a step towards future roles. The CLs in FE felt they had particularly developed due to the links with HE. This had enabled them to receive funding for Master level study and in two instances had resulted in a move from FE into HE posts.

For a number of the respondents the bringing in of Fds had created opportunities to develop a move from clinical practice into an educational role initially as an

education lead within the organisation and then into teaching within the academic setting and then module leaders to CLs. The majority of those interviewed highlighted how the Fd had led to career development which had been unexpected when they first engaged with Fds:

“I was teaching on it first of all and then the person that was actually co-ordinating it and running it left so I took it up because that’s what I like because I came from a nursing background I was teaching adults and I preferred teaching adults ... Um I liked it because it’s getting me back with adults again and that’s what I do miss. And I like the levels, I do like the higher levels, because as teaching at the college is going on from level one and level two and I find it quite boring really...and I mean (university name) as well also they funded me for my Master’s which is better than what the college is going to do so I got something out of it.” Penny (Primrose CL)

Academics’ own learning

The way in which Fds had developed the individual academic came across particularly strongly in the interviews and was an unexpected finding. This ranged from development of teaching expertise, course management skills, but also, included attitudes towards students and showed how both academics and students had benefited from the Fd award.

“I think I need to have a better understanding of why I do everything because foundation degree students will ask, why are we doing this what is the point of this and you need a really good rationale and I think that’s fair. I know that’s completely reasonable they don’t just take it on the chin, they won’t just accept what you give them so that’s excellent. So from my point of view yeah if I am going to teach anything I need to know why I am doing it and what it is they need to know and what I expect them to do with it afterwards.” Amy (Aspen CC)

“The practice educator role was a real steep learning curve for me because I wanted to be the practice development lead in theatres, that’s where I wanted to be um and I had ten assistant practitioners based in the Acute Trust and I knew the services and the skills so I was more than happy to help my ten but all the strategic stuff significant learning curve. You know telling me that I was going to be presenting down in London about the assistant practitioner role and what I did, really enjoyed it. I had never driven on a motorway until I got the practice educator job as well you know just little things like that.” Hope (Hawthorn CC)

“...I think it’s also allowed me to develop myself in different areas too. Because obviously not having a health background per se then I have had to sometimes be in areas that I haven’t been overly comfortable for me and I have had to increase my knowledge in that respect and it’s allowed me to get a job at university. I wouldn’t have got the job here had I not done the foundation degree because I came with the HE knowledge because these are not easy places to get into.” Susan (Snowdrop CL)

Students as ‘other’

Another unexpected theme that emerged from the interviews were the academics’ views of students on the Fds being different to other students. This applied to all the types of Fds, but for different reasons. For the entry level Fds, who were not in a work setting, there was a mixed view particularly in relation to academic ability and attitude to education. The quotation below highlights that for some students the course is seen as a second chance, while for others the Fd is something they end up doing rather than choosing to do:

“...what we have now is we have a lot of 18 year olds who come along to do the Foundation degree because they have not achieved the required UCAS points to go on to do the nursing. So you’ve got a student profile 18 years old disgruntled didn’t get on nursing passed through the foundation degree disruptive...So we’ve got some very high achievers we still get them, we still get some school leavers who are very high achievers and they go on. They may have been just messing about at school so actually the foundation degree does for them what it’s supposed to do which is like a second chance. But we do have an element of students in xxxx who leave school with a group of friends who come to xxxx with a group of friends who continue to sit at the back of the lecture hall like they did at school and they just continue like in that vein.” Susan (Snowdrop CL)

The academics’ view of students who are studying on the Fd whilst undertaking some form of work was very different. Most of the students were attending the Fd whilst employed as either healthcare assistants or a similar level role in social care. The respondents compared them to both the school leavers with low entry qualifications and students who were on professional courses and entered HE with the required academic credits:

“.. I found the students to be very different, maybe it was just, maybe it was just me developing as a lecturer or maybe you know there is something in it because I think that my colleagues feel the same. But some of the undergraduate nursing students they don't behave you know in the same way in the classroom. I felt at times like they were wanting to catch me out a bit disinterested in the content, and not as committed I think and often the undergraduate nursing students have perhaps a different level of experience if you have a group of young you know undergrad students that lack of clinical experience is noticeable whereas with the Fd, I think you're kind of guaranteed that they have all got good rich experience and so my teaching has changed to incorporate a lot more classroom discussion..” Wanda (Willow CC)

The academics perceived the students as hard working and embracing the opportunity to develop. A recurrent phrase was that the students were ‘lovely’ and brought with them a range of experiences but also a willingness to engage.

“Well the students are fab. The students are absolutely wonderful...they have got the work ethic ...they come prepared they do the work they're keen, none of them have been to university before um they recognise it as a real opportunity that they would never have had. Um you know they are delightful human beings as people they're really nice and they have got lots of experience and they have all changed phenomenally so it's lovely...” Anna (Aspen CL)

“By far the type of students that we get, they really want this they have worked hard to get where they are and I think they recognise the opportunity that it is I think that a lot of students on other programmes don't necessarily see the value and I think these guys because they are often being paid at the same rate and allowed to go to university, and having their tuition fees paid for they really recognise the benefit of that. And they feel an immense sense of responsibility to succeed and they are really hard on themselves and in fact I think too hard, and you know you know what it's like and it's that sense of wanting to do well and to make people proud and to give back what you know has been invested in them. So I think that by far I have met some amazing students and really lovely people” Wanda (Willow CC)

The students' engagement with the course and willingness to take the opportunity provided were seen as positive qualities by the academics. However, it was evident that academics recognised that the students themselves often lacked confidence and self-belief. The development of these attributes was highlighted as one of the benefits of completing the Fd in health and provided the academics with job satisfaction:

“I think it’s seeing these individuals develop, seeing them grow, seeing the self-belief and I had an e-mail a couple of weeks ago from a student who found the journey bumpy, but they just said that you know I always believed in them and I think that’s it’s having that belief isn’t it and for them to then recognise and again I was interviewing a student on Friday who’s finished the programme and I asked her the question, you know. What has it done for you do you think? She said the confidence, it’s given me the confidence so that’s what it’s about this is a section of the workforce that did not have opportunities that were just there, that were not always valued so I think that’s reward.” Wendy (Willow CL)

“For me personally it’s the satisfaction of seeing someone who, I mean I think probably the majority come in thinking can I really do this and it’s in seeing that development of that person I think and sort of a I suppose it motivates them. They are well motivated anyway because they’ve got the carrot of the increased band at the end of the course and you know I think developing their role where they already work they have a sort of a don’t want to let their colleagues down type of attitude which keeps they are very committed and they are very motivated in that way. But I think it’s also um that some of them just blossom and because they can see that they’re no longer stuck in that care work role any more you know and that they’re taking on more skills and things that they’ve probably been watching other people to do for years, thinking I’m sure I could do that they get that satisfaction” Hannah (Hawthorn CL)

5.9 Summary of Interviews

The interviews have provided more depth of understanding of CLs’ and CCs’ perceptions of Fds. The issues faced in delivering the courses and some of the solutions were addressed. The benefits and rewards for those interviewed and how they perceived the course to benefit both the students and themselves, suggest that the Fd experience has a wider impact than students being given a “second chance”. The interviews also highlight a range of concerns particularly around the way in which the qualification and (where applicable) the AP role are not always valued or understood leading to difficulties in delivering the course.

The positive aspect of Fds in health as developing individuals and increasing their confidence and opening up further opportunities comes across, as does the passion of

those interviewed towards their students. The interviews also show that, for most of the respondents, being involved in Fds in health has resulted in providing opportunities for the academics to develop their own careers and also to evaluate how they teach and support students.

5.10 Chapter summary

The analysis of the different data collected provides a wider picture of Fds in health. The data from the course curricula offers a greater understanding of the types of Fds and how they meet the agenda of widening participation and preparation for work or development within work. The quantitative data from the questionnaire adds further contextual information around the delivery of Fds.

The qualitative data from both the questionnaires and the interviews raised a range of issues and themes. Within this chapter these have been organised according to how the questions were asked and by themes common to respondents. These themes have linked to the benefits, frustrations and difficulties experienced in delivering Fds.

Looking at the data as a whole reveals a number of conceptualisations. Firstly, the Fd appears to be defined by what it is not, rather than having an identity in its own right. Secondly, that there is an element of “otherness” in relation to the qualification itself, the students undertaking the qualification and the academics delivering the Fd. These ideas are explored further in the next chapter.

Chapter Six: Discussion of findings

6.1 Introduction

This chapter discusses the issues raised by the data analysis presented in chapter five and focusses on interpretive validity (Maxwell 1992 cited by Flick 2014) by drawing together themes that emerged from all three methods of data collection. This follows the ideology of using a mixed method methodology in that the study needs to combine the approaches at some stage of the research process (Bryman 2008). The chapter will focus on the extent to which the findings either confirm or add to what was known from the literature review, including academic debates and relevant empirical studies. The chapter will also explore the themes and relevant theories that stemmed from the findings and provide originality through looking at areas that have not been explored before in relation to Fds in health. In the methodology chapter, the ontology underpinning the research was stated as being social constructionism, therefore this viewpoint is discussed in relation to how Fds in health are socially constructed, what influenced this and what can be established as ‘taken-for-granted’ knowledge. The conclusion will consider what has been learnt and how this can be used for future planning and delivery of Fds in health or similar courses.

The overall aim of the research was:

To explore the development and delivery of Foundation degrees in health from the perspective of course leaders and course contributors within Higher Education and Further Education institutions.

In chapter four a number of questions were posed that structured the research and influenced the data collection methods (diagram 4.2). These were grouped in to two main areas, the first focussing on the qualification and the second on the experiences of academics delivering the Fd in health. The first area included:

What is an Fd in health, how are they constructed, who delivers them, how are they delivered and what is included in the curricula? These aimed to gain a clearer understanding of how Fds in health were designed and issues related to understanding the award and whether there were commonalities across the Fds in health, but also any differences. The discussion draws on the HEFCE (2000) tenets as they formed a framework for analysis of what an Fd is, and how these were addressed, and Pearson's (2010) types of courses and how these influenced how and where the courses were delivered and also the content.

The second area, academics' perceptions, was aimed at gathering data in order to understand the experiences of academics developing and delivering an Fd in health. This focussed on how Fds in health are perceived through the perspective of course leaders and course contributors and what impact they feel Fds in health have had on both themselves and their students. From examining the data collected, a number of themes were raised that build on existing literature in relation to Fds in health and Fds in general. These include: the impact of Fds on students and the opportunity for a 'second chance', the development of students' self-confidence, whether academics delivering WBL are marginalised within their institutions (Burke 2012) and debates concerning transformative or affirmative learning (Brown, Harte and Warnes 2007). The discussion of the findings draws on other theoretical viewpoints which were developed from the analysis of the data and not previously considered. These include

attitudes towards Fd students incorporating theories of identity and the extent which Fds in health are liminal or transformative spaces and if, for some students, they become stuck places.

6.2 Understanding of Foundation degrees in health

The literature review suggested that there was confusion over the name of the award and how it was perceived (Gibbs 2002 and Smith and Betts 2003). The findings from the questionnaire and interviews showed that this was still the case and academics experienced problems with colleagues within their institutions and from the work sector, who either saw the course as a lower qualification on par with NVQs or compared it to the State Enrolled Nurse qualification (Band 4 courses). Some of the interview respondents reflected that they had initially been unsure as to what level the qualification was and they were frequently asked what an Fd was. Their own understanding is that Fds were replacing HNDs. The literature review and policy documents place the Fd as an intermediate award at level 4 and 5 and as a vocational qualification. Academic debates have argued about the extent to which Fds are perceived as a vocational or academic qualification and how they fit with existing qualifications (Smith and Betts 2003, Vogler-Ludwig et al. 2012). However, the strength of the award was perceived as the ability to address both academic and vocational agendas through applying knowledge to practice in order to develop appropriate skills. This was particularly pertinent to the workforce development courses and those meeting the needs of those in employment and volunteering.

One of the reasons why there is still confusion is that, when looking at the course curricula, Fds in health appear to be a family of awards, with a plethora of courses

aimed at different target groups. The curricula documents show that, as with Fds in general, there are three distinct types of Fds in health (Pearson 2010):

- Those Fds which focus on employability and/or widening participation and are designed to prepare people for work.
- Workforce development focussed courses, designed with a specific employer and aimed at the existing workforce. The workforce development courses for the health sector are specifically linked to the development of Band 4 or AP roles.
- Courses that are not devised with a specific employer, but are designed to meet the needs of those in employment or volunteering.

This echoes the literature for Fds in general (Smith and Betts 2003 and Rowley 2005, Pearson 2010) and can be seen as both a positive and negative factor. The positive of not having a fixed curriculum is the ability to adapt the curricula to the needs of the employment sector and allows for courses that target different groups (Webb, Brine and Jackson 2006). The negative impact has been on the award itself and the inability to situate it in relation to other qualifications which are more clearly defined and structured. This has been compounded by the introduction of higher apprenticeships which have added a new dimension to vocational learning but also added to the confusion as to where Fds fit. The interviews and questionnaires raised concerns over the future of the Fd in health with the introduction of the higher apprenticeships and the changes in funding by HEFCE. The two have now been linked with Skills for Health (2012) stating that Fds are one of the options for undertaking a higher apprenticeship.

For those delivering courses for workforce development with specific employers, understanding of the award was exacerbated by lack of understanding of the Band 4 or AP role, to which the qualification was linked, by both academics and those in the practice setting. One criticism of the marketing of Fds in health and the AP role is the lack of clear guidance as to their composition, leading to uncertainty and difficulties in engagement with their implementation. However, the provision of guidelines is also problematic given the wide range of roles within healthcare and the need to take this into account when devising any job descriptions. This had been touched on by Spilsbury et al. (2011a) in their evaluation of Band 4 roles and Edmond, Hillier and Price (2007), who expressed concern that Fds in health and education were leading to the weakening of traditional job boundaries. The respondents identified how lack of understanding of the award had led to difficulties in delivering the curricula, as academic colleagues were either unwilling to be involved or considered that the students needed to be taught at a lower level than existing honour degree students. This confirmed the findings of previous research by QAA (2005a), Wilson, Blewitt and Moody (2005) and Rhodes and Ellis (2008) for Fds in general.

