

**A path of crazy paving:
tensions of work-based learning in health and social care**

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Abstract

This paper reports on the practice development of a cohort of support staff in health and social care settings studying a work-based foundation degree by distance learning. Student development is investigated in the context of their work and home lives, and personal past, present and future. Two in-depth interviews were carried out with students as they moved through one year of a course. The interviews explored experience of study, work role, workplace conditions and life circumstances. Considerable time was given to exploring life history. Three issues can be highlighted. First, it was found that through study workers built a deeper and more critical understanding of their practice, their service users and the system they work in. While students appreciated the relevance of study to their working life, it was this relevance that meant course work represented an extension or intrusion of their working life into their personal time. In addition, while students were already familiar with many of the issues in the course, their lack of familiarity with academic conventions could make study a challenging experience. Second, students reported a vocation for their work and a desire to progress in their careers and yet their career trajectories had a fragmented and precarious quality to them. Third, many had strong relationships with their work colleagues that could help them get to grips with course material and provide moral support. At the same time, some workers found that these relationships could undermine the study experience.

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1 Introduction

Support workers in health and social care

The support worker¹ workforce is not only a long standing feature of the health and social care sector but its size has been growing over a number of years. This trend looks set to continue as services make a concerted effort to increase the number of support workers in the workforce (Atwal et al., 2006). Not only have the numbers of assistants grown but their role has been developing to take on work traditionally held by the professional workers (Ashby et al., 2003, Atwal et al., 2006, Mackey, 2004, Sutton et al., 2004, Thornley, 2000, Spilsbury and Meyer, 2004). In addition to such vertical development, the role has also been developing *horizontally* to incorporate skill sets from across a number of different professions. For example, the generic rehabilitation worker holds a skill set from nursing, occupational and physiotherapy (Knight et al., 2004, Rolfe et al., 1999). The growth in number and change in role has been described as a “revolution” but one that has been happening quietly and by stealth for a number of years (Thornley, 2000).

In terms of government policy, this expansion of roles has emerged for a number of reasons. In nursing, the proportion of support workers has increased to replace the now supernumerary students, whilst the qualified nurse’s role is expanding to decrease doctors’ working hours (Nicholson, 1996, Sutton et al., 2004, Stokes and Warden, 2004). However, the expansion of the support worker’s role is as much a reflection of the need to find a cost effective method to address the problem of under resourced, over subscribed health and social care services (Keeney et al., 2005a). This is a strategy in which the number of professionals in services may drop but the number of support workers will increase. For example, recent cut backs in NHS staff suggest that the problem of over-subscription in services will not necessarily be met by an overall expansion of the workforce but a service reconfiguration in which the numbers of professionals will be reduced and the cheaper assistant-level workforce will grow.

The growth in support worker numbers also needs to be matched by a growth in their skills and knowledge. The complexity and demanding nature of support work is increasingly recognised by a government which is pushing for higher standards of care. This too is being driven by a number of different factors. In the social care field, the

¹ With over 300 titles for assistant workers in UK health care (Spilsbury and Meyer 2004), the catch all term ‘support worker’ is used to describe this group which may include rehabilitation assistants, support time and recovery workers, home care workers, healthcare assistants and technical instructors. In addition, the focus in this article is on those involved in direct care of patients, clients or service users. Indeed, across professions even the term *care* is contentious as for example, workers in rehabilitation would argue they do not provide care but rehabilitation interventions.

There is an additional problem of language in expressing the division between registered professional and unregistered support worker. There is no language to describe the support worker who works in a professional fashion (but is not a “professional”), who is qualified (but not with the pre-registration qualifications of the recognised professions) and is not on a public register (though this too will soon change). In this paper, a loose distinct between the “professional” and the support work is maintained.

Community Care Act (1990) emphasised supporting older and disabled people in their own homes for as long as possible. This means that when this population enter the wards their needs are more complex and so demand a more skilled workforce (Nicholson, 1996, Rolfe et al., 1999). For example, home help has evolved into home care with support workers needing to assume many of the tasks of nursing in their work (Fleming and Taylor, 2007).

In addition, the way care is being conceptualised is changing. Cameron and Boddy (2006) have argued that in care work low levels of skill are no longer sufficient. Service users themselves are no longer seen as passive recipients of care but active citizens with rights. The priority given to holistic care means that the discrete tasks of caring (e.g. washing or feeding) or providing particular interventions (e.g. running an exercise group) are not merely instrumental tasks to be delegated to the unqualified. They are part of developing and deepening the relationship with the client and create opportunities for supporting that person's development and autonomy (Moss, Cameron and Boddy, 2006). In addition, support workers are increasingly substituting for professional workers. Many of the tasks formerly the responsibility of registered professionals are now performed by assistive staff (Department of Health, 2006). Writers in the nursing field report a sense of *deja vu* in the creation of two tiers of nursing professionals reminiscent of enrolled and registered nurses (Nicholson, 1996).

As a result of these changes, the frontline support worker is being reconceptualised as a professional. Mackey (2004) for example, describes the advanced practitioner, a new kind of support worker with characteristics closer to the professional - autonomous, independent and professionally accountable for their actions. In what is being referred to as 'The Foster Report' it was proposed that support workers should become registered (Department of Health, 2006) and this process is currently being piloted in Scotland (Storey, 2007). The General Social Care Council in England have gone one step further and intend to register the entire social care workforce from care workers to managers (General Social Care Council, 2007). Similar initiatives apply in Northern Ireland (Department of Health, 2006). Early indications are that the registration process for support workers will either involve in-house training or NVQ level 2.