The data from the questionnaires and interviews illustrates a number of problems with resistance to the implementation of both the award and the Band 4 roles. Firstly, the initial sign up to Fds in health by academics was raised by two of the interview respondents. They highlighted the difficulty in identifying a course leader and in one instance (Anna, Aspen) the course was being delivered for nursing support roles by Allied Health professionals as no-one in the School of Nursing wished to be involved. This led to initial difficulties with practice colleagues who questioned why a physiotherapist was leading a course focussing on nursing. The second problem

was getting academics to deliver sessions for the course. The third related to the attitudes of registered professionals and healthcare assistants. However, this appeared to have more to do with resistance to the implementation of the Band 4 role than the Fd in health itself. Wendy (Willow) felt that this was linked to tribalism, with each profession trying to safeguard their roles and feeling threatened by the Band 4 role. A number of respondents commented on what they felt was the impact on students, where the role and award were not understood by those in practice. This included difficulties in finding mentors, not being given time to complete competencies and having to justify their role to colleagues. Clarity as to the students' roles on completion of the course were also raised, with CLs and CCs suggesting there was a lack of planning for this. A particular concern was the number of Fd in health courses, which were designed for career development to Band 4 roles, being taken by students from specific employers when there were no Band 4 roles available in the Trust. This raises both moral and ethical concerns as to the role of academics in accepting applicants for a course, even when supported by their workplace, who are unlikely to be able to use the qualification for its intended purpose.

When examining the data from the questionnaires and the interviews there was a clear theme emerging that Fds in health were perceived as different from other courses delivered in both HEIs and FECs. They are seen as unique in HEIs due to the WBL component and in FECs as they were taught at a higher level than the existing courses. The literature concerning the development of Fds demonstrates that the award is unique in a number of ways. Firstly, that it brought together a number of characteristics which had been delivered separately across both academic and training courses, but never in the same course: employer involvement in the design

and review of the programme, the opportunity for learners to study in the workplace, integration of WBL and academic study, and partnership arrangements between HEIs, FECs, employers and sector skills councils (McCracken 2010). In addition Fds were the main initiative that developed the teaching of HE provision in FECs as part of the partnership agenda and for many universities they were a move away from traditional full time undergraduate programmes.

The above points link to the literature explored in relation to Bourdieu's concept of 'field' (Bathmaker 2015) in chapter three. The introduction of Fds can be seen to constitute a change in the field of education which impacts on the sub-divisions of HE and FE. Their introduction challenges the existing rules of what constitutes HE and FE. For the participants in the study this has resulted in the need to negotiate the space which Fds occupy in relation to the rules and processes of the delivering institution, but also in gaining an identity for both the academics and the students undertaking the award. Academics delivering Fds in FECs have also had to negotiate within their own institution and with the HEI who franchise the course. For Fds designed for specific employers this has introduced further challenges in that the fields of work and education have needed to be considered. The positioning of students as both students and employees, plus the implementation of new roles (Band 4 development) have further implications for establishing the identity of both the Fd and the individuals who achieve the qualification.

6.3 Development and delivery of Foundation degrees in health

The question posed asked who contributed to the development of the Fds in health and who delivers the award. The responses from the questionnaire showed that Fds

in health for workforce development were devised in partnership with employers, whereas the other two types of course (Pearson 2010) used the Skills for Health framework or were created in partnership between the validating HEI and the FEC partner(s). Despite the creation of *fdf* to provide guidance for the development of Fds, only two CLs stated this had been used. Overall this suggests that Fds in health can demonstrate employer engagement at the development stage of the Fd or have incorporated Skills for Health occupational standards when devising the course.

The curricula documents suggest that, as with Fds in general, the bulk of courses are delivered through FECs, which reflects Smith and Betts' (2003) concern that the majority of courses will be delivered in FECs as franchises rather than in HEIs. However, the percentage of HEIs delivering the course was higher than for Fds in general, particularly for those that were for workforce development. FECs were more likely to deliver courses for entry to the work sector and for those in work or volunteering, but were not devised with an employer. No specific reasons were given by the respondents as to why this occurred, but one explanation could be that those HEIs who delivered the courses had existing schools of health providing registered professional courses for local service providers.

The interviews and questionnaire responses add to the academic debate as to where Fds are best situated, either in HEIs or FECs. A mixed picture is presented which returns to the type of Fd in health. There was a lack of consensus as to whether Fds in health for those entering the work sector were best delivered in FECs or HEIs. Those working in FECs felt they were best placed in the colleges with some stating that this was based on colleges' expertise with students with lower entry

qualifications. This was particularly emphasised by Susan (Snowdrop CL) who had believed that the HEI had struggled with supporting students with lower entry requirements and the course was being discontinued in the HEI but would continue to be delivered in FECs. However, concern was also expressed over the difficulties of delivering HE courses in FECs, building on Rowley's (2005) observations that processes and systems of HEIs and FECs were not compatible and would therefore need to be addressed. Specific aspects cited by respondents were access to study support and the lack of facilities for students. The delivery of courses for those employed or volunteering and not devised with a specific employer were delivered in FECs and were not contested by HEIs.

For courses devised with employers and leading to Band 4 development, those working in HEIs stated that they were best situated in HEIs as they were able to use existing facilities and expertise available for the development of registered professionals. The existing provision of courses for healthcare professionals in HEIs is in itself a deviation from what is considered to be the core business of HEIs of academic three year bachelor degrees. These set a precedent that could be argued should have paved the way for Fds in health, but their introduction still met with some resistance both within the academic community and the work sector.

The funding of these Fds may also have influenced where they are delivered as money was set aside by SHAs for the development of Band 4 roles, providing a funding stream not reliant on HEFCE funding. This built on existing contracts between HEIs and the SHAs for continuing professional development.

Those respondents delivering courses for entry to the work sector and those in work or volunteering mainly worked in FECs, found there were issues within the institution concerning understanding of the Fd award, but these tended to be more related to the practical delivery of the course and the processes and procedures of both HEIs and FECs, which were not always compatible. The main issues were around time for preparation and FECs and HEIs having different term dates and deadlines.

The data collected from the questionnaires and interviews highlighted problems with the bureaucracy with the universities and the difficulties when implementing changes due to market-place demands. The QAA evaluation of Fd provision in 2005 raised areas that still needed to be addressed and these included finding strategies for responding to industry needs and rapid changes. My own research suggests that this is still an ongoing issue. Alongside this, the FEC respondents highlighted lack of clarity for the university about processes and systems, and minimal guidance for delivering the franchise. The above issues suggest that more work needs to be done in both simplifying procedures and building effective partnership working with franchises/partner colleges. Included in this is the need for clearer guidelines as to what is expected of FEC course leaders and the management of moving from FE level teaching to HE teaching and assessing. Conversely, universities need to understand the processes and systems that operate in FECs.

How are they delivered?

In chapter five, five different approaches to the design of Fds in health were described. What was interesting is that all three types of courses, as described by

Pearson (2010), used option one with core modules only. However, those courses for work-sector development were more likely to have more complex designs with optional or negotiated modules, or different pathways. The interviews reflect that those courses which support Band 4 development for the NHS have had to develop ways of delivering the course that encompass the range of specialities within the work sector.

The majority of the courses for Band 4 development are delivered as two year full-time courses with one day in the HEI/FEC, and working in practice the rest of the time. The courses for the other two types also consisted of one day per week in the HEI/FEC but were not always stated as full-time courses. There were variations with some courses using blended learning through online learning and face to face sessions and some FECs stated part-time options over four years. The literature review suggests this pattern is not uncommon with the HEFCE statistics (2010) finding that full and part-time courses had the same pattern of attendance.

The questionnaire and interview responses highlight that for the Band 4 courses there were a number of issues with studying a full-time course whilst working full time. Respondents expressed their concern on the impact on an individual's home life and work life whilst being a student. Others highlighted that despite these demands, the students do succeed and are motivated to learn. These views were not new and had previously been expressed by employers and students in surveys and empirical research (Stinton et al. 2007). What is new is that academics express the same view but also ascribe specific qualities to the students that differ from the 'traditional' students in both FECs and HEIs. This is explored in more detail later in this chapter.

What is included in the curricula?

The design of Fds is influenced firstly by site of delivery and the target group.

Secondly, the Fds are influenced by the different cultures coming together in order to develop the curriculum. This includes the HEI culture, the FEC culture and the employment culture. This issue of culture reveals different levels of complexity when developing and delivering Fd courses. Exploration of the existing curricula for Fds in health suggests a variety of approaches to course design have been implemented. These echo Wall's (2010) category of mainstream provision with core modules that fit with a standardised approach of theory only and one or more negotiated or WBL module. Other courses use bespoke provision with specific routes within a framework: some having fixed modules with no choice, others having a wide range of option modules and/or pathways with core shared modules, whilst others are geared towards a particular speciality only. There was little evidence to suggest that any of the courses used an individual learner negotiated content or an employer negotiated content.

The curricula documents showed that there is common content across each type of Fd in health which reflects the Skills for Health framework (2006). These included evidence based practice, ethical and legal aspects, social science and study skills. As stated above, the design options showed that Fds in health for Band 4 development are more likely to have a wider range of content through option modules or pathway specific content and anatomy and physiology modules were more prevalent.

However, there were limitations in using publicly accessible documents which did not allow examination of indicative content for each module.

The examination of the curriculums leads to a better understanding of what constitutes an Fd in health and how different institutions have taken the Skills for Health guidance to construct a course. All the courses have in common the principle of role development either in work or for work. They reflect what Gergen (1999) described as ‘multiple laminations’ whereby there are multiple possibilities within a shared understanding or purpose.

6.4 HEFCE tenets of Foundation degrees

One of the key aspects of the research was to establish the extent to which the HEFCE tenets are met by Fds in health. Chapter two described the HEFCE tenets for Fds and the principles underpinning them and chapter three explored the academic debates concerning the tenets and how this linked to the implementation of course curricula. All three data collection methods provide information as to how the main principles underpinning Fds (widening participation, life-long learning, flexibility, employer engagement and WBL) are incorporated and whether they are met or created issues when implementing curricula. The findings suggest that some tenets have been met successfully, whereas others are partially met or are contentious as to whether they fully reflect the ethos of the principles underpinning the award.

Widening participation and life-long learning.

One of the reasons why Fds were created was to widen participation and encourage life-long learning. All the course curricula and flyers for Fds in health cited traditional entry level qualifications, but also that applicants without these would be considered. For those courses delivered for set employers and aimed at support workers, NVQ3 was the commonly stated entry level qualification. Where ‘A’ levels

were specified, required grades were often lower than if applying for a traditional three year honours degree. The interview respondents highlighted widening participation and many deemed that without the Fd students would not have had the opportunity to study at HE level. Susan (Snowdrop CL) and Anna (Aspen CL) expressed concerns that if Fds did not continue, future individuals would be denied this opportunity, setting limits to their potential. This fear is a real one as some courses are being discontinued both in HEIs and FECs, particularly those aimed at entry to the work sector. The number of courses which link to specific employers and attainment of new job roles (as in moving from Band 3 to Band 4) appeared to be on the decline when conducting the study. This may have been due to changes within healthcare delivery or lack of understanding of both the Fd and the AP/Band 4 roles. Edmond, Hillier and Price (2007) highlighted that the weakening of traditional job boundaries and lack of clear role definitions was a potential problem when implementing new support roles. The research did not focus on this, but some respondents perceived this as an issue.

With the widening participation agenda there are implications for HEIs and FECs due to the lowering of entry requirements and therefore additional support required to develop academic skills. Both the questionnaires and interviews highlighted that study skills development was an essential element and required extra input. This included developing reading and writing skills. This was not new: existing research by Tierney and Slack (2005), Mullen and Kilgannon (2007) and Dunne, Rhodes and Young (2008) found that students also identified these areas as specifically being developed through undertaking an Fd. However, the lack of academic skills seems to be balanced with the experience and life skills of the students. Academics perceived

this as a unique feature of the students which provided a more dynamic approach to learning and development of their own knowledge of healthcare delivery. This viewpoint is a recurring theme from research into widening participation and student and tutor perceptions of issues related to curriculum delivery. Findings from earlier approaches to sub-degree education (Macdonald and Stratta, 2001) suggested that tutors found mature students as more willing to contribute and state what they thought and were constructed as ideal students who enlivened sessions. However, the study also found that mature students struggled with confidence in their academic ability and were more anxious and required greater input than younger students.

Life-long learning is also addressed according to both the HEFCE and Schuller and Watson (2009) definitions (chapter two). For mature students this means being able to return to education, for younger students it describes being able to continue studies with lower entry requirements and being able to move on to other awards or professional courses. This reflects the respondents' concept of "second chance". However, one of the concerns is that, for most of the courses, students are studying a full-time course while working full time and although many succeed, it brings with it a number of stresses. Even for students working and studying part time, those with families need to juggle the different elements. However, in a childcare context there is research evidence that some women like to integrate their life choices in this way (Wright 2011). This is supported by research from Spilsbury et al. (2011a, 2011b), Selfe et al. (2008) and others in relation to impact on family life and having to juggle work, study and home life. Burke (2012) and Woodward (2011) have commented on the impact on identity where there is role blurring between employee and student. The fact that students do appear to cope and succeed is reflected in the anecdotes

within the interviews of students who have gone on to higher paid jobs or to study at higher levels. The CLs and CCs appear to assign “hero status” in that these individuals achieve despite all the obstacles.

Flexibility

The mode of attendance is predominantly one day a week with the exception of a few courses that offer evening attendance and others that use blended and online learning. However, there is no indication of time allocated for blended or online learning.

Most courses state minimum hours for being in practice whether as a volunteer or in paid employment, but do not give any indication as to how many hours students are expected to work. Where they are in paid employment this meets the principle of “learn while you earn” (QAA 2004). The information available from the online prospectuses was not detailed enough to form any conclusions as to the degree of flexibility across Fd provision. However, where it was stated, content tended to be delivered within the academic setting rather than other places including virtual and work settings. For the workforce development courses, learning in the work setting is implied and Aspen, Willow and Hawthorn had employed practice facilitators to support learning in the work setting. The findings suggest that providers could consider further options to ensure the courses are more flexible in relation to how they are delivered and where, which would meet Rowley’s (2005) expectations that they would be delivered across three spaces: classroom, work setting and virtual.

Explorations of the curricula for Fds, particularly for workforce development, suggest that they challenge the descriptors of full and part-time students. Many of the Fds are delivered over two years, (classified as full-time), but involve shorter

attendance time at the institution because the rest of the time is seen as learning at work. However, as the interview and questionnaire responses show, learning at work can be haphazard in some instances with differing levels of support and understanding of the qualification.

Employer engagement

The QAA benchmarks and advice from *fdf* all emphasise the need for employer engagement as an integral part of Fds. The types of courses found, and predominance of courses where engagement with employers is limited to either placements or for work-based modules, suggest that having employer engagement in all stages of development and delivery is not being achieved. The use of employer engagement appears to be broadly defined with some courses mentioning occupational standards set by Skills for Health as underpinning the curricula and others that they were designed and delivered with specific employers. Both Willow and Aspen CLs highlighted the difficulties of maintaining good employer engagement and the effort required to do this. Aspen demonstrated the need to have a champion in the workplace and regular meetings between the champion, individual mentors and students. Their approach was to identify skills and competencies for individual students, relevant to their speciality but they also commented on the difficulty of ensuring parity. The findings showed that employer engagement was not always consistent with some students having more positive experiences than others. This was despite a range of initiatives to help with engagement. None of the comments included the use of employer agreements which could be explored further, bearing in mind Edmond, Hillier and Price's (2007) statement that even where there are agreements problems still occur.

Wendy (Willow CL) focussed more on establishing the relationship with the employer and ensuring that the philosophy underpinning Fds is incorporated. Wendy also showed the difficulties involved in maintaining and building relationships when the course developed from working with one smaller organisation to a larger organisation where students are from a range of different settings, resulting in working with numerous managers across the organisation. This links to Rowley's (2005) concerns that maintaining relationships across different employers, even when they are from the same work sector can be problematic.

Work-based learning

The way in which WBL was delivered within the curricula was notable from across the data collection. Most courses stated WBL modules or had module titles that suggested application of learning to practice. There was a range of approaches taken with some courses having a module or modules dedicated to WBL in each year and others using work-based project modules. The questionnaires and interviews provided more depth as to how this was addressed in the curricula. For the two types of courses (entry to the work sector and those employed or volunteering) the WBL component focussed on reflecting on experiences in the work sector, either through the setting up of placements or within the student's own area of work. For courses developing the workforce, the WBL component was more explicit with specific module titles and included the assessment of practice based competencies by practitioners in the work setting. These usually consisted of core competencies drawn from Skills for Health national occupational standards and area or student specific competencies devised with managers and mentors. The interviews provided more detail as to how these were managed with regular meetings between students,

mentors and an academic. For some HEIs, practice education facilitators' roles were provided by the employer or SHA to further support both students and mentors. The achievement of competencies are signed by mentors in practice with some courses including a portfolio of evidence marked by academics. The way in which WBL is delivered for these curricula appears to use Dalrymple, Kemp and Smith's (2014) triad approach with the academic facilitating learning in partnership with the work sector specialist and the student, through identifying relevant knowledge and skills needed for the workplace. The mixture of both core and specific competencies places the Fds in health towards the prescribed, outcome driven end of Workman and Rounce's (2009) continuum of WBL (chapter three), but does include some negotiation of competencies, although this is with employers rather than the students themselves.

The degree to which employers are involved in the delivery of the course is reflected in the way WBL is addressed. The data shows that there is a range of approaches to WBL. This includes the use of simulation, reflection using reflective diaries or assignments, portfolios and the use of competency books assessed within practice. Pearson's (2010) three types of Fds all purport to include WBL, yet all approach this differently and this applies both across and within the categories. For those courses not linked to a set employer and accessed by both those in work and those wanting to work in the industry, WBL was more likely to be via reflection. For Fds designed with employers for support workers and geared towards Band 4 roles, WBL was usually assessed through competency books designed for the individual student and often included a supporting portfolio. Work-based projects were also more likely to be incorporated within the curricula, but not exclusively.

There were a number of difficulties associated with the WBL component of the curriculum. Understanding of the award and tribalism were discussed earlier in the chapter. Other problems mentioned were the availability of placements for entry to work courses, the type of work and volunteering roles that students were undertaking and whether these were relevant to the course, and monitoring of hours in a work setting. These were specific to the entry to work courses and those courses not designed with a specific employer. For workforce development courses, problems related to identification of competencies, provision of mentors and the difficulties of being both an employee and a student leading to role conflict were raised. Academics described different ways of working with the workplace to support students including meetings and use of a workplace facilitator.

There are also conflicting views as to whether Fds are WBL or work-related learning or somewhere on a continuum between the two. Chapter two showed that WBL can be defined in broad terms and this was reflected in the findings. The courses appear to meet Boud, Solomon and Symes's (2001) definition of WBL as they bring together HEIs and work organisations. However, Boud, Solomon and Symes. (2001) go on to say that there are many different interpretations. These range across the continuum from the use of existing courses with a token approach to WBL to innovative approaches which move away from traditional course delivery within HEIs. The findings suggest that entry to the work sector courses are more likely to have a token approach compared to those for workforce development. For some Fds, workplace experience is through placements either arranged by the university or college. For other students they need to be either working in an appropriate area or doing voluntary work. For Band 4 courses the student is an employee of the

organisation who is sending them on the course. The award may be linked to a future job role and there are consequences for not completing the course. Responses from those interviewed suggest that they interpret Fds in health as including WBL and some perceived this as a particular strength of the award, refuting Mumford and Roodhouse's (2010) opinion that Fds are not truly WBL.

In relation to students undertaking an Fd in health, Pearson's types (2010) are useful to classify the type of Fd in relation to employer engagement, but do not consider why individuals were undertaking Fds. This can be classified under two distinct categories; 'learn while you earn' and 'learn to earn'. The literature review shows that most of the research and evaluations have concentrated on "learn while you earn", specifically Fds linked to AP roles in healthcare. These are also likely to include competency based assessment and have high levels of employer engagement and or sponsorship/support. The second category 'learn to earn' are more likely to have exposure to work settings and rely on reflection on work experience than competency development. This cannot be generalised as the content of WBL modules is not clear from the curricula documents, but was reflected within the interviews with the six different providers. Those courses designed for 'learn while you earn' stated the use of competency booklets which were negotiated with employers, whilst those courses for 'learning to earn' outlined a work-related approach with exposure to work settings either through placements or voluntary work.

Employability

The data from the questionnaires and interviews demonstrated that, from the academics' perspective, students developed a range of skills which are of value to the employer. Both CLs and CCs commented on the growth of self-confidence, problem solving abilities, critical thinking and the ability to apply this in practice. This supports findings from previous research focussing on Fds in health (Benson 2004, Selfe et al. 2008 and Spilsbury et al. 2011a,). In addition students were seen as change agents through developing initiatives within the work setting. The findings also raise concerns about the deployment of the students post qualification and suggest that more thought needs to be taken to establish the students' future role and, therefore, how these can be developed in partnership with the academic institution and the employer. This is particularly relevant where students are employees and achieving a higher banding through completion of the course. The lack of clarity has contributed to the lack of understanding of the Fd and Band 4 roles. One reason why it may be difficult to ascribe roles was raised by Edmonds et al. (2012) who state that students are seen as associate professionals who do not have professional status, yet have to meet professional standards.

Employability was mainly discussed in relation to workforce development courses as these were more likely to be linked to changes in employment status within the organisation. The degree to which students on the other two types of course enhanced their employability was not raised either by myself or the respondents. Avis (2004) raised concerns that individuals may study to enter a specific workplace, but there is no guarantee of a job at the end of the course. The findings did suggest

that students went on to undertake professional qualifications and for some students the course led to changes in their employment.

6.5 Summary of HEFCE tenets and Foundation degrees in health

The degree to which the research can demonstrate that Fds in health meet the HEFCE (2000) tenets of Fds is reflected within the findings and particularly through the examination of course curricula and data from the interviews. The table below (6.1) summarises how the research does or does not support that the HEFCE tenets were achieved.

Table 6.1 Foundation degrees in health: achievement of HEFCE tenets	
Meet the needs of employers	This is partly demonstrated through the inclusion of employers in the development of the Fds as indicated from the questionnaire responses and the interviews which highlighted employer satisfaction with roles that students could undertake following completion of the course.
Be developed through collaboration between universities, colleges and employers	The questionnaire responses showed that collaborations existed between employers, universities and colleges. However a number of collaborations appeared to exclude the employer. The questionnaire did not ask if sector skills guidance had been used to develop the curricula. The use of NOS was highlighted by the interviews particularly in designing WBL competencies.
Give recognition to students' previous learning and experience	The entry requirements for Fds in health included vocational qualifications including NVQs. The research did not establish whether APEL or APCL was commonly accepted across FECs and HEIs or resulted in a reduction of credits. For those courses using Pearson's identification of courses which were designed for specific employers, students were drawn from the workforce and expected to have experience of health care. Those courses validated for entry level appear to be more geared to students without experience with one of the aims being provision of experience within the sector usually through placements.

6.1 Foundation degrees in health: achievement of HEFCE tenets	
Stimulate life-long learning, including through clearly defined credit accumulation and transfer schemes and	The Fds in health have a defined credit weighting and cannot be validated without this. Most include a fall back award for completion of the first year credits. The courses also had lower entry qualifications as part of the widening participation agenda
Encourage smooth progression to an honours degree programme	The curricula documents included progression routes to an honours degree programme. The interview responses suggested that a percentage of students did go on to complete a full degree and others a Master's or professional qualification i.e. nursing.
Emphasise work experience	Examination of the course curricula documents showed that work experience was implicitly stated for 24 courses. In addition all courses had modules that emphasised the health and social care context. Those courses designed for employers leading to Band 4/AP roles included set days in practice as part of the course. The three HEIs delivered courses with a work-based component and the three FECs recruited students who were either in work or volunteering.
Be flexible, with delivery processes suited to the needs of people combining study with a job and Be capable of being delivered on both a part-time and full-time basis	The course curricula showed a variety of flexible approaches with full and part-time delivery of courses. A couple of courses used blended learning to reduce time spent in the classroom setting. However, concerns were raised that for some courses the delivery was stated as part-time, but number of credits per year equalled that of full-time courses. This was particularly notable in courses leading to Band 4/AP roles.
Be vocational	All courses linked to health or social care settings.

6.1 Foundation degrees in health: achievement of HEFCE tenets	
Focus on identifying and developing the key skills and knowledge which graduates need	<p>The course curricula documents suggest that they include the key skills and knowledge outlined by Skills for Health. Study skills and communication skills are particularly explicit in the majority of the documents as is research or evidence based practice.</p> <p>Both the questionnaires and interviews commented on students developing graduate skills including: critical reflection, communication skills and self-confidence. Some of the anecdotes from the interviewees demonstrated the academics' perception that the students were able to transfer skills and question practice, but also aid in service development.</p>
Develop key skills through work experience which will be accredited	The course documents showed that a range of module titles suggested that work experience was accredited. WBL and practice modules were included within the design of the courses and credits attached.
Be of high quality	The research parameters did not allow for conclusions to be drawn as to the quality of Fds in health. The CL for Aspen University did emphasise how their course achieved 100% satisfaction in the National Student Survey.
Be designed to appeal to a wide range of students	<p>The research shows that the range of Fds in health attract a wide range of students.</p> <p>The responses from the interviews suggest that younger students who may not have achieved satisfactory A level results tend to be recruited to entry level Fds. For those Fds in health designed with employers and drawing from the workplace, students were more likely to be older but, as with entry level students, had minimal entry level qualifications. However, they had experience of the work sector. Those courses designed for those in work or volunteering, but not designed with a specific employer, had a mixed age range and tended to be targeted at individuals who had some work experience.</p>
Be designed to be highly valued in the job market	The research suggests that aspects of this have been met with academics stating that employers were happy with how staff had developed. However the statements from both the interviews and questionnaires that the award is not understood suggests that Fds are not highly valued or understood within the job market.

6.6 Summary of curricula issues

The discussion of the HEFCE tenets emphasises that Fds in health differ depending on the type of course as described by Pearson (2010), but overall have similar content and delivery patterns. The findings suggest that the design of Fds in health take into account available guidance. However, there are clear differences for Fds in health for workforce development. What appears to be unique is that the workforce development courses are specifically linked to development of Band 4 roles within healthcare and therefore raise different concerns. These courses are also more likely to have higher levels of employer engagement and more robust incorporation of WBL within the curricula.

The questions asked add to the knowledge of Fds in health and also confirm findings from previous studies and literature in relation to Fds in general and Fds in health. The findings showed good practice identified in the literature for supporting students in the workplace is being implemented from the academics' perspective. The design and delivery of Fds in health also demonstrates the diversity of courses available and the wide interpretation of WBL. By looking at the content of Fds in health it has been possible to add to the understanding of the award within the health sector and draw some conclusion as to the composition of an Fd in health. As the search of the curricula documents incorporated the majority of courses available within England it is possible to generalise the findings based on this data and would be possible to replicate this aspect of the study if the curricula documents from the same time period were examined. At the time of writing there have been changes with some HEIs no longer delivering Fds in health themselves, but continuing to franchise to FECs. Also some FECs have discontinued courses and others have replaced these

with HNDs. The introduction of Higher Apprenticeships is also impacting on vocational learning and may impact on the number of Fds in health being delivered.

6.7 Course leaders and course contributors, perspective of Foundation degrees in health

The literature review highlighted that both Fds in general and Fds in health and associated Band 4 research have only minimally included the academics' viewpoint and in most cases this has been overlooked. The focus of this study is to address this gap and therefore the data collected concentrated on capturing their perspective. The findings presented the academics' thoughts and feelings related to the Fd including the students undertaking the award, colleagues and others' understanding of the award, and their own experiences of developing and delivering the qualification. The impact on the respondents was an unexpected finding and suggests that involvement with Fds in health has aided academics by enhancing their skills and, for some, led to career development. The following sections discuss the findings and link these to the significant literature from the literature review and brings in other theoretical aspects derived from the themes provided by the academics.

Impact on course leaders and course contributors

The development of students has been addressed in other research and the literature on WBL also highlights this (Spilsbury et al. 2011, Selfe et al. 2008). What was unexpected from the data was the impact of delivering Fds on the academic staff involved. The experience of delivering Fds in health had both negative and positive aspects. Burke (2012) highlighted that research had not been carried out as to the impact on academics who deliver WBL courses in HEIs and whether academics can

become marginalised in their own institution. The data from the interviews and questionnaires would suggest that this does occur in relation to Fds in health in both HEIs and FECs, but for different reasons. Within HEIs the Fds in health were seen as having low status and marginal to the normal work of the university. Validation processes did not take into account the need for adapting the course for a changing market and there were difficulties getting other academics to engage with the course delivery. In some instances, the course team were drawn from individuals who had limited experience of university systems or had backgrounds that did not reflect the focus of the Fd in health. They appear to have become involved with Fds in health by default or possibly through chance. Overall this had been positive, leading to individual development.

In FECs the CLs identified problems with the course delivery and not having the same access to support systems for students. Others highlighted the amount of administration they had to take on in order to deliver the course and that the FECs' systems were unable to accommodate the needs of the course including identification and management of placements. The marginalisation also extended to students on all three types of Fds in health. Although the delivery patterns showed flexibility with minimal attendance at the institution, this also meant that students did not have as much access to student support, services and other aspects of student life.

Development of academics

The course appears to have had a positive impact on the development of teaching and facilitation skills. A number of the respondents (Amy, Anna and Hannah) highlighted that they had had to adapt their teaching approaches and develop more flexibility

when working with students who had experience in the work setting. They also commented on their own learning from engagement with learners. There appears to have been a move towards a partnership approach or co-production of knowledge (Cook-Sather and Alter 2011), particularly when learning was linked to the workplace, and a lessening of the pedagogical approach with the teacher as provider of knowledge. Dalrymple, Kemp and Smith (2004) had suggested that the academics' role needed to be that of a facilitator rather than an educator. Development of the academics' role was wider than the Fds in health, Amy (Aspen CC) particularly commented on how the experience with Fd students had impacted on her approach to other students on entry to profession courses. However, the responses were balanced with an awareness of areas in which the students needed more support, particularly study skills and pastoral support.