The support worker needs more than experience of care work. They need the educational preparation to become a critically aware practitioner. In terms of building standards, there are often particular concerns that support workers are asked to perform tasks without adequate preparation (Buchan and Dal Poz, 2002, Nicholson, 1996, Spilsbury and Meyer, 2004, Storey, 2007). Certainly, the expansion of the support worker role means that training is necessary (Ellis and Connell, 2001, Rainbird et al., 1999, Rolfe et al., 1999), with many quarters are arguing that what is needed is work-based and academic development (Harris et al., 2006, Priestley et al., 2003). Such developments point towards the need to understand how to best foster support worker learning.

The paper reports on a small action research project concerned with understanding student learning through a foundation degree programme for support workers taught by distance learning. Wanting to avoid a narrow focus on responses to teaching materials,

this paper locates student learning within the work and home context. It also draws in an understanding of how personal history and ambition shape the student's experience.

1.1 Supporting learning

Work-based and lifelong learning within health and social care is a major element in United Kingdom policy, education and research. In the National Health Service (NHS), the need to develop the quality of services and the demands of remaining abreast of a rapidly changing field have made work-based learning a strategic priority (Department of Health, 2001). The "Skills Escalator," the Knowledge and Skills Framework and Agenda for Change are all government strategies offering those in the NHS a transparent system of career progression with associated skill profiles at each step matched to appropriate grading and salary levels. This system of lifelong learning is presented as one of ultimate flexibility in which, through a particular configuration of education and work experience, the hospital porter could progress to consultant or chief executive (Department of Health, 2005). The implication is that by enabling the development and recognition of knowledge and skills developed in the workplace, the recruitment, retention and motivation of staff is assured.

These societal and organisational forces promoting lifelong learning and development coupled with a strong driver to develop support workers brings the nature of the support worker learning experience under the spotlight. What type of learning experience is most appropriate for support worker development? Certainly, the policy documents cited above foreground the importance of work-based learning. Moreover, scanning across programmes of learning in health and social care reveals a split between the more academic and university-based *education* for professionals and the more competency-based *training* for support workers though work-based elements appear in both. For example, reports of the formal training and education of support workers typically includes the experiential, non academic NVQ²s (Fleming and Taylor, 2007, Stokes and Warden, 2004) or competency-based in-house training (Hancock et al., 2005, Coffey, 2004).

Competency-based approaches have the advantage in that they drawn attention to the processes (for example, conducting an assessment or delivering an intervention) that determine the quality of skilled action as opposed to the naïve view that effective practice simply relies on a grasp of a body of propositional knowledge (Eraut, 1994). In many cases, competency-based approaches are less about education than accrediting the skills already possessed enabling workers to receive formal acknowledgement of the capabilities they have acquired through experience other than formal education, and in doing so access routes into study that would otherwise be unavailable (McBride et al., 2004).

However, such approaches have been criticised as accounting for superficial learning outcomes and not those that underpin complex performance which is typically what is

² National Vocational Qualifications (NVQ's) are work-related, competence-based qualifications achieved through assessment and training.. They reflect the skills and knowledge needed to do a job effectively, and show that a candidate is competent in the area of work the NVQ represents.

demanding for vocational practice (Billett, 2003). Competency-based approaches can place undue emphasis on the achievement of standards or “doing” without necessarily any engagement with learning on the part of the individual (McBride et al., 2004). Coffey (2004) takes this argument further arguing that this approach creates an approach to practice that is reductionist and task-based rather than holistic. Heron and Chakrabarti (2002) argue that such approaches deskill the workforce through the fragmentation and routinisation of certain tasks. Equally the focus on the observable to the neglect of the tacit can demean and trivialise the complexity of what the worker may know. Turning the learning process on competencies fragments complex tasks and judgements to observable behaviours relating to specific criteria.

Setting these critiques of NVQs against what is needed for skilled practice, suggests that this educational process is somewhat incomplete. Like much work in human services, work in health and social care is characterised by messy ambiguity. Practitioners work with people in difficult circumstances who present situations of intractable problems, conflicting demands and uncertainty. This is a challenge of high uncertainty and high complexity that must be met must be dealt with on a case-by-case basis, guided by a clear understanding of practice in health and social care. Effective practice involves building subjective understandings and insight into other people, their context as well as the wider system in order to become more mindful and thoughtful about practice.

Thus, effective practice in health and social care is more idiographic than nomothetic in that it involves forming a relationship with the service user, getting to know them as people, relating to them on an emotional level and through this, reaching a holistic understanding of their needs and intervening to meet them. Thus, effective intervention is not simply about addressing physical needs (e.g. taking blood pressure), instrumental needs (e.g. giving a bath) or even mental health needs (e.g. being occupied or setting goals) but understanding these within the context of the service user’s life and attending to social, psychological and emotional factors of concern. Moreover, independent and autonomous practice requires the ability to assess situations, take responsibility and think through problems. The technical-rationality of competency-based approaches need to be supplemented with an educational process that fosters a grasp of theoretical knowledge and the artistry and reflexivity of professional practice.