The findings appear to refute Gorad et al.'s (2006) research (cited by Hockings, Cook and Bowl 2007) that found little evidence that teachers were adapting different pedagogical methods for diverse student groups, using lecturers was the dominant approach and reflected the need to cope with increased numbers in the classroom. It was apparent from the interviews at Aspen and Hawthorn that they had recognised the value of student input and adjusted their methods to bring in this experience.

Woodward (2011) argues that although we see ourselves as the same person, we represent ourselves differently depending on context, because of social expectations and constraints. She claims that we assume different identities due to the complexity of modern life, but this may lead to conflict. She concludes that there are different and contradictory views of identity: essential core identity and identity as contingent

on cultural, historical and political contexts. This appears to reflect the academics' need to change how they approached delivery of the curricula and therefore how they moved from seeing themselves as lecturers to being facilitators. Alongside this Honneth's emphasis on identity formation through interpersonal relations also applies (1990 cited by West, Fleming and Finnegan 2013). The academics and students together reaffirm new identities. Those students with good support in practice and who succeed in the academic component were recognised by academics and work colleagues. However concerns were raised that students struggled when there was dissonance in relation to what was being learnt and acceptance or ability to apply that knowledge in the work setting. This was compounded by lack of recognition or understanding of what the Fd qualification and the Band 4 role are or how these fit into existing structures

The CLs and CCs bring with them their personal experiences and life stories. Sociocultural theory explains that people interact in work and that they shape the identity of others even as their own identities are also shaped. Trowler, Saunders and Bamber (2009) state that an individual's identity is a life-long project, but has permanent aspects which we bring from previous contexts. These can influence change as well as the social context. Winona (Willow CC) particularly reflected this as she felt her own experience of working as a healthcare assistant aided her to identify with the students. Other respondents, Wendy, Chloe and Heather, all mentioned how their professional backgrounds enabled them to understand the work setting when delivering Fds in health.

Trowler, Saunders and Bamber (2009) believe that individuals may defend their identities within the work setting and avoid being shaped. This can be seen in the resistance of other members of staff to being involved with Fd curricula or teaching, both within academia and the workplace. In a few instances in both the questionnaire and interview data, respondents mentioned that staff appeared to feel threatened by either the academic award or the Band 4 role in the work setting. This was perceived as leading to resistance and problems with meeting course requirements. For Anna, Aspen University, this refusal to engage with the course implementation by the nursing staff had led to her developing and running an Fd for healthcare assistants, working with nurses, even though her professional background was as a physiotherapist. This resulted in initial challenges from managers and mentors in the work setting as to her suitability to deliver the course.

Many of the CLs and CCs felt that the Fd had influenced their careers and their approach to teaching. For them involvement in the course and its social context had led to opportunities for enhancement. Willow, Wanda, Winona, Hope and Hannah were able to enter HEIs from practice backgrounds and then developed course management skills. Both Penny and Carol had opportunities for self-development by undertaking a Master's degree. The findings suggest that for many of the questionnaire and interview respondents, Fds in health have increased their job satisfaction, or for some have had a transformative impact on their careers, providing opportunities that may not otherwise have occurred.

6.8 Academics' perceptions of Foundation degree students

The interview responses show that some of the academics had to reconsider their perceptions of the students and what they could and could not do. Descriptions of students, within the interview transcripts, reveal commonalities which suggest that identities are not just locally produced. Partly this is because of existing historical models of identity, for instance the good student – bad student, dichotomy derived from Foucault's theories of power and knowledge, where Foucault described education as having developed taxonomies and practices to classify students (Wortham 2006). However, Burke (2012) suggests that student identities are also linked to current discourses of widening participation and life-long learning. Policies and processes introduced to widen access mean that traditional ways of characterising students have had to be adjusted. The 'excluded and disadvantaged' are now (to a certain extent) the 'included and advantaged' through widening participation. The Fd award fits within the widening participation agenda as it includes lower entry qualifications thus allowing those individuals who would not have accessed HE to do so. It can be argued that this has impacted on academics in that they have needed to revise how they classify students. The students are described as 'non-traditional' which suggests they are different from what Williams (2007 cited by Burke 2012) declares to be the imaginary 'traditional' student who is 18 years old, who has the required academic qualifications to study at university and does so full time. The 'non-traditional' descriptor fits with all of Pearson's (2010) types of courses, in that those students who are on Fds as part of workforce development, or are in work, tend to fall into other descriptors i.e. 'mature students, part-time'. This results in a number of identities: student, worker and family member which may encompass a number of roles that have to be balanced and potentially

lead to role conflict. For those direct entry students who may meet the ‘traditional’ descriptor of being 18 years old, they are ‘non-traditional’ due to their lower entry level qualifications. However, earlier literature relating to widening participation (Maton 2005, David 2010 and Parry 2010) suggests that mature students have not been under-represented for many years and therefore this remains an arbitrary division which Reay, David and Ball (2003) state has more to do with institutional habitus than the students themselves.

Woodward (2011) suggests that identity is maintained through social conditions and symbolic marking, or how we make sense of social relations and practices. This view links to Honneth’s viewpoint that identity is formed through interpersonal relations and personal experience (cited by West, Fleming and Finnegan (2013)). The creation of the Fd is part of the social conditions linked to economic drivers (relational autonomy (Maton 2005)) and, as part of this, aims to achieve higher education levels in the workforce. The Fd challenges existing symbolic markers defining who is included and who is excluded from HE. For Fds in health leading to the AP role there are further challenges related to the existing structures within healthcare. The creation of AP roles is linked to the social conditions of needing new ways of working in order to deliver cost-effective healthcare, partly due to workforce demographics, but also budgetary issues.

However, the AP role and its link with Fds have raised symbolic problems as to where they fit both at work and within the HE setting. Fd graduates are not professionals (but if they complete the top-up year would have the same qualification level). Neither are they healthcare assistants, yet they carry out tasks ascribed to both

roles. This builds on Bathmaker's (2015) concerns regarding the movement of individuals between different fields. This is particularly relevant where individuals were being developed for Band 4 roles but returned to existing roles at Band 3 or below and were unable to use the knowledge due to rules within the field of healthcare.

Woodward (2011) emphasises that conceptualisation of identity involves classificatory systems often through opposing groups of 'us' and 'them'. For Fd students it can be argued that they are situated in a number of 'us' and 'them' scenarios. As students they are non-traditional, mature, part-time, vocational and non-academic. As healthcare workers they are not professionals and also not traditional healthcare assistants, but sit between the two roles as they take on aspects of both. Where job descriptions and negotiation of work-based skills and knowledge have occurred there appears to be clearer understanding of where the individual sits in the work setting and how the Fd prepares for this. This is an example of representation (Woodward 2011) where clear meanings are established which help make sense of who we are and our experiences and through this establish identity. A number of authors (Wortham 2006, Woodward 2011 and Burke 2012) cite Pierre Bourdieu's concept of 'habitus' or 'fields'. Individuals live and participate in a number of fields: families, peer groups, educational setting and work. Participation across these fields includes making choices and individuals are differently positioned depending on the field they inhabit at a specific time and place.

A second concept that links to identity formation is that of 'difference'. Woodward (2011) cites Mary Douglas who saw the marking of difference as the basis of culture,

because things and people are given meaning by being assigned different positions within a classification system. She also draws on Durkheim's work on the importance of classification systems to provide meaning and that in social life these are affirmed by speech and rituals. Woodward states that cultures have a distinctive way of classifying the world and that there is a:

"...degree of consensus between members of a society about how to classify things in order to maintain social order, and these shared meaning systems are in fact what we mean by culture." (Woodward 2011 p 30)

Identities are constructed in relation to other identities in terms of what they are not or 'other', drawing on Saussurean linguistic theory of construction of binary opposites as essential to the production of meaning (Woodward 2011). Difference can be negatively linked to exclusion and marginalisation, or positively through embracing diversity and seeing difference as enriching. The CCs and CLs in the study appear to have mainly embraced the Fd students as positively different, students who have enriched their teaching experience and led to different approaches and ways of doing (this is particularly evident when teaching workforce development students and those in work or volunteering). The responses appear to show that academics construct Fds as different to other business in both FECs and HEIs. In FE the qualification is seen as having a higher status and working with the Fd is more interesting due to the different level of teaching and different types of students. For HEIs there is lower status ascribed to the Fd and the students are seen as providing different challenges with a mixture of positive and negative characteristics. The students are seen as more demanding on academics' time, not natural readers and lacking in study skills. However, they are also seen as hard working, receptive and unique through bringing in life experience. There is a sense of the students being perceived as 'heroic' as they negotiate work, student and home identities. The

concept of the 'good student' is being renegotiated with more emphasis on willingness to learn than ability to learn. In the same way the relationship between the academic and student is also being renegotiated, with academics recognising that the students bring with them life experience which can be drawn on. This led to negotiation of new ways of teaching that were more interactive, and seeing the students differently. This reflects what Honneth (1995 cited by West, Fleming and Finnegan 2013) saw as mutual recognition in the process of identity formation.

Within sociocultural theory, the individual is a part of how courses are constructed both as bringing in their own experiences and also how they are situated within the social context. Trowler, Saunders and Bamber (2009 p8) state that:

"Individual identity, or subjectivity, is likewise both shaped by social context and itself can work to shape it"

They were citing this in relation to individual staff within universities and how this impacted on enhancement of practice. However, the statement links to the students' shaping of the delivery of the course and also to how the CLs and CCs react to the student group, sometimes adapting a different teaching approach, often reflecting more on why they were teaching and what they were teaching. The data highlighted that these students whether direct entry or those in employment are being given a 'second chance'. This implies that their first chance was either not taken up or they were unsuccessful, and therefore this will have shaped their identity as students. Secondly, for those students who were in employment, identity was shaped by work experience. This experiential knowledge empowered them as it caused teaching staff to modify their own practice. A number of the respondents felt that the students' experiences made them different to students on other courses. What was particularly

unique about those students drawn from the workplace was the level of motivation and effort that was put into the course when balancing work, home and study. The students were perceived as wanting to do well, because they had been selected and therefore could not let other people down. This fits with the viewpoint provided by the RANLHE project (Field and Morgan-Klein 2010). They found that ‘non-traditional’ learners were more likely to experience student-hood as a marginal role due to established identities and were more likely to see themselves as distinct from other students. The finding suggest that the academics also embodied the students as distinctive from their ‘traditional’ students.

The entry to work Fds in health, suggest that those students who are undertaking the Fds in health due to poor academic performance at school are more problematic and have more negative identities allocated to them. For those who have left school, there is the view that they have a ‘second chance’, but that whilst some students embrace this, others do not recognise this as an opportunity and are not motivated to learn. This leads to a marked difference in the student groups particularly when taught alongside mature students. Some younger students were described as disengaged, disruptive and lacking motivation. Both Avis (2004) and Kasworm (2010) suggest that the younger students do not wish to be on the course, but are meeting social expectations of either their families or wider society to obtain a certain level of academic qualification to enable them to become employed.

This is related to the concept of habitus and the extent to which individuals fit into the cultural and institutional habitat. Fds can be viewed as combining two fields, education and work, but also as a sub-field both in HE and FE which does not appear

to have the same autonomy as the bachelor degree. Fds are also influenced by the field of power and what Bourdieu describes as '*reproduction of society*' by offering development but still maintaining arbitrary divisions within society. Confusion over the award, and its identity, has resulted in Fds needing to be negotiated as to how the qualification and the participants (both academics and students) are positioned in HE provision and in the field of work. Fds are a change to the existing field, located within but challenging rules of what constitutes HE and FE. New roles in healthcare also challenge existing rules and structures as to who does what.

Some of those interviewed were closer to the world of work than the HE habitus, having newly entered the field of education they expressed difficulties with understanding and working with HE processes and culture. The viewpoints of the academics suggest a shared habitus of working with a course that deviates from what is seen as the 'normal' business of both HE and FE, yet is expected to fit within the existing provision. Fds are also part of the wider world in that those courses designed with employers incorporate the field of work. This is significant for both the academics and students as they have to negotiate a range of social spaces and agents within these.

The above emphasises the way in which individual identity is reinforced by interpersonal relationships but incorporates personal experiences (Honneth 1995, cited by West, Flemming and Finnegan 2013). By academics recognising or ascribing an identity to students, either positive or negative, they reinforce the students' identity and contribute to the development of self-esteem and self-respect. However the students also affirm the academics' identity and concepts of self, in that

satisfaction with student achievement develops the identity as an academic. The academics' recognition that those students in employment brought with them life-experience can be argued to have influenced ways of teaching, through negotiation, which were more inter-active and 'saw' the students as 'different'. In the wider context of the field of education, negotiation of identity can be seen to be more problematic with colleagues within institutes not affirming the academics' identity through seeing the course as having a lower status. The academics delivering Fds not only have to negotiate their own role and identity but also that of the student.

The identities of students have been constructed as those who achieve and make the most of the opportunity to have a 'second chance', who also bring with them life-experience and a 'work ethic', and those who are not achieving. This produced both individual and collective trajectories. Academics' views of disaffected students not achieving could be said to draw on Burke's (2012) view that widening participation brings with it a discourse of failure, lack of motivation and an inability to achieve.

The Fd itself can be seen to be different and non-traditional when compared to other HE qualifications, specifically the Bachelor degree. Although both awards are taught at the same academic level for the first two years, the status ascribed to Fds is lower. With the top-up year students can achieve a full degree in the same time period as a 'traditional' student. The fears that widening participation has led to dumbing down of university qualifications and the emphasis on vocational and workplace rather than academic and gradueness has, according to Burke (2012), involved shifting of meta-paradigms as to what constitutes an HE course.

6.9 Liminal and stuck places

The findings from the research suggest that Fds in health and the students occupy liminal space (Turner 1969). The role of education in moving individuals from one state to another is not a new concept (Meyer and Land 2005, Field and Morgan-Klein 2010) nor is the view that while in transition from one state to another, students occupy liminal space. The Fds in health appear to fit with this and for some students, the course is one of the thresholds through which individuals navigate personal transformation. Other thresholds may include further academic study through progressing to the third year of an honours degree or on to professional qualifications. This may also lead to Master's and other qualifications, with the different courses acting as thresholds over protracted time frames. For others the Fd in health may be a threshold for career development possibly alongside academic development. The Fds in health ensure individuals have formal status as students and set timescales and deadlines that establish the boundaries and time line of being a student. Assessments form the rites of passage that students need to negotiate and achieve in order to complete their time as a student and move on to a new state or identity as a non-student.