A number of scholars have stressed the need for theoretical knowledge in the support worker repertoire. To this end, it is easy to appreciate that the work-based foundation degree programmes can bring together competency-based approaches with academic study and reflective practice (Priestley et al., 2003, Conner and McKnight, 2003, Kubiak et al., 2005).

The Foundation degree

The Foundation Degree has taken its place as a means to bring together the vocational and the academic and, in the care sector, a way of developing critically aware practitioners who can work with uncertainty, make contextualised judgments and address the client’s needs for development.

The Foundation Degree (FD) is a two year sub-degree linked to intermediate level of occupations or mid-skilled level market (Wilson and Blewitt, 2005). As a work-based programme, employers should be involved in the design, delivery and review of the FD so that the knowledge and skills developed by students are relevant to the workplace. In addition to vocationally oriented theoretical study, a significant amount of the learning should be work-based. Students should be developing and applying their skills and knowledge in the workplace. As the learning is work-based, the objectives for the individual work-based activity can be modified according to the needs of the student and the workplace (Priestley et al., 2003). The FD is a degree in its own right but it also articulates to an honours degree and in some programmes, a professional qualification in an Allied Health Profession or nursing.

Thus, the FD is theoretical as well as work-based. It is envisaged that the student will integrate theory and practice merging their general and abstract knowledge from academic study with the present and particular understandings of work-based activity in one course of study. However, such programmes should be viewed with a critical eye. How do vocationally-oriented programmes impact on practice? What part does the workplace play in the educational process? How are students best prepared for the experience? This will be discussed in the next section.

1.2 Understanding work-based learning

A particular concern in the development of the foundation degree has been on the way in which it shapes worker practice. There are few studies of support worker development in health and social care to draw from. However, research done with general open entry courses can illuminate some impacts on practice for unqualified and professional staff engaged in further development. A number of studies have investigated changes in attitudes, skills, knowledge and practice through academic study. For example, students report changes of awareness and attitudes that range from affirmation of practice and attitudes to the development of a deeper understanding, greater awareness, an increase in individualised care and fostering patient autonomy, change in ability to communicate effectively, the development of practical resources and knowledge (Kubiak et al., 2005, Silverdale and Katz, 2003) improved confidence (Harkes, 2006), self esteem and self efficacy, greater reflexivity and understanding of their work (Forrester-Jones and Hatzidimitriadou, 2006).

However, it is difficult to understand how student practice changes in isolation from an understanding of the workplace itself. Practice is not simply a matter of personal choice but is socially situated. Taol-Sullivan (2006) applies a participatory perspective on learning in her study of early career occupational therapy practitioners moving from formal education to their first job. She argues that their learning to do the job was a less a case of transferring a body of knowledge from university to the workplace (but suggest this does play a part) than constructing and reconstructing knowledge in a particular setting through participation with colleagues in each setting. The nature of the workplace and our role within it will influence what and how individuals come to learn (Billett, 2001). For example, Eraut (2006) describes the following working processes that support learning:

- participation in group processes;
- working alongside others;
- tackling challenging tasks and roles;
- working with users /clients /patients.
- problem solving;
- trying things out;
- consolidating, extending and refining skills; and
- consultation;

However, such opportunities will be more or less available and/or productive of learning depending on the nature of the workplace. Opportunities for learning activity will be influenced by the notoriously difficult and stressful nature of work in health and social care. Workers are likely to “time-poor” thus limiting their opportunities for reflection or discussion with colleagues. Considering the integration of formal programmes into a workplace, the very resource deficits in personnel, finance, and skill to which foundation degrees are seen as a partial remedy can also militate against the design and successful delivery of a programme of study. It is difficult to free staff from duties to engage in professional development activities (Sutton et al 2004). Support workers report that changes to practice following education can be inhibited by heavy workload (Forrester-Jones and Hatzidimitriadou, 2006). Time pressures resulting from inadequate staffing, increased utilization and the needs of other staff for training, affected the worker’s role in patient care and restricted theoretical and practical development (Hancock 2005). The individual is not entirely passive in the time press - in trying to take time out for learning activities, workers have reported feelings of guilt in shifting work onto colleagues who themselves are under pressure or prioritising it over client contact (Wilks and Boniface, 2004). Such factors will influence the learner’s ability to engage in learning tasks that are part of a programme of study or to engage in discussions in which they reconstruct their knowledge within their workplace.

Similarly, the financial limitations of the health and social care sector are a particular problem. In 2006, training budgets in the NHS were no longer ring fenced meaning that funds could be redistributed to address financial deficits. Enacting the skills escalator in the NHS which is itself a model of lifelong learning is paradoxically undermined by the inability of human resource managers to plan for anything longer than a year (McBride et. al., 2005). Moreover, support workers may be reluctant to engage in training because of the lack of financial reward at the end of it (Ellis and Connell 2001; Hancock 2005; Rolfe 1997). Development of support workers requires an organisational commitment that may be beyond the control of frontline workers.