Liminal space is also linked to the concepts of identity, habitus and fields discussed earlier in this chapter. Field and Morgan-Klein (2010) state that studenthood is a distinctive form of identity supported by academic processes and practice. They emphasise that being a student is part of moving from one role/status to another. For Fds in health it can be argued that the different types of Fds lead to different transitions. For entry to work courses, individuals may be transitioning from school to work or from one type of employment to another. For workforce development

courses, the students are already in work and the aim would be transition to a different work role. This suggests that they are negotiating two thresholds simultaneously, academic and work. However, in relation to healthcare, this transition may not occur due to the link between Fds and the AP role not being made a requirement (MacKinnon and Kearney 2009) and with employers able to decide their own criteria for the AP role. This raises problems for individuals who, through developing their knowledge, may find it hard to accept that their work status has not changed. Meyer and Land (2005) state that individuals cannot fully return to a pre-liminal state as transformation has occurred. However for some students new status is not achieved and they are unable to cross the second threshold and enter a “stuck place” being neither one thing, nor another (Ellsworth 1997 cited by Meyer and Land 2005). This can be likened to entering a space between two doors where the door locks behind you and the door ahead is also locked.

6.10 Transformative and affirmative learning

The concept of Fds in health as enabling individuals to transition from one state to another links to the debate as to whether the award consists of transformational learning or affirmative learning (Brown, Harte and Warnes 2007). As discussed in chapter three, affirmative learning and transformative learning are seen as two ends of a continuum, yet both are seen as relevant for the development of individuals. Brown, Harte and Warnes (2007) placed Fds at the affirmative end as they considered the award to be competency driven and aimed at capability or adequacy. This viewpoint has credence as the findings showed that the WBL component (particularly workforce development) consisted of competencies assessed in practice which linked to NOS set by Skills for Health. It can also be argued that the Band 4

role as an associate professional role is aimed at capability. However the level of knowledge expected for Fds in health suggests that the award is further along the continuum and has elements of transformative learning combined with affirmative learning. When comparing with NVQs level 2 and 3, which are adequacy driven and competency based, the Fds in health include more critical thinking and synthesis of knowledge alongside capability in performing skills. Data from the interviews suggests that academics perceive the Fds in health as transformative with individuals developing critical analysis skills and some becoming change agents in the work setting. Both the interviews and questionnaire responses described the students as developing self-confidence and being able to question the actions of others. Anecdotes suggest that for some students the Fds have led to higher level employment and academic achievement. This appears to reflect Mezirow's (2000) definition of transformative learning:

“Transformative learning refers to the process by which we transform our taken-for-granted frames of reference (meaning perspectives, habits of mind, mind-sets) to make them more inclusive, discriminating, open, emotionally capable of change and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action...” (p7)

The reasons why students gained more self-confidence and self-esteem could be attributed to changes in their frames of reference due to increased levels of knowledge and understanding provided by the Fds in health. Academics participating in the research appear to frame this in relation to students reaching their potential, as Fds provide a 'second chance'. The ways in which academics adapted their teaching styles can also be seen as contributing to the development of a positive self-concept. This occurs through the educator helping students to feel more secure and change their habits of mind as they achieve and move from a negative view to “I can understand these ideas” to “I am a smart competent person” (Cohen 1997 cited by

Mezirow 2000). However Kegan (2000) argues that changes in self-esteem and confidence can occur without any transformation as they are part of existing frames of reference. This view would suggest that Fds in health do not lead to transformative learning, but enable individuals to gain a better understanding of what healthcare is and their role within the workplace.

Students on courses designed with and for specific employers, (Pearson 2010) occupy two distinct spaces or roles, that of student and employee. They can be seen as neither one or the other or both, leading to role confusion. This is compounded by working in one role with a job description and being educated to take on a new role which may or not have a job description. This leads to having to adapt frames of reference for the students, employer and academics. The research suggests that the academics' frame of reference has changed as they perceive the students as 'other' and therefore led to a different way of teaching and supporting which moves from a more pedagogical approach to an androgical one where they become facilitators as well as subject specialists. However this does not mean that Fds in health necessarily lead to transformative learning (Mezirow 2000) or remain at the affirmative end of learning (Brown, Harte and Warnes 2007). The findings suggest that students do develop critical reflection skills and both the research and evaluations in chapter three confirm that students become more self-confident and develop greater self-esteem, which are two aspects of transformative learning. However as Kegan (2000) argues:

“changes in one's fund of knowledge, one's confidence as a learner, one's self-perception as a learner, one's motives in learning, one's self-esteem – these are all potentially important kinds of changes, all desirable, all worthy of teachers' thinking about how to facilitate them. But it is possible for any or all of these changes to take place without any transformation because they could all occur within the existing form or frame of reference” (p50)

The growth of self-esteem and confidence may therefore have developed through development of frames of reference linked to new learning and application to existing world view. The degree to which Fds in health are emancipatory, which is the highest level of transformative learning, is difficult to gauge. The research findings show development of life-long learning as academics provided a number of anecdotes of students who go on to complete degrees, Master's and professional qualifications but this can be seen more as developmental than emancipatory. For many of the students there were issues as to whether the Fd in health would act as a platform for a new role and higher pay. However the new roles were still under the control of registered professionals and although they had more autonomy and greater knowledge, the students as employees would not be able to make higher level decisions. This suggests that Fds in health are towards the affirmative model of learning, particularly as examination of the curricula shows the content is mostly prescribed based on employers' needs and Sector Skill Council guidance and decided by the academic institutions. Only a couple of courses incorporated negotiated learning. WBL was also competency led and often linked to NOS, which falls into the lower continuum of WBL although this was mixed dependent on type of course (using Pearson's 2010 categories). Fds in health are designed to increase the knowledge level of students and therefore are fixed within content and process aspects of learning which incorporates revision of meaning schemes (Kegan 2000).

6.11 Social construction of Foundation degrees in health

The main theoretical stance underpinning my research was social constructionism and in chapter four Burr's (2001) concept of social construction was described and two of her definitions; a critical stance towards-taken-for-granted knowledge and

knowledge is sustained by social processes, were stated as relevant to my research. Taking a social constructionist stance brings with it the understanding that for any situation/phenomena there are multiple possibilities and therefore my research is one possible interpretation. By examining the content of Fds in health, and academics' perceptions of the award, the research has provided an explanation of taken-for-granted knowledge. The QAA guidelines (2000, 2004) and the HEFCE tenets together stated the general principles and the skills and qualities graduates of Fds should achieve, but not the specific content of Fds in health. The Skills for Health framework (2006) provided clarification of the curricula content (although a number of Fds in health were validated from 2000 onwards, without the framework), but no research has been undertaken to ascertain what Fds in health included, or if there was any consensus as to what a curriculum should include. That Fds in health have been developed and delivered, and show commonality suggests they are based on social constructions as to what healthcare is and the required knowledge to undertake this. All the Fds in health, regardless of type of target group, included legal and ethical principles and principles of healthcare delivery. In addition research or evidence based practice and study skills were also a major feature. Their inclusion is more readily explained as they link to the skills expected of graduates. The workforce development courses predominantly included anatomy and physiology, and health promotion. The importance of understanding how the body works for those working in healthcare appears self-evident. The inclusion of health promotion reflects the importance placed on both primary and secondary prevention stemming from government policy from 2000 onwards, including the National Service Frameworks and condition specific guidelines.

The research has focussed on the perspectives of academics who are involved with Fds in health and therefore the findings reflect their viewpoint and not that of others engaging with Fds or those that do not engage. When considering social processes and knowledge sustainment, the research shows that there are a number of social influences on the writing and delivery of Fds in health and that these are constantly changing to meet the demands of the work sector. Concerns are evident as to how the academic institutions and employers can work together to ensure that the workforce is fit for purpose and, aligned with this, meet the needs of individuals as well as organisations. The emphasis on vocational learning and WBL to achieve this is still problematic and lack of role clarity for employees/future employees contributes to this.

When the data is viewed holistically, it is noticeable that Fds are constructed from what they are *not* rather than what they *are*. The literature review highlighted that the title itself causes confusion and this is confirmed through both the interviews and the questionnaire. The Fd is not a degree, nor is it a foundation year. It is not an HND, Diploma or NVQ, yet individuals try to make sense of it by comparing it to these qualifications. The course comes across as a hybrid, part degree and part diploma, and is taught at the same academic level. In addition, as Fds have to state progression routes they could be said to be seen *not* as an end in itself but as a *means* to an end. Some of the questions respondents reported were: What can I do with it? Can it be used to get into a nursing course? What does it lead to? This also fits in with the Fd providing an opportunity for those who did not obtain sufficient qualifications to do an honours degree, but can use the Fd to achieve this within the same time frame as their peers.

Fds appear to show different levels of social construction. At the macro level, Fds were brought in to meet both global and UK targets for workforce development and Fds in health contribute to this. In order to meet international and national targets, Fds have been constructed to meet market needs and through the incorporation of the HEFCE tenets for Fds, widen participation and increase employer engagement. This level emphasises the need to meet the agendas of the wider society and has led to reconsidering how vocational and academic courses are delivered and by whom. However, criticisms of the award have raised concerns that by meeting societal needs, individual needs may not be met and the Fds' emphasis on employer engagement would lead to privatisation of education. Craig (2009) cites Gibbs (2002) who suggests that Fds may meet the needs of those who control capital by providing up-skilled workers, but not the needs of individuals. Craig (2009) concluded that this had not happened and instead Fds had made an important contribution to public policy goals.

The second level is the meso level, this links to the development of Fds by universities in partnership with Strategic Health Authorities. For a number of the Fds leading to the AP role, employer engagement was through the intermediary of the Strategic Health Authorities. The AP role was intended to ameliorate staffing issues and the cost of delivering health care. At this level generic job descriptions were established and a mixture of specific and generic job roles were developed. However, the interviews with CLs and CCs reveal difficulties in implementing generic job descriptions and generic skills. This led to changes in the individual curricula to accommodate local need through negotiation with employers. The Skills for Health Framework for Fds in health (2006) can be seen as the written

construction of an ideal curriculum across all the types of Fds in health, which allowed for both prescribed and negotiated content.

Where the Fds in health appear to work well is at the micro level, particularly those for workforce development. This reflects the tenets of the Fds particularly employer engagement and collaboration as content has been negotiated and reflects the work culture and construction of what knowledge is appropriate for both the employer and the employee. The academic then becomes a social agent who develops the curriculum around these expectations. However, both the academics and students are social agents and therefore students influence the delivery of the curriculum. This agency was particularly evident where academics changed their approach to delivering the course to be more facilitative through recognising the life experience of the students.

6.12 Expectations of Foundation degrees

The study shows that from some perspectives Fds in health have delivered what was expected. Positive outcomes relate to workforce development as Fds in health cater for those already in the workplace and those who want to enter the work setting. Employees can gain a qualification while working and, for many, fees are paid and it may lead to career development and enhancement. For those wanting to enter the workplace, the opportunity to gain experience via placements allows them to establish if it is the right direction for them. However, Fds are not the only qualification that provides this opportunity: HNDs, Modern Apprenticeships among others also provide such opportunities. What is unique is the widening participation which allows for higher levels of academic attainment. They have enabled those who

would not have traditionally entered HE provision to do so. The findings suggest that students across Fds in health go on to do further study, enter professions and improve their job prospects. Anecdotal information from the interviews corroborates this, with interviewees citing students who have gone on to do Bachelor degrees, Master's and PhDs or undertake professional qualifications. One of the positives of all types of Fd courses has been that students have been able to study at the same level as their peers despite not having sufficient entry points for a traditional degree course. Previously students would need to do access courses or a Foundation year which would put them behind their peers. It is also evident that individuals become more self-confident as a result of studying the Fd.

The problems associated with Fds depend on whether the students are already in work or are entering the work sector. We have seen that for those in work, balancing work, home and study can be problematic. In addition the research findings have shown that not all the students will be given job roles at Band 4 and this differs across and within work settings. The Fd does not guarantee that students can progress to professional courses and, where they do, the students may have to do a year of extra study, at the same academic level. A further problem is that most professional courses require Maths and English qualifications which were not required under the widening participation agenda. For those doing the Fd as entry level, there are no guarantees that they will secure employment in healthcare at the end of the course.

General difficulties relate to meeting the needs of all involved: students, employers, HEIs and FECs. The literature review highlighted the need for clear understanding of

processes and systems by all parties and adapting systems to ensure partnerships work. The findings suggest that this does not always happen, with HEIs and FECs having different systems, which leads to problems particularly for those delivering Fds in FECs. Other problems link to the level of employer engagement and consistency within organisations. Identifying workforce development needs in different settings also brings challenges. For those students who are employees, other problems arise with WBL and being able to carry out their current job role and develop towards a future job role. Fds primarily emphasise working with employers to develop the future workforce and this brings in issues for academics as to how the needs of employers are met while also considering the needs of individual students.

6.13 The way forward

The future of Fds in health is not certain in that they have been in existence for over ten years and are still not fully accepted within HEIs. The Fds for entry into employment appear to be more sustainable and are increasingly being delivered in FECs, although an examination of college web sites suggest that the numbers of courses seem to be decreasing each year. If Fds in health designed for workforce development do continue, the study suggests a range of implementable good practice. It shows that good employer engagement requires time to be invested in creating and maintaining partnerships by all parties involved. The process includes deciding on support mechanisms between the academic partner and the employer and having a clear understanding of what is expected by all parties. The appointment of champions in the work setting and clear job descriptions are also beneficial and was advocated by *fdf*. Support of the student in the work setting requires good communication between students, mentors, managers and academics. The employment of a practice-

based facilitator has been particularly effective, but this is not an option for all Fds in health. Providing information about the course to mentors and managers is good practice, but needs to be followed up by face to face meetings.

With regard to the curricula, the content needs to link to the work setting and requires flexibility to change and adapt as new social processes or cultural changes come into being. This requires HEIs to look at their processes for validation and curriculum change to ensure they can respond in a timely fashion.

Wendy (CL at Willow University) had considered the future of education across different bandings for healthcare delivery. She suggested the development of a spiral curriculum which provides drop off points linked to academic attainment and role in the workplace. Completion of the three year course would lead to a professional registration, two years of the course Band 4/AP role and one year of the course Band 3 healthcare assistant. This proposal has some merit in that it would clarify knowledge and skills relevant to each role and link academic attainment to job roles. The problems lie with the management of such a course and current funding of both Fds in health and professional degrees and the status of individuals as either students or employees. Currently the recruitment to professional courses is through contracts with employers, which set the number of places available, whereas students for Fds in health have different funding streams and, for workforce development courses, individuals have the dual role of employee and student. Entry requirements would need to be lowered to ensure widening participation, which impacts on the requirements set by the professions, including the Nursing and Midwifery Council, for entry to nursing. Problems could arise with job availability and ensuring

workforce sufficiency at each level if more students than expected progressed to the third year.