There is also the issue of clashes in practice between those advocated in programmes of study and how such things are enacted in the workplace. So, although students may become more aware of good and bad practice and the need for organisational change (Forrester-Jones and Hatzidimitriadou, 2006, Harkes, 2006, Henderson, 2002) they may find it difficult to instigate new practices because of their position in the hierarchy, the organisation’s culture and policy as well as lack of access to forums where they could advocate change (Kubiak et al., 2005). Heavy workload, lack of resources for change and lack of management back-up also inhibit changes to practice (Forrester-Jones and

Hatzidimitriadou, 2006). Henderson (2001) argues that difficulties instigating change result from systemic problems, namely managers whose energies were consumed by administration rather than practice development. Fletcher et. al. (2002) report that students studying health promotion had difficulty putting theory into practice because of a clash of values, pressure to conform to institutional norms, targets inhibiting alternative approaches and a lack of energy to fight the system.

Also, the student's work organisation will determine the parameters of worker participation and therefore learning. Whether workers are full-time or part-time, located at the centre or the periphery of decision-making will influence the kinds of participation they will be able to secure. Those who work in isolation or are separated by other workers by time (e.g. night workers) and space (e.g. working in service user homes) may have difficulty participating fully. A study of nurse auxiliaries and health care assistants (Thornley, 2000) noted that they often work with little or no supervision. Such workers may have difficulty engaging in workplace discourses and the currency of workplace goals required for full participation and advancement (Billet, 2002). For those working nights or without much contact with colleagues may find that a learning trajectory to greater levels of skills eludes them. They are permanently locked into a state of peripherality through night time work, outside management meetings or key decision making processes. As such, students may find that any opportunity to influence workplace practice, their own or their colleagues may elude them (Kubiak et al., 2005).

Such surface features of workplace organisation are not the only story in enabling learning. Workplace hierarchies, group affiliations, personal relations, workplace cliques and cultural practices all serve to distribute opportunities to act and interact in workplaces and as a result distribute learning opportunities unevenly (Billet, 2002). Care workers can occupy a marginalized position in the workplace (Miers et al 2005). For example, issues of status and hierarchy may also challenge development opportunities. The lack of standardized, consistent training for health care assistants can impact upon or reflect the perceived value given to their role (Keeney et al., 2005b). More effort may be put into enabling qualified staff to access training while opportunities are withheld from other groups (Munro et al, 2000). Similarly, NVQs have been resisted by employers as they highlight the previously unacknowledged aspects of auxiliaries' work that overlap with the professional staff (Thornley, 2000). Mackey (2004) suggests that a highly skilled and trained occupational therapy support worker may blur the boundaries between professional and non professional staff posing a threat to professions as it seems to invalidate any necessity for formal education and diminish professional roles. While the development of support staff may be a necessity or even advocated in policy statements (see Munro et al 2000), there may be considerable ambivalence that may constrain their growth.

1.3 Biography and disposition

Worker characteristics, disposition and experience will also influence engagement in learning. Hodkinson et al (2004) have emphasised the need to consider the impact of worker biography on engagement in learning opportunities. This notion links to Billett's (2004) concept of co-participation which represents affordances for learning as a product

of both the opportunities and activities available in the workplace and the individual's capacity to construe and take such opportunities.

Workers may not recognise the need for engagement with new learning experiences. People differ in their preferred level of participation in decision making as well as the balance of work, community, family activities and ambition to take on new responsibilities (Eraut, 2004b). Support workers may disconnect from development opportunities for a variety of reasons such as satisfaction with their current role and level of responsibility (Hancock et al., 2005). Similarly, a worker in health and social care may believe that a certain amount of the tacit knowledge and personal qualities needed for the job are based upon work as an informal or unpaid carer for a family member (Cameron and Boddy 2006). The belief in the primacy of personal qualities and experience over formal qualifications may mean that workers will not consider further education as necessary or relevant.

Workers' sense of self influences how and for what purposes they engage with work (Billett, 2005). Workers may not recognise the need for engagement with learning experiences. They may feel that after long years of experience they have little more to learn (Rainbird et al., 1999). Alternatively, McBride (2004) notes that groups in the NHS whose learning had been regularly neglected disconnected from any possibility that development opportunities had any relevance to them.

In addition, relatedness between personal values and beliefs and the norms and activities of the workplace will also determine an individual's participation (Hodkinson et al., 2004). Workers may be less sympathetic towards organisational changes particularly if they are seen as compromising their professional practice (Billett, 2001). For example, training may be associated with work intensification (Rainbird et al., 1999). Support workers may have negative attitudes to development opportunities extending their role because they feel that care should be provided by professionals (Hancock et al., 2005).

1.4 Project aims

The preceding discussion argues that understanding how best to foster support worker development is partly a matter of understanding workplace conditions and student characteristics. As Hodkinson et al (2004) argue:

“much planning and activity should be responsive to the micro-conditions of specific working groups or contexts ... pay attention to power differentials and workplace equalities as well as individual wants and needs.” (p. 22)

Hodkinson et al (2004) argue that the uneven impact of initiatives to encourage learning is an inevitable manifestation of the situated (i.e. context-based) nature of learning. Both individual disposition and structural factors (that is workplace conditions) operate in an integrated fashion to generate widely divergent conditions for learning. Thus, in exploring affordances for work-based learning, we have chosen to consider the interplay between disposition and workplace conditions.

Picking up from this point, this project aimed to understand how students experience work-based and work-oriented learning through foundation degree study. We wanted to avoid a narrow focus on responses to teaching materials. Instead we aimed to locate student learning within the work and home context. We were also aware that personal history and ambitions shape student experience. The project therefore aimed to address the following question:

- How do workplace conditions, home life and student characteristics influence student learning and practice development?