The future of Fds in health is uncertain, but there are signs that for healthcare the award may continue especially for workforce development. This is particularly because of the combining together of higher apprenticeships and the award and also new drivers over the last couple of years that have emphasised the need to develop the healthcare workforce. These include the Frances Report (2013) which found a number of failings in care at Mid Staffordshire Hospital and the Keogh Review (2013) of hospitals with high mortality rates. Both emphasised the need for increasing knowledge and skills of the workforce.

6.14 Chapter summary

This chapter looked at what can be learnt from the examination of Fds and what is the way forward. In Chapter one I mentioned that one of the reasons for looking at Fds in health was the questions asked by staff from other universities as to how to develop an Fd and this raised the issue as to whether there could be a national curriculum. The findings from the data showed that a national curriculum would not be appropriate as some of the ethos of Fds would be lost. However, what may be of more use is a one stop shop sharing how to develop and deliver an Fd in health. This would include relevant questions to be asked when setting up, delivering and evaluating the Fd. It would clarify the aim of Fds, their target populations, how to work with employers and the type of curricula which would best fit with university validation processes. On validation a check list would enable the management of WBL, which the responses from the questionnaires and interviews suggest is one of

the problematic areas. The Skills for Health Framework is mentioned by some of the respondents and appears to underpin the majority of Fds in health, but does not address how to deliver the WBL component. There is other guidance available on curricula development but it is often stored in different locations. The common sources cited for developing Fds were QAA and HEFCE guidance. However, these set over-arching benchmarks rather than providing a decision-making matrix. The other source of information was *fdf*, which no longer exists.

What seems to work best is smaller bespoke courses where there is either a champion or facilitators within the work setting. As employer engagement and support of students is labour intensive, the smaller numbers allow for this. However, this is not as cost effective for HEIs, for them, larger courses are more attractive, but as the interviews demonstrated this creates greater complexity and in particular impacts on the WBL aspects.

The two areas in which the findings have provided originality are gaining academics' perceptions of Fds in health and their constructions of students as 'other'. Overall the findings suggest that respondents view Fds in health positively and have gained job satisfaction and individual development from being involved with the award. The respondents' views of students as different requires the adaptation of teaching skills and a more facilitative style of learning. This suggests that in future courses for workforce development need to take this into account when designing and delivering the curriculum.

Chapter Seven: Conclusions and Recommendations

7.1 Introduction

This study has investigated Fds in health from the perspective of academics who developed and deliver the award in HEIs and FECs. In addition, the content and design of the curricula was also examined to gain a better understanding of the award. The study used mixed methods: collation of course documents, a questionnaire and interviews to gather data for analysis.

Fds were brought in as part of a government led initiative to improve the educational level of the workforce in line with other European countries (Lisbon Strategy 2000, Dearing Report 1997). The health sector was one of the areas targeted in order to address the need to change how healthcare is delivered following a major review of the health service (NHS Plan 2000a) and introduction of new roles (Agenda for change 2004). Fds in health were piloted from 2002, with the focus of developing the existing workforce and meeting a skills shortage. The initial courses linked the award to the development of Band 4 practitioners who would support registered professionals. The existing research has examined the implementation of the award in Greater Manchester (Venning 2003, Benson 2004, Benson and Smith 2005 and Selfe et al. 2008) and how this impacted on healthcare delivery, from the perspective of NHS employers and the students. The gaps in the literature highlighted the need to explore Fds in health from a wider viewpoint, including reviewing what the content of Fds in health is. To address this gap, my own research looked at the available curricula to establish what was included within the curriculum, who delivered the award and the patterns of delivery. This led to identifying that there were three types of courses aimed at different student groups, confirming a categorisation suggested

by Pearson (2010) which served as a useful framework through which to compare the curricula in relation to differences in delivery and content.

The other significant gap in the literature was the lack of research that incorporated the perspectives of academics across the UK and their perceptions of the award. The aim of my research was to develop a better understanding of Fds in health from the perspective of CLs and CCs in order to add to the existing knowledge of the impact of Fds in health. This was achieved by using a qualitative approach for data collection through sending out questionnaires to the institutions delivering the award and by interviewing academics from three HEIs and three FECs. The six education providers delivered different Fds in health which reflected all of Pearson's types. These approaches provided a deeper understanding of Fds in health across the provision of the award.

7.2 Originality

Within the introduction two types of originality were stated as being relevant to the research aims and objectives: 'making a synthesis that hasn't been done before' and 'look at areas that people in the discipline haven't looked at before' (Phillips and Pugh 2005). The data collected was brought together in the discussion chapter, chapter six: Findings, to provide a synthesis not previously explored in relation to Fds in health. This included academics' perceptions of the students undertaking Fds in health and the creation of identities that differed from students on the more traditional courses for both FECs and HEIs. What was particularly evident was how the academics themselves developed through being involved with Fds in health and how they viewed the award as changing their career trajectories.

Through its mixed methods approach, the research has brought together a range of sources of information, including curricula documents, that come together to provide a better understanding of Fds in health, what they include, types of courses and the extent to which they have met the stated benchmarks and frameworks. In addition the voices of the academics developing and delivering the course have added to the understanding of Fds in health from their perspective. Previous literature had explored the design of courses (Thurgate, MacGregor and Brett 2007 and Kilgannon 2007) from a course leader perspective, but focussed on the delivery of individual courses (Venning 2003, Benson 2004, Benson and Smith 2005 and Selfe et al. 2008) rather than across providers. However, none of the existing empirical research has addressed the content of Fds in health or the perceptions of academics across the UK.

7.3 Understanding Foundation degrees in health

When reflecting on the findings, one of the learning curves in relation to my own perception of Fds in health was developing my knowledge of the different types of Fds as set out by Pearson (2010). My world view of Fds had tended to consist of those designed with and for the NHS and I was unaware that they were delivered for those not in work and as a preparation to enter the workforce. By interviewing respondents from FE colleges it made me more aware of different issues, particularly the interface between universities and their partner colleges and the different systems used.

The research findings suggest that understanding of what an Fd qualification is remains an issue even though this was highlighted in the initial QAA evaluations (QAA 2005a). The problem is further compounded for Fds in health with a lack of

understanding of the AP and Band 4 roles associated with the award. This is reflected in the responses that perceived a lack of understanding both in relation to academic colleagues and line managers and mentors and this was surprising as Fds in health have been delivered within the UK for over ten years. The literature review drew on Bourdieu's concepts of 'habitus' and 'field'. The findings of the research suggest that the difficulty in establishing an identity reflects the on-going confusion over the award and where it is situated in both HE and FE and its positioning across the fields of education and work.

One of the problems with establishing the identity of Fds in health is the necessity for courses to be flexible and diverse in order to meet employers' needs. This acts as both a unique feature, but also continues the confusion about the qualification. The findings imply that both the marketing of Fds in health and how the award and Band 4 roles are explained needs to be addressed. Further research as to what is good practice and how this could be rolled out across the sector would be advantageous both for the continued delivery of Fds in health and for other new awards with similar characteristics. The linking of advanced apprenticeships to Fds in health by Skills for Health suggests the award will continue and strengthens the need to explore how best to increase understanding, so that students and academics experience fewer barriers from colleagues in academia and the work setting.

The research findings suggest that Fds in health are socially constructed in that they are an initiative that came about due to specific social drivers and were designed to meet specific needs within the UK. The degree to which this has been achieved is beyond the scope of this research. Statistics from QAA (2010, 2014) show that Fds

in general have achieved the targets set for enrolment figures which suggests that more people have gained higher level qualifications, or at least the opportunity to study at a higher level. The Fds in health which are designed with specific employers can be seen to be constructed at the micro level to meet employers' needs from the diversity of courses available and the need to constantly adapt the curricula.

The need for HEIs and FECs to adapt their processes in order to validate and deliver Fds challenges traditional approaches to course delivery. The research findings suggest that this remains problematic for course leaders from FECs and HEIs. The working relationships between HEIs and FECs are a further area requiring improvement. The guidance produced by Rowley (2005) provides a template for partnership working that, if implemented, could reduce and resolve the problems through structured working relationships and clear communication.

The diversity of course design and curricula content across the UK links back to the QAA (2000, 2004) and Skills for Health (2006) guidelines that courses need to reflect local need and moves away from my initial thoughts that a national curriculum could be developed. The existence of all three of Pearson's types of courses across Fds in health further negates the possibility of a common curricula. One of the findings showed that the Fd curricula constantly change and are revalidated, with respondents highlighting that they used up the allotted number of minor modifications each year. This suggests that they are adapting to changes within the sector.

One of the questions asked was “*Who delivers the Fds in health?*” The answer differed depending on which type of course, but did show that, unlike Fds in general, HEIs had a larger market share particularly for those linked to AP or Band 4 roles. However, looking at who delivers the Fds over the period of the PhD there have been a number of HEIs who initially delivered courses who no longer do so. Other courses which ran in the 2013/14 academic year are no longer available and one FEC has re-branded the course back to an HND. This suggests that both HEIs and FECs are not seeing the Fds in health as relevant to their business and there is still uncertainty around the qualification despite being in existence for over ten years.

7.4 Content of curricula and delivery of the award

Flexibility of delivery was evident from the research findings, with a range of full and part-time options available and some courses offering blended learning. The interpretation of what consisted of a full or part-time course confirms the HEFCE findings (2010) that attendance patterns and time frames for completing the course were often the same. Concerns were raised by respondents as to the pressures on students and impact on home life, particularly for those working full time and studying an Fd in health over two years.

The findings showed that the content of the curricula appeared to follow the Skills for Health framework (2006) in relation to core content, although no respondents mentioned using this when designing the course. Some of the courses may have been designed prior to the framework as the pilot courses were implemented from 2002 onward. It is not known if the framework drew on existing courses for its

development. Respondents did state that Skills for Health National Occupational Standards had been used for setting of competencies.

The content of the curricula highlighted commonalities and differences particularly related to the type of course. More generic content was evident in the entry to work sector and courses not designed with a specific employer. Both groups were more likely to be taught together and courses delivered in FECs. For workforce development Fds in health the inclusion of anatomy and physiology, and health promotion was more prevalent and they were more likely to have a number of WBL modules.

The examination of the curricula documents has provided a deeper understanding of how the curricula are designed and what the content may include. This has not been explored previously and suggests a 'taken-for-granted' approach to knowledge acquisition. The ways in which Fds in health are structured shows the diversity of approaches. Chapter five identified five different approaches to curricula design which became more complex where curricula were meeting the needs of NHS service providers due to the wide range of specialisms involved. Previous literature had stated different approaches were used. Thurgate, MacGregor and Brett (2007) described how their Fd in health included specialist modules to meet employers' needs and QAA (2005) had found a variety of approaches across Fds in general. However, neither existing literature, nor empirical studies, have elaborated on what these approaches were in relation to Fds in health.

7.5 Tenets underpinning Foundation degrees

The research found that respondents from both the questionnaires and interviews, perceived the Fd as meeting the widening participation and life-long learning agendas, through creating opportunities for individuals to study at HE level who would not traditionally have done so. The research highlighted that high levels of support were required, both from academics and student services, due to lower entry qualifications. This finding supported previous research by Selfe et al. (2008) which stated that students acknowledged that they had struggled with developing academic skills. Despite this, respondents affirmed that students went on to gain honours degrees and Master's, or undertook courses leading to professional registration, as a result of being given the initial opportunity to study via the Fd. The term "second chance" was used both in relation to individuals who had left school with lower qualifications and were doing an Fd, as they were unable to access other university courses, and those who had been out of education for a number of years and also had lower level qualifications. This could suggest that the current elitist system of requiring a set number and level of UCAS points could be disadvantaging other students from achieving their potential. It is unlikely that this will occur as HEIs may identify a high level of risk leading to higher rates of attrition. In addition, this would require professional bodies to change their entry requirements. Further research ascertaining how many students progress from Fds in health to higher qualifications and how many enter the health professions would be beneficial. Knowing the reasons why some students do not continue to engage in life-long learning, following completion of an Fd in health, would enable course developers to look at potential barriers and consider solutions.

The expected outcome of widening participation and life-long learning would be increased employability. The literature review highlighted that employers, of staff who had undertaken an Fd in health, found staff had increased self-confidence and had undertaken new roles within the work setting. This was confirmed by my research for workforce development courses. What was not established was whether those students undertaking entry to the work sector courses achieved employment but it is likely that many students who entered professional courses would gain employment on completion. HEFCE statistics (2010) showed that under half of students who completed an Fd full time were employed at the end of the course, rising to 85% for part-time students (across work sectors). Statistics specific to Fds in health were not available.

Employer engagement was another issue highlighted as problematic within the literature (Sheldon, Gillow and Humphris 2003, Benson 2004, Thurgate, MacGregor and Brett 2007 and Norrie, Hasselder and Manning 2012) and by respondents. Employer engagement was more effective with smaller bespoke courses for one employer due to the time needed to support this. One of the problems with Fds in health designed with SHAs was the number of different Trusts and Social Enterprises that this incorporated and the diversity of roles and specialisms within them. This led to the need for different approaches to deliver curricula content depending on the target group. The data suggests that positive approaches included regular meetings with a named person within the organisation who championed the course and meetings with mentors and students. In order for employer engagement to be more effective, more time needs to be factored in for academic staff to be able to go out and support the employer and the student. However, there are issues as to how

employer engagement is defined within Fds, ranging from incorporating the sector skills national occupational standards or being designed and delivered with a specific employer.

The tenet that has been contested in academic circles is WBL and whether Fds meet the criteria. Exploration of the literature described different viewpoints, some theorists (Brown, Harte and Warnes 2007 and Mumford and Roodhouse 2010) highlighted the depth of knowledge and synthesis of theory and practice as crucial for WBL and stated that Fds did not achieve this. Other theorists suggest there is a continuum from prescribed, outcome driven approaches to autonomous and negotiated WBL (Workman and Rounce 2009). A similar approach was taken by White (2012) who suggested there are two types of individual development: adequacy/competence and capability, with both being integral to workforce development. White (2012) stresses the importance of the outcome for the employer and the student. If learning mutually benefited both parties then WBL had occurred. This approach resonates with Durrant, Rhodes and Young's (2011) definition of the purpose of WBL courses. Both Workman and Rounce (2009) and White (2012) had salience when looking at Fds in health and how WBL was perceived by respondents and managed within the curricula.

The findings from my research showed that Fds in health used a mixture of approaches depending on the type of course (Pearson 2010). Curricula for entry to the workforce and courses that were not designed with a specific employer can be argued to be work-related learning rather than WBL. The findings showed that learning was linked to reflection and not the achievement of set competencies or

negotiated learning. Courses for workforce development do achieve the criteria for WBL, but are on the lower end of the continuum (Workman and Rounce 2009) as learning is prescribed and outcome driven through the assessment of competencies in practice. These courses appear to benefit employers by ensuring adequacy and competence to perform certain roles (White 2012). However, as knowledge underpinning the competencies is addressed within the academic component of the Fd in health, then it can be postulated that students move along the continuum and towards capability.