2 Methodology

2.1 The programme of study

The students participating in this study were enrolled in a foundation degree focused on developing support workers in health and social care. They were drawn from two foundation degree courses – a practice-oriented theory course and a work-based course. The theory course foregrounded issues of practice in content and assessment. Students are invited to produce reflective accounts of their own practice and build an understanding of the broader contexts that shape the provision of health and social care services in the United Kingdom. The course particularly stresses the service users' voice in understanding issues for practice.

The work-based course complements the theoretical course but requires closer involvement with a workplace – the student performs a number of work-based tasks (observing colleagues at practice, interviewing professionals and service users, conducting environmental audits, analysing policy documents). It also involves the development and assessment of particular skills and knowledge in practice using a framework developed from the Health Professions Council's standards of proficiency. Both courses are taught at a distance and are 9 months in length.

2.2 Participants

Twenty workers were involved in the study:

- 12 Mental health workers
- Three OT assistants or technical instructors
- Two PT assistants
- One senior care officer and two care managers, working with service users to put together care plans or managing teams

While data on age wasn't collected, all would be classed as 'mature' students, with a considerable work history.

The dataset originally included two administrative workers who, because the focus of this project was on workers in direct contact with service users in their provision of care, interventions or assessment, have been excluded from this analysis. Having these workers on a course focussing on support work was rather puzzling. However, set against the career trajectories of the other workers it made perfect sense. As will be discussed later, career trajectories were not always strategically planned or focused on a

particular goal. Indeed, careers were often pragmatic – doing anything to get by with a focus on lifeline earning as much as lifelong learning. Similarly, often through limited resources or opportunities for development, workers took what they could get, weaving together a collection of disparate educational experiences though sometimes with little sense of how they would enable some type of progression.

The three senior care workers were not involved in providing direct care or interventions. They were involved in leading a team of workers, planning activities or setting up care packages to support service users functioning. It was felt however, that with the nature of their interaction with service users and focus on assessing needs, created enough commonalities with other workers to fit within the terms of this study.

2.3 Data collection

Participants were interviewed about:

- Their educational and employment life histories;
- The nature of their work role, workplace and home life with a particular focus on learning and development;
- Their experience of foundation degree study;
- Key tipping points in their role.

All interviews were recorded and transcribed. The intention was to interview each student twice –once early on in the course and then again towards the end. However, for various reasons (ill health, long term leave were two reasons given), five students declined to participate in a second interview.

2.4 Data analysis

Grounded theorising was used to analyse the data. The aim in this method is to identify the perspectives of various groups of people involved in a setting. The analyst works to achieve deeper insight, to search for commonalities across the participants, to explore uniqueness and to explore the meaning of the developed patterns (Boyle, 1994). Broadly, the constant comparison method was used to analyse the data. In this method, the data are reflected on and used to formulate and reformulate questions and hypotheses, to explore initial investigator perceptions, biases or opinions, and to group information into meaningful categories that describe the phenomenon of interest (DePoy and Gitlin, 1994). As described by Boyle (1994) these analytic categories are built into a theoretical scheme by finding links between concepts and adding new ones. In effect, the data is disaggregated into fragments which are then regrouped under a series of thematic headings.

Very broadly, the method follows Spencer et al.'s (2003) process of:

- Exploring thematic categories across cases;
- Associations between phenomenon within one case;
- Associations in phenomenon between groups of cases.

The interviews for each participant were crystallised into case studies in which key issues emerging out of the data were summarised. Working independently, three researchers

reading across the case studies identified themes common to the participants. The themes emerging out of the case studies were compared and those common to all were developed further by revisiting the case studies. As the data had also been coded using NVivo, themes deserving further exploration were retrieved and analysed further.

3 Results and discussion

3.1 The participants, their skills and knowledge

To understand the students' experience and benefit from FD study, it is important to understand the nature of their work and the skills, qualities and knowledge needed.

3.1.1 Role

The study involved a diverse range of paraprofessional workers. The largest group, the mental health workers, provide a bespoke service focused on facilitating the recovery and social inclusion of people with mental health problems. Developing an enabling relationship and an in-depth knowledge of the people they work with, these workers are the constant person in the service user's journey to recovery. They provide intense one to one and group contact to help mobilise the patient's optimal functioning and return to the community. They are also embedded to a multidisciplinary team of practitioners where they contribute their knowledge of the service user to the team's planning.

The assistants (occupational and physio-therapy) provide various services ranging from assessing service users, arranging equipment, running groups for people (exercise classes, falls prevention and balance), for example. The care officers or managers would put together care plans for people or organise service programmes and liaising with different agencies and organisations. Two had team leadership roles.

The participants were a diverse group dealing with a diverse client group. In some cases, they had quite specialised roles requiring specific skills and knowledge (for example, falls prevention or preparing care plans):

“In my area, well you would need to have a basic understanding of the conditions of the people you were working with, what was appropriate and not appropriate to do with them ...”

Some claimed that their roles were multifaceted requiring multi-skilled workers.

Paradoxically, participants were less forthcoming about the knowledge they needed for their work. While it is likely that much knowledge is tacit or so granted for granted it may not have been thought worth mentioning, some participants saw themselves as distinct from the professionals they worked with who possessed a defined knowledge base.

Despite the variety between and within work roles, all were focused on the same end – to enable people to achieve their goals and maintain a degree of independence. All were intensely people-focused jobs and despite differences in the tasks performed, participants shared a bedrock of similar skills. This will be discussed.

3.1.2 Relational work

Although each participant's work had task-focused elements (running groups, accessing community services, writing notes), the relational element was extremely important. Many workers needed to be able to form trusting and empathic relationships with service users:

"Non-judgmental ... you need to go in with a blank face really.... You need to be flexible... and quite sympathetic ..."

Communication skills were stressed - listening skills, assertiveness, negotiation skills, communicating information appropriately:

"You've got to have empathy... you've got to have listening skills (and) you've got to be very astute. You've got to be able to interpret what they are saying (because) you can't always write notes when you're with the client and you've got to be able to absorb (information)."

This work often takes place in difficult or distressing circumstances, calling on the worker to deal with intense emotions, people with mental health problems or who are confused.

3.1.3 Person-centred practice

Workers needed to be proficient at 'looking beyond the condition [...] seeing the person.' The focus for workers is the service user – to attend to their needs and do their best for them. Some workers reported having to fight against organisational pressures so as to meet the service user's needs.

"...we are very client centred basically and not be driven by your own ambition and start thinking 'I can't get that to work that thing, that's difficult because ..."

This focus on service users meant that workers needed to have an understanding of the service user. Some described running into problems when coming to premature judgements:

"The client is a person they're not something they're not a they're not a chemical reaction ... you can't come along and do A B C and 'hey it works' because um the client's got their own ideas in all this you know."

Workers had to be able to read situations and assess the service users' personal state or needs. These may be expressed verbally or non-verbally:

"You have to know how to pick up on body language."

"I'm always aware of where I am, what I'm doing, what other, other people are doing, how they're behaving."

Workers felt that a core skill was the need to be personally responsive and flexible to meet service user needs. Initiative to deal with non-routine situations was emphasised

and participants needed “practicality”, “common sense,” problem solving ability and resourcefulness:

“... to be able to cope with any situation, when you’re in someone’s house, you don’t know what you’re going to find ...”

“And the thing, the thing that I like about it is that because I work on my own and I need to make decisions there and then, it’s quick and it’s fast and you need to be accountable for everything that you do, so therefore you need to think on your feet or you need to have a really good knowledge of you know, local resources ...”

The work was often non-routine. Most interviewees were unable or unwilling to generalise or to describe typical patterns of work. Indeed, the unpredictability in the role was valued by many:

“Each day is so different, varies from client to client. There is no typical day here, you have your diary, we have whereabouts books, that we have to sign every day, where we are, what we are doing, purely for safety reasons you write it down, one phone call, the whole lot’s blown out of the water.”

“Because it’s the type of job where you don’t know what’s going to happen and all the patients are different, some can be very demanding, you don’t know what situation you are going to have to deal with and in my experience it’s different ...”

Workers describe the role as demanding a high degree of autonomy in order to follow their service users’ needs:

“... you do not know if there’s going to be phone calls where someone may need to talk to you or clients come in and need to talk. You can have plans for the day but then it might go totally out the window, so it’s really according to need.”

In line with this, all exercised a degree of semi-autonomy. On one hand, they organised their own diaries, planned their workload and made a number of day-to-day decisions:

“...being able to work independently and to take all responsibility, to be well organised and to organise their own time.”

3.1.4 Team work, organisational work and inter-organisational work

Work in health and social care is a team-based activity. Participants emphasised skills in team working, networking and in leadership. Many liaised with a variety of community agencies requiring a knowledge of local services. Also much activity and procedural requirements were directed towards coordinating and communicating between teams or different professionals. Indeed, while participants described a degree of autonomy and discretion, this was exercised within tight role boundaries and a team structure that determined who they worked with and the nature of intervention they would pursue.

Worker roles often appeared co-configured with the team leaving some participants acutely aware of the need to recognise the limits of their work:

“... you also need to know when to pull back and when to say, actually, this isn't in my remit and who to contact in that case, like the mental health team or someone senior.”

This was not simply about coordinating action and complementary team roles. It was as much about individual competence as contingent on team work:

“But we pull together, we're very, very tight team, and we feed from each other, it would be knowledge and you know people, some people had the same case in a different person and who can point you in the right direction to go you know and access resources.”

“... there's a wide range of staff, you've got nursing staff, occupational therapists so if you're not sure about something, just go and talk to somebody.

“I mean loads of people come and say that you know, what would you do if you have this type, even qualified sort of more senior physio's come and talk to me, asking how would you handle somebody and what would you do in this case?”

And yet, set against the high ground of policies and written procedure, the world of team relationships was a swampland requiring sensitivity and careful negotiation. While the team was central to competent performance it may also be a source of tension. Different opinions about the best way to proceed, competing priorities, differential allocation of the work or dissonance between supervising colleagues about the level of appropriate level of autonomy or responsibility a staff member should have were all cited as difficulties:

“... the job is different depending on which qualified staff you are working with, some are keen to pass a lot of work on, some are not keen for the support staff to do very much, that type of thing.”