7.6 Course leaders' and course contributors' experience of Foundation degrees in health

The experience of academics who developed and delivered the Fds in health was of particular interest and one of the main focuses of my research. Academics are social agents and bring with them attitudes and beliefs which, in their role as educators, will influence the learning of students and the emphasis placed on what the curricula needs to include. Their perspective has been under researched as more emphasis has been placed on employers' and students' viewpoints.

As Fds in health were a new initiative and involved creating a new curriculum which combined a range of unique concepts, it was expected that CLs would be experienced in curriculum development. The lack of experience among the respondents in designing and developing course curricula and working in academia was therefore surprising, as was the extent to which individual backgrounds did not always reflect the focus of the Fds in health to which they were contributing. What came across, particularly from the interviews, was that the majority of respondents

working in HEIs had minimal experience of curricula writing and in some instances of working within academia. For the two CLs with experience, they were delivering courses that were outside their professional backgrounds which presented them with different challenges.

For me, the first significant finding from the academics' perceptions, was the ownership the academics had of Fds in health and how they perceived themselves to have developed because of their involvement. The academics gained from working with Fds as they challenged them to develop their approaches to teaching by using facilitative skills and to reflect on what they were teaching and why. The enthusiasm and passion of the respondents towards Fds came across strongly in the responses. This was also coupled with the personal benefits and development of the academics involved with the qualification. This could be that those who completed the questionnaire and agreed to be interviewed did so because they were positive about the award leading to a skewed sample.

The second area was the academics' perception of the students as being different and therefore requiring the development of new skills (identified above) in delivering the curricula compared to other courses with which they had worked. This led to a discussion of theories of identity and frames of reference, stemming from academic debates concerning the impact of widening participation and perceptions of 'traditional' and non-traditional' 'advantaged' and 'disadvantaged' students (Burke 2012). The perception of students undertaking Fds in health fell into two categories dependent on the type of course being delivered. Positive attributes were ascribed to those students who were in employment or undertaking voluntary work, regardless of

whether the course was developed with a specific employer. This group were perceived to be hard working and achieving, despite having to balance work, home and academic life and, in many instances, excelling beyond what was envisioned. The students' experience in the work setting was particularly valued as this raised the level of classroom discussions and academics felt they developed a better understanding of the work sector. There were also negative attributes for these students: they were seen as not being natural readers and lacking academic skills. However, the positive attributes of being willing to learn and not letting others down outweighed these. Theories of identity were also discussed in relation to the Band 4 role and raised specific issues, linked to resistance or 'tribalism', lack of role clarification and role conflict which have been summarised within the understanding Fds in health section earlier in this chapter (7.3).

For Fds in health for entry to employment the perception of the students was more varied. The majority of the students were perceived to be engaging with learning and accepting a second chance to obtain academic qualifications. Negative attributes were ascribed to some students as they were felt to be disengaged and more likely to be disruptive and hard work. These students were perceived to be doing the Fd as they had limited options and did not recognise or embrace the course as an opportunity.

The third area of interest prompted by the academics' responses was the degree to which Fds in health provided transformative learning or affirmative learning. This built on Brown, Harte and Warnes' (2007) article that stated Fds in health for healthcare assistants only enabled affirmative learning. This seemed at odds with the

academics' perceptions of students' development and potential academic and career trajectories that were opened up through completing an Fd in health. The research findings suggest that, on an individual basis, courses that include affirmative learning can still lead to transformative learning through providing opportunities for development. For the academics, the importance of a 'second-chance' and how Fds in health provided this, underpins individual student's development and has led to transformative learning.

The findings also suggested that some students may become 'stuck' and unable to move out of the liminal space entered through undertaking an Fd in health. This is particularly problematic for those working as healthcare assistants who are not guaranteed Band 4 roles on completion of the course. Both the Fd qualification and the Band 4 (AP) role occupy space between existing structures and have had problems being seen as a new space in their own right. Difficulties stemming from poor marketing of the award and confusion over the brand and similar issues with the Band 4 role have not helped. The range of Fds in health and course content, along with the multiple settings in healthcare, have further muddled the waters.

7.7 Social Construction

Qualifications are created with the intention of meeting the needs of that specific society and are a product of the time they are created. The literature review and policy context highlights why Fds in health were introduced to meet specific needs, both from the macro view of the government to address political and economic drivers (Burr's 2001 stance of historical and cultural specificity) and the meso view of particular workforce sectors to develop staff within that sector and/or attract and

prepare individuals for those work settings (knowledge and social action go together, (Burr 2001)). At the micro level the content of the curricula is more of an individual construction of the person(s) developing the course. It is at the micro level that my research has particularly added to understanding how Fds in health are constructed by individuals. This built on Burr's (2001) critical stance of 'taken-for-granted' knowledge and that knowledge is sustained by social processes. The similarities of the content of the curricula suggest that the qualities, knowledge and skills needed to work in healthcare are part of the social processes of what it means to do care work. The CLs are acting as social agents to perpetuate this through delivering the Fds in health. However, the findings also suggest that academics' perceptions of the students undertaking them have been renegotiated. This is supported by Bryman (2001) that social actors continually revise their world view. The academics' world view of what a student is has been changed through the involvement in Fds in health. This also impacted on how they saw themselves as educators and some moved to a more facilitative role.

7.8 Reflections on the research process

The research used a mixed methods methodology to get a wider view of Fds for health, incorporating both quantitative and qualitative data collection methods. When reflecting on the research undertaken, Bryman's (2008) option of completeness best fitted the aims of the research and supported the choice of the three data collection methods used. The research drew on diagrams provided by Plano-Clark and Cresswell (2007) and Plano-Clark and Badiie (2010) to structure the decision making process and identify the stages of the research, products and sample sizes. These were particularly useful to ensure the research was focussed and able to meet the aims of the study. The decision tree in chapter 4 (Figure 4.4, Plano-Clark and

Creswell 2008) was changed during the research as the order in which the data was collected had to be adapted. It was envisioned that the sample for the interviews would be drawn from the questionnaires and therefore the collection of data would be sequential. As only respondents from FECs stated they would be willing to be interviewed then a different approach was required for HEIs. The three HEIs were approached directly and interviews carried out first and questionnaires left for completion. This meant that data collection for questionnaires and interviews were both sequential and concurrent. The positive aspect was that it was possible to target Fd courses that enabled a broader understanding of Pearson's types of Fds and reflected different experiences of working with Fds. The research undertaken has therefore provided a range of data incorporating viewpoints of individuals across the UK and from different types of Fds.

Demonstration of validity of the research was based on Maxwell's (1992 cited by Flick 2014) five types of validity, with particular emphasis on descriptive, interpretive and theoretical validity. Through describing the decisions made and the use of Creswell and Plano-Clarke's (2007) decision tree the research could be replicated demonstrating descriptive validity. Interpretive validity is achieved through ensuring the findings draw on what the respondents said and how this was interpreted. The theoretical approaches used, including social construction and mixed method theories, have been explained and applied to the findings to meet theoretical validity. The research partially meets the fourth type, generalisability, through examination of curricula documents and establishing the different designs of Fds in health and modes of delivery. This was based on a comprehensive sample. However, the content of Fds in health is only inferred due to limitations of the documents

available within the public domain. Evaluative validity (Maxwell 1992 cited by Flick 2014) draws on the degree to which findings can demonstrate typologies. The research undertaken did not produce new frameworks, but did build on knowledge of existing typologies. This included Pearson's types of courses (2010) and theories of transformative (Mezirow 2000) and affirmative learning (Brown, Harte and Warnes 2007).

Reflecting on the experience of undertaking the research I have learnt a number of lessons and am more aware of the complexities of carrying out research which changed my perspective on the research process. With colleagues, I had undertaken an evaluation of the Anglia Ruskin University Fd course in health, presenting findings at two conferences: Skills for Health and Skills for Care: New ways of learning (2009a) and INSPIRE Learning & Teaching Conference (2009b) and contributed in a minor capacity to other research projects (Northrop, Pittam and Caan 2008) before undertaking the PhD. I had also carried out a thematic analysis of newspapers in relation to Risk, presented at the British Medical Sociology conference 2004, and incorporated into a paper on Social Amplification of Risk in relation to obesity, ESRC Risk Conference 2005. These activities together with teaching students about the research process for over fifteen years had given me a false sense that I understood how to carry out research. None of these experiences prepared me for the realities of acquiring ethical approval or the complexity of doctoral research where I need to devise and use a range of methods and change direction when the initial approach was unsuccessful.

Using mixed methods was appropriate due to the scope of the research, but brought with it the need to develop skills across a range of methods of data collection. I have had to learn the importance of being flexible and pragmatic throughout the journey of the PhD, by changing the methodology, data collection method and broadening the sample size by including HEIs and FECs and both CLs and CCs to ensure sufficient data for analysis. These changes were beneficial as they provided a more detailed understanding of Fds in health across the types of courses and from the perspective of FECs and HEIs.

Writing the thesis was also a move away from my comfort zone. My writing experience has been mainly contributing to text books, requiring a descriptive and factual approach, and although I have a background in mental health care I tend to use a more pragmatic than reflective approach. Having to be reflexive and explain why decisions were made and ensuring I moved from what Driscoll (2007) calls the What? stage to the So What? and Now What? stages of reflection was a constant theme during supervision sessions.

One of the turning points was realising that the topic of the research was not the main focus (although as stated in the introduction, maintaining interest is an important aspect), but how the research was carried out, the decisions made and the learning achieved throughout the journey. Due to carrying out the research I have been able to develop skills in devising questionnaires, carrying out interviews and searching for materials. Knowledge of research theory and approaches has been increased including thematic analysis. This will be beneficial for my continued journey towards leading funded research projects.

When carrying out the research, problems were experienced which affected the collection of data and therefore the degree to which the findings could be generalised or produce statistical significance. Due to the low response rate for the questionnaires, statistical data was limited. It was hoped to have a good response from the questionnaires to be able to carry out correlations between the type of Fd and where it was delivered with particular emphasis on whether the Fd was designed with a set employer for the purpose of developing employees for the AP and other Band 4 roles. However, the data was insufficient to produce statistical relevance and provided descriptive statistics only. One of the main lessons learnt was the difficulty in engaging with respondents over a geographical distance and the need to work through gate keepers. With hindsight it would have been more efficient to send out the questionnaires via email through the Council of Deans and to Heads of FECs rather than to the main postal address.

The qualitative data collected through both the questionnaire and the interviews has provided a richer source of information, but is based on a limited sample. Therefore, none of the findings are generalisable, and nor do they reflect the perceptions or experience of all CLs and CCs across the UK. However, using Maxwell's (1992 cited by Flick 2014) types of validity, they provide descriptive validity by describing the respondent's viewpoint using their own words.

Alternative approaches could have been used for the research which would have presented the CLs' and CCs' perceptions and gained some understanding of the composition of Fds in health. Case studies which incorporated both the academic and students' viewpoints of the Fd would provide greater understanding of the impact of

the curriculum, but not necessarily draw on the experiences of academics across a range of institutions. A phenomenological approach using interviews with CLs could have been an option, but would have meant approaching a smaller sample group and sacrificing breadth for depth.

7.9 Contribution to knowledge

The research has explored a range of issues, attitudes and perceptions of Fds in health. What particularly stands out is that, from the perspective of the academics, Fds in health have value and are successful in providing opportunities for students and the staff who teach them.

The research has made a distinctive contribution to knowledge through providing an understanding of the composition of Fds in health, which has not previously been examined. It clarifies the different types of Fds (Pearson 2010) but goes further by demonstrating that the type influences the way in which the courses are taught and how students are perceived. By focussing on Fds in health the research has developed new insights as to the difficulties experienced in delivering the content from the perspectives of the academics. The research has revealed the different curriculum designs used to deliver Fds in health and in doing so demonstrates the diversity of Fds in health both in relation to type but also in the approaches taken.

The aim of my research was to capture the academics voice and their perception of Fds in health. As stated previously, research and evaluations of courses for health and the development of the Band 4 role have tended to focus on the view of the student or the employer. My research therefore addresses this gap and contributes a

distinctive and significant perspective on what is known about Fds in health.

Through presenting academics' views the research enables understanding of the positives and negatives of delivering Fds in health. The findings can play a vital role in the development of future Fds in health through highlighting the need for processes and systems which enable Fds to be delivered successfully both within HEIs and the workplace. The respondents emphasise the need for clear communication between HEIs and FECs and for FECs to be more flexible with HE course delivery. Universities also need to incorporate systems that can react to change in the work setting to ensure Fds in health retain their currency in a changing environment. From a day to day delivery perspective, the academics have highlighted the need to be flexible in how they deliver the content with a more facilitative style that takes into account the students' habitus in both the academic and work setting (particularly for those employed in the work setting). The study also reinforces previous research which emphasised that non-traditional students require more support in learning how to learn in the HE setting. The inclusion of study skills as a fundamental aspect of Fds in health forms part of existing validation of curriculums. However academics in FECs noted the difficulty of accessing wider support or funding of study support. Different approaches to the management of WBL were found with academics who delivered Fds in health that are designed with an employer emphasising the need to have good working relationships and support in the work setting.

The academics' views provide a number of suggestions for future curriculum development both for Fds in health and also for courses which cross the fields of education, including the sub-divisions of HE and FE, and the field of health work.

The importance of having regular in-house sharing of information to enable other academics to understand the Fd course would also be good practice.

In addition the research highlights the ongoing way in which students are categorised as ‘other’ and the need to look at processes, practices and attitudes to change the way in which identity is proscribed within both HE and FE. These mechanisms can include more negotiation of the curriculum and how this is delivered alongside sharing of information cross-faculty and within faculties to de-bunk the myths of ‘good’, ‘bad’, ‘traditional’ and ‘non-traditional’ students. Emphasis on ‘positional’ autonomy (Maton 2005) and academic achievement may be a way forward.

However, it is not only non-traditional students who are seen as ‘other’. What is significant in my study is that Fds in health are similarly perceived, which raises further issues of how academics have to negotiate status aspects in their own institutions and aid students to negotiate established barriers to HE. What stands out from my own research is the degree to which Fds in health have provided a second chance and opened up access to individuals who would not be able to afford to study without employer support. I have explored how academics facilitate students learning in the fields of work and HE and support them in negotiating the overlapping of these fields. My findings build on the work of Bowl (2003), Bathmaker and Thomas (2009) and Crozier, Reay and Clayton (2010), who focussed on students who entered HE to complete Bachelor awards, by exploring academics’ perceptions of how Fd in health students coped with the transition to HE level study. The students undertaking Fds in health, whilst having some common ground with the students featured in the above research, such as often being mature, the first generation attending HE and balancing study with work and family, differ dependent on the type of Fd (Pearson

2010). For those undertaking Fds designed with employers, the course was linked to employment and possible development to a new role. This adds the dimension of work to education and the potential for a change in status within the work setting. The Fds in health aimed at preparing for the work place also differed from the students in Bowl's (2003) research study, in that widening participation meant that those with lower qualifications were accepted and therefore students had not experienced FE courses and were not making the transition from FE to HE level study.