“And, so you know when you get the staff, when we work together and we can work together, although I'm pressured and their pressured it's neither our fault's and it's keeping the client, it's keeping that focussed that the person we're trying to do the best for is the main, you know that's the main focus,”

3.1.5 Assessment and decision making

All participants were required to make assessments of service users. This could involve structured assessments but equally participants described ongoing non-formal assessment while working with the service user – reading where people are at physically, emotionally or psychologically, sometimes working on hunches or feelings. Some workers also encountered ambiguous, yet high stakes situations that required rapid assessment and decision making. For example, one worker described encountering a service user in a stupor and having to decide if that person was drunk, drowsy or had taken a drugs overdose. These assessments were closely linked to the need to make decisions about the best way forward:

“In occupational therapy you have to make a decision and I think that was the decision making was also a skill that I had to learn ...”

“... and you also need puzzle solving, you need to be able to solve problems.”

3.1.6 Reflexivity

Workers identified the need to be open to feedback and to be able to reflect on their practice. The work was challenging and sometimes stressful. Workers had a strong sense of responsibility for their service users who often had quite serious needs. Some emphasised skills in “switching off” at the end of the day and a need to manage their personal emotions. At the same time, they needed to be able to maintain their boundaries and a sense of the limits of their competence:

“If you are good at your job, you know when you’re getting out of your depth, or you see it coming before”

Nearly every participant described the autonomy and unpredictability in the role requiring the ability to reflect upon their work in order to make appropriate decisions and meet service user need.

3.1.7 Vocation and satisfaction with the role

Many reported a breadth of experience, often over a decade in length, in a range of different roles and in different settings all of which had prepared them for their work. The particular nature of care work was seen as more than the application of particular skills or knowledge. Many describe the need for a particular kind of personality for the work - sensitivity, maturity, calmness, being non-judgemental, conscientious, respect for the dignity of service users, realism. They saw these qualities are part of the inherent nature:

“If you are a people person, it is part of your nature.”

“I don’t think you can learn to care ... You can be trained to be good at what you do, but if you don’t care about what you do then it’s, it’s a wasted exercise.”

“I think sometimes, if you are sort of early 20’s or you know of late teens, you haven’t got the life experience ... so I suppose I’m talking about a person who has had a life and influences outside Mum and Dad and home ...”

This is not to say that learnt skills or factual knowledge were not necessary or secondary but they were part of the make-up of the skilled practitioner:

“I don’t think it’s a job that you can do just to get money ... or just to pass the time away. it’s all about compassion, in my opinion, it’s about common sense, it’s about compassion and also basically, you need to know, you need to know the rights and the wrongs, you need to know the laws, the legislation, you need to know all that, but when you’re dealing with someone, by the bedside, in a hospital and you get to see them for maybe an hour, and you make a judgement on that, the skills you need, you need to listen, and you

need to listen to not what they're saying but you need to watch, it's all about body language, it's all about, you get, you get a lot more if you look deeper ...

In some organisations, supervisors recognised the personal interests, qualities or skills of the staff and matched them with service users with those needs. For example, workers with skills in craft work would be asked to run craft groups or those with talents in working with anxious people were matched with clients with difficulties in that area. In a sense, the organisation folds itself around the abilities of the staff and allowing workers to bring their personal qualities into their contact with the client, enabling more authentic human encounters.

By the same token, many workers reported a strong sense of vocation for their work, emphasising the importance of being there out of genuine concern for, and loyalty to, other people. In accord with this, they repeatedly spoke about the satisfactions derived from the job itself:

"I think the best part of the job, is if somebody's been in hospital, they come out of hospital and I help resettle them into their own flat, get their benefits set up and go and buy their furniture with them and see them integrated back into the community. That's, I feel that's, that's a really good job done and I've really achieved something with the clients."

However, the satisfactions of helping the service user achieve positive results co-existed with the paradox that the benefits of their work are not always easily achievable. It is not surprising that patience was frequently cited as a necessary personal quality. For example, recovering from mental health problems is notoriously a long term prospect and for some, unlikely. Not all people will get better. Some found this de-motivating and a few noted a disjunction with how they understood their work:

'The way the job was sold to me was ... it would be much shorter input with people and it would be a case of actually going in there, at a very basic level, trying to sort them out, what was actually needed and then withdrawing. Whereas, a lot of time, referrals are coming through and you know they are going to be in there for months, if not years. And to me that doesn't, I don't find that particularly motivating, in some respects it is and I know you know with a job like this you have to take the rough with the smooth and there will always be an element of propping up, but I think sometimes there's sort of almost too much propping up.'

3.2 Career plans and learning

In this section, the interaction between study and the participant's career planning is examined. The interviews started by exploring each participant's history since leaving school. The interviews revealed fragmented employment patterns – people taking whatever work they could to get by, sometimes drifting from job to job with no clear pathway or direction:

“At college I did a welfare course then ... I worked for a company making toys..(then) I became a paint sprayer... (then) I had my first son (then)...I started work with young people...I've been a counsellor...”

To some extent, participants moved through life lacking any sense of a career plan, sometimes trying on different roles for size:

“Then I had a series of jobs, I bumped into a school friend that I'd been at school with and she didn't have a job, and in those days you could just go out and get a job, and she said what are you doing, I said nothing so we went off and got some jobs together and I did a variety of weird and wonderful jobs, I made contact lenses and oh we just did lots of things and it was more like fun!”