The way in which academics constructed the identities of 'good' or 'bad' students highlights the way in which social agents (academics) make sense of the field. Students are positioned based on judgements tied into the discourses of the field of education: these judgements are perpetuated through frames of reference adapting to variations of what is perceived as 'other'. What this raises is how the 'stereotypes' or 'identities' can be challenged within the field of education.

7.10 Taking the research forward

This study has shown how both academics and students have benefited from the creation of Fds in health and the way in which they have widened participation and meet the agenda for life-long learning. The dissemination of the findings will be addressed through publication in appropriate journals and presentation at conferences. However, one of the issues raised was the inexperience of the academics in writing curricula and this is an area that I want to take forward within my own HEI. This will be through providing workshops for colleagues who have not had the opportunity to participate in curricula development and looking at ways of

providing this experience. An additional outcome of carrying out the research was re-engagement with theories of learning and how these can impact on course design and delivery. Where applicable, the workshops will include principles of employer engagement and WBL, with the latter including decisions as to whether courses are aimed at developing adequacy/competence (affirmative approach) or capability and change agents (transformative approach).

The second area that would be beneficial is working with the quality department to develop guidelines for working with FECs and other franchises to ensure good practice and support for those involved both within the university and our partners. This would include examining current practice to establish what works and why, prior to suggesting adaptations.

The findings from the research and aspects highlighted in the literature review, can be utilised by individuals and institutions developing and delivering Fds in health or other courses that draw on the same tenets or being developed in partnership with employers. When developing the course, curriculum planning needs to consider what curriculum design is appropriate based on the type of Fd and the degree of employer engagement and collaboration. Collaboration between stakeholders with the development of systems and processes that aid rather than hinder the delivery and ensure the course is fit for purpose continue to be an issue. By raising awareness of these issues it is hoped that change may occur and FECs and HEIs are able to develop systems and processes that reflect the nature of the qualification and the target audience. The day to day delivery of an Fd in health curriculum, designed with employers, has been shown to be more effective when an appropriate person in the

work setting is appointed to aid development and support implementation of the WBL element. This role appears to be pivotal to aid in bridging the two fields of work and education and aids in the identification of appropriate knowledge and competencies (where applicable) and aid in meeting these.

Within the HEIs and FECs engaging colleagues and ensuring the course is understood may aid in reducing any misperceptions of the course level and may result in more academics contributing to the course delivery. The research highlighted that the development of curriculums that give space for individual contribution and facilitated learning are particularly beneficial for students who bring in appropriate experience. Alongside this, time for help with academic skills needs to be developed further and consideration of the best way to do this, ensuring flexible approaches that can accommodate the needs of a diverse range of students.

7.11 Recommendations for future research

There are a number of areas that are under researched in relation to Fds in health, these include employer engagement in relation to both the development of a curriculum and how employers are engaged throughout the delivery of the Fd, and partnership working and collaboration between HEIs and FECs. The research findings highlighted the need for better communication and the establishment of shared processes for successful collaboration and partnership working between HEIs and FECs. Researching what currently happens and establishing a model of good practice would aid future partnership working.

Research by Stinton et al. (2007) on Fds across employment sectors did highlight that students performed better where there was a high level of employer involvement and that this was usually where the course had been designed with that employer. However, there was little explanation as to what this included. Healthcare research has tended to look more at the outcomes in relation to employees' impact on care delivery than what could be learned to ensure successful partnerships with employers.

Fds in health are inherently designed to be socially constructed to meet the needs of the current society. A number of respondents within the questionnaires and interviews felt that the uniqueness of the award was that it was meant to be designed with employers and be flexible around the taught component to incorporate changes within the sector. What was more difficult was the ability for university processes and procedures to accommodate these changes with limitations set on the number of alterations of a curriculum and the need to revalidate if these exceed the limit. This suggests that there needs to be some scope for new courses to have greater flexibility for the first couple of deliveries and approached using an action research process, whereby content and functioning of the course can be assessed and modified until the best fit is obtained.

7.12 Conclusion

The thesis presents my exploration of Fds in health from academics' perspectives and the methodology used to both gather and analyse data. What is original was making sure that the voices of academics were heard in relation to the development and delivery of Fds, as their views and perceptions of developing and delivering Fds have not been included in research studies or evaluations. The inclusion of the FE

experience is also unique as previous research has tended to focus on university based courses. Exploration of the content and design of Fds in health was an additional area that had not been looked at previously.

The presentation of the CLs' and CCs' experiences and perspectives has shown that Fds have made a difference to both the academics and, from their viewpoint, the students who have undertaken them. Although the concept of social construction has been applied previously to curriculum development, the study highlights how the academics' role as social agents and social actors has been influenced by their experience of working with Fds in health.

In order to provide an understanding of Fds and meet with Bryman's (2008) concept of completeness it was necessary to use a mixed methods approach to bring together different aspects. The three methods of data collection have enabled a broader view of the curricula, how they were developed and the perceptions of those who deliver the courses. Alongside this, exploration of the social, political and economic factors that led to the development of Fds sets the context and why they were developed at this point in time. The literature review demonstrated the concerns raised around the award and also the underpinning tenets and the ability to deliver what was expected. In addition, the contribution of the historical background and literature review in aiding understanding of the social, political and economic context of the instigation of Fds has also added to the overall study and situated the development of Fds in health within national and international arenas.

The future of Fds in health is uncertain and whether they will continue to be developed incorporating all of Pearson's types is open to speculation. The workforce development Fd in health is more likely to continue, given the linking of the award with advanced apprenticeships by Skills for Health. However, whether this will lead to guaranteed Band 4 roles is not clear.

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Appendices

Appendix one: Questionnaires

a) Course Leaders Questionnaire

1. In what capacity are you involved with Foundation degrees?

Please select all that apply to you

- a) ☐ **Course leader**
- b) ☐ **course developer**
- c) ☐ **Module leader**
- d) ☐ **lecturer/senior lecturer**
- e) ☐ **clinical support/lecturer**
- f) ☐ **Other please state**

2 How long have you been contributing to the development/delivery of Foundation Degrees in health related subjects?

- a) ☐ **up to 1 year**
- b) ☐ **over 1 year**
- c) ☐ **over 2 years**
- d) ☐ **over 3 years**
- e) ☐ **over 4 years**
- f) ☐ **5 years or over**

3. Place of work

- a) ☐ **Higher education**
- b) ☐ **Further Education**
- c) ☐ **Clinical setting**
- d) ☐ **Other (please state)**

4. What status do you feel Foundation Degrees have in your institution?

5. Do you feel that colleagues not involved in Foundation Degrees have a good understanding of what a Foundation Degree is? (Please include reasons for your answer).

6. What are the questions you are most asked when explaining the Foundation Degree to others?

7. What have been the positives for you in delivering the Foundation Degree?

8. What have been the difficulties in delivering the Foundation Degree?

9. How do you feel you have personally benefited from delivering the foundation degree?

10. What skills do you feel are important for delivering Foundation Degrees and why?

11. What Foundation Degrees in health related topics do you currently deliver? Please list Course title and the year they commenced.

12. What mode(s) of delivery do you use?

- a) ☐ Face to face
- b) ☐ distance learning
- c) ☐ Online delivery
- d) ☐ Blended learning

13. Are the Foundation degrees linked to Band 4 role in the NHS?

- ☐ yes
- ☐ no

If Yes are the Band 4 roles in: (tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Radiography |
| <input type="checkbox"/> Speech therapy | <input type="checkbox"/> Para medics |
| <input type="checkbox"/> Other (please state below) | |
| <input type="checkbox"/> Generic role across a number of disciplines
(please state what these are below) | |

14. Have the existing Foundation degrees in health related subjects changed since initial validation?

- ☐ no
- ☐ yes

If yes why?

15. Have you delivered other Foundation degrees in health related subjects that have been discontinued?

- ☐ no
- ☐ yes

If so what were they?

Why are they no longer delivered?

16. Who was involved in designing the curriculum?

Please tick all that apply

- a) ☐ Strategic Health Authority
- b) ☐ NHS Trust staff
- c) ☐ Other employers
- d) ☐ University staff
- e) ☐ Further education staff
- f) ☐ User groups
- g) ☐ Foundation Degree Forward
- h) ☐ Others (please state)

17. What influenced the choice of curriculum content?

18. When designing the work-based component of the Foundation Degree who was involved?

19. How are the work-based competencies managed?

20. What Foundation Degrees in Health related Subjects, are planned for future delivery?

21. Do you think that there should be a national curriculum for Foundation Degrees in Health? (please give reasons for your answer)

☐ yes

☐ no

22. If Yes, what would be the essential components of the curriculum?

23. Are there any other issues not included in the questionnaire around Foundation degrees that you would like to comment on?

If you would like to volunteer for yourself and your team to be interviewed as part of the next stage of this study please provide your email address below.

Thank you for your assistance for providing the required information in this study. Should you have an interest in the summary of this survey the results will be available from Mary Northrop at mary.northrop@anglia.ac.uk

b) Contributors to Foundation Degree Questionnaire

1. In what capacity are you involved with Foundation degrees?

Please select all that apply to you

- g) ☐ course developer**
- h) ☐ Module leader**
- i) ☐ lecturer/senior lecturer**
- j) ☐ clinical support/lecturer**
- k) ☐ Other please state**

2. How long have you been contributing to the development/delivery of Foundation Degrees in health related subjects?

- g) ☐ up to 1 year**
- h) ☐ over 1 year**
- i) ☐ over 2 years**
- j) ☐ over 3 years**
- k) ☐ over 4 years**
- l) ☐ 5 years or over**

3. Place of work

- e) ☐ Higher education**
- f) ☐ Further Education**
- g) ☐ Clinical setting**
- h) ☐ Other (please state)**

4. What status do you feel Foundation Degrees have in your institution?

5. Do you feel that colleagues not involved in Foundation Degrees have a good understanding of what a Foundation Degree is? (Please include reasons for your answer).

6. What are the questions you are most asked when explaining the Foundation Degree to others?

7. What have been the positives for you in delivering the Foundation Degree?

8. What have been the difficulties in delivering the Foundation Degree?

9. How do you feel you have personally benefited from delivering the foundation degree?

10. What skills do you feel are important for delivering Foundation Degrees and why?

11. Are there any other issues not included in the questionnaire around Foundation degrees that you would like to comment on?

Appendix Two: Letter to participants.



PARTICIPANT INFORMATION SHEET: Foundation Degree programmes for Health: Perspectives of leaders and contributors across the UK

I would like to invite you to take part in the project named above. The following information is designed to help you decide whether you would like to participate. I would be grateful if you would take time to read it and agree to help me in my research. I will be happy to answer any further questions you may have about the project.

Thank you

Mary Northrop

Purpose and value of study.

Current research or evaluations of Health-related Foundation Degrees have focussed on the impact in practice and satisfaction of students with the course in relation to fitness for practice. There is very little consideration of the perspective of the course/pathway leader and how they design and develop a Foundation Degree. The aim of the research is to address this gap, contribute to understanding of the issues for curriculum development and therefore aid development of future pathways. The research will also aid identification of good practice.

Data Collection Methods

The research will use two forms of data collection. First a questionnaire sent to all HE and FE providers of Foundation Degrees in Health. At the end of the questionnaire you will be asked if you would be interested in being interviewed. From the responses three HE and three FE providers will be approached to participate in in-depth interviews.

Who is organising the research?

I am a Senior Lecturer at Anglia Ruskin University in the Faculty of Health & Social Care and Co-ordinator and pathway leader for Foundation Degrees in Health

My contact details are: Telephone: 0845 196 4813 Email mary.northrop@anglia.ac.uk

What will happen to the results of the project?

I am conducting the research to achieve my PhD and aim to publish the results in a suitable journal, to aid educators elsewhere who are setting up or running Assistant/Associate Practitioner Pathways. I hope also to present the results of the study at suitable academic or Health Service conferences. As participants you will be offered a summary of the research findings.

Your Participation in the Research Project

Why you have been invited to take part?

You have been invited to take part because you are a leader or contribute to a Foundation Degree in a health-related subject. I would like to know about your experience and views of designing and delivering your course(s).

Whether you can refuse to take part?

You are free to choose not to take part by not completing the questionnaire. If you only wish to do the questionnaire and do not wish to be interviewed leave the section asking for your contact details blank.

Whether you can withdraw at any time, and how?

You are free to withdraw from the project, without having to give any reason, at any time by contacting me or completing and posting the withdrawal slip on the bottom of the consent form.

What will happen if you agree to take part?

If you agree to take part you will be asked to be interviewed by me. Initial information regarding type of course and your own experience in education will be requested to give some contextual background.

Are any risks involved?

Potential risks involve the issue of intellectual property and competition between providers for business. Details of courses and delivery will be drawn from the public domain rather than participants e.g. prospectus, UCAS, Foundation Degree Forward and public evaluations.

The interview may result in information being shared which you may not wish to form part of the research project. As a participant you will be sent a copy of the transcript to check for accuracy or provide clarification.

What will happen to any information /data that are collected from you?

All information collected will be kept confidential. The information/data that you provide will be amalgamated with that from other participants to form the results of the study. Quotations may be used in the write up of the study but they will be anonymised so that no-one will know who said what.

Are there any benefits from taking part?

It is envisaged that the information collated will aid curriculum development and delivery of Foundation Degrees in the future. Participants may also benefit from sharing experiences whilst contributing to the data collection.

How your participation in the project will be kept confidential.

All contributions will be anonymous with each institution coded as HE 1, FE1 etc. with individuals recorded under role rather than name. Any names of individuals or institutions will be removed from the transcript. Data will be stored in a locked cupboard and/or on a password protected lap top.

Other Issues – role of researcher

As researcher I will carry out the interviews and analysis of the data collected.

Supervisors Details:

Professor Woody Caan

Woody.caan@anglia.ac.uk

0845 1962358

Dr Sarah Burch

Sarah.burch@anglia.ac.uk

0845 1962560

Appendix three: Interview questions

Proposed questions for interviews.

1. How did you become involved with Foundation degrees?
2. What previous experience did you have that was beneficial to you?
 - a. What skills did you bring with you that have been particularly useful?
3. What was your initial understanding of Foundation degrees?
4. Has this changed since delivering foundation degrees?
5. Was your programme initially based on a model from any other institution?
6. To what extent were you involved in the curriculum development?
 - a. If involved, who else was involved?
 - b. What were the positive experiences of this?
 - c. What were the barriers that needed to be overcome?
 - d. With hindsight are there aspects of the process that needed to be changed?
7. Are there aspects of delivering Foundation degrees that you :
 - a. Particularly find rewarding
 - b. Particularly find frustrating
8. What have been the learning curves for you?
9. What do you see the future of Foundation degrees linked to health being?
10. Anything you feel I should have asked you that I have not?