Interviewer ‘Ok, so you weren't beginning to plan or think of the future or a career, anything like that’

“No way”

Others described a number of structural factors that determined their career patterns – the need to care for a family, to follow a partner to another part of the country, working at anything to pay a mortgage, economic downturns leading to redundancy and unemployment or bowing to pressure to follow the family career. Several expressed disappointment at the thwarting of early ambitions for professional careers.

“I really wanted to stay on at school and I had to leave at 16 and that has always been a disappointment to me. ...I was never able to get what I called a proper job. When I left school I really wanted to do nursing...”

Set against this fragmented career path was a sense of vocation – of discovering (often accidentally) a talent for their work, of having a passion for what they do, a strong sense of importance in their role and genuine concern for their clients. For many this involved working in caring roles in a voluntary capacity outside of their paid work or weaving together a portfolio of work with people. So in the path of crazy paving of careers, was a strong sense of vocation.

Within this career path of crazy paving, foundation degree studies took an ambivalent place. Some were studying for personal development only and had no desire to progress into other roles. Others were well aware that within the current system, they could not progress without qualifications:

“...obviously there's no prospects of getting any higher ... the frustration comes when obviously there's no promotion ... I'm doing probably higher level than a qualified junior...you'd need qualifications in order to move up’

“... obviously there's no prospects of getting any higher.”

Interviewer: Promotion you mean?

“Promotion and money is basically rubbish”

So, students took on a Foundation Degree to increase their options. For others, study offered the promise of reducing vulnerability, securing a stronger foothold in the work place and enhanced opportunities:

“I just think of some of the jobs I have had before and that studying is a means to the end of not doing these jobs any more. And also too, you know, to be able to give my children a hand up. And also to make you a little bit more indispensable. If you are quite well qualified in your position you know, it’s less likely you’re going to get tossed out with the rubbish. Or scapegoated.”

“I’m bored to death with this game, I am bored to death it’s not enough for me, I want more ... I want the degree, I want to do lecturing, I want to train carers ...”

12 out of 19 participants expressed a desire to progress into professional training and ultimately a professional role. However, the interviews suggested a lack of realism or concreteness to the plans. A number referred to a desire to become trained social workers, psychiatric nurses or educational psychologists even though the programme was not designed to articulate into these courses. Participants seemed unaware of what programme of study would take them into those roles or even the demands of the programme itself:

“Well, they say it’s 4 years don’t they or something.. Some people say its four years, some people saying its six years I dunno’,

Also, the educational history, courses and qualifications of participants often suggested opportunistic progression with little sense of development planning. Moreover, some students presented contradictory opinions both wanting to progress to professional roles while admitting they had no long term ambition to serve in one of these roles. Plans seemed provisional or embryonic. There was a sense of trying things out through study.

In considering plans for the future, the ambiguity about goals was surrounded by a background of a sense of precariousness or unpredictability. Certainly, in some follow up interviews, the excitement of studying had been replaced by a feeling of disenchantment - some students had changed their mind in the face of the intensity of the demands of study or the changes in the work environment. For many students the length of time to progress into a professional role was a major factor in feeling unsure about whether the FD was the right route for progression.

Some reflected on possible development pathways to different roles but intimated that the funding and provision of services were very unpredictable creating a lack of certainty in futures:

“It’s on going at the moment, we’re currently in the middle of a restructure, so it won’t be on going forever, and it’s likely that this role will end sooner rather than later...”

“And this is something that I did because it’s a four year part-time course in London that is partly, I think they, the University will pay 80%, but the employer would have to pay 20% and they didn’t want to do it.”

Some workers expressed some doubts about the value of personal development because they weren't sure if their service would continue to be offered or if it was, there was no guarantee that they would receive any reward for further study. For example, one student worker expressed the disenchantment she experienced in trying to anticipate the latest performance schemes and match them with the educational experience on offer at that time:

“When I actually started on the whole of the foundation degree - this is the other thing - that because the Agenda for Change band wasn't fully out, and it was something that I thought, because before that I'd only got an NVQ level 3, and I was a tech before Agenda for Change, and I was sort of thinking, it's something I'll probably need for the KSF (Knowledge and Skills Framework) bit of Agenda for Change, to sort of up my knowledge. But in actual fact, it doesn't even feature in either band 4 or band 5 as far as knowledge goes. So once my band 5 banding had come through, I'm like why am I actually bothering to do this? I don't need to do it.”

Many were initially optimistic about the 'windfall opportunity' the FD apparently offered. This would allow them to continue to work and study. Many had multiple responsibilities with circumstances that do not afford them the absence from work required of a traditional programme of learning. As their experience in the foundation degree programme has progressed, it appears to repeat this pattern of studying against the odds and once again finding themselves on a rung with no ladder.

3.3 *Developing practice*

This section outlines how foundation degree study was experienced. This experience is related to their history and current work and personal context.

3.3.1 Educational history

Although many students had left formal education early in their life, they were not without qualifications. All except one student had gained NVQs, some had first degrees and one had a master's degree. A third of the students had studied at university level and some had technical or managerial qualifications. Many had also experienced a large amount of in-house training – sometimes required for induction, in other cases linked to developing particular aspects of a job or remaining abreast of legislation. There was a sense that students had drawn from a wide range of offerings in an ad hoc opportunistic fashion. However many students felt the opportunities were excellent and a wide choice was available.

3.3.2 Relationship between Foundation Degree study and practice

Much time in the interviews was spent understanding the interaction between the course and personal practice. A pattern emerged which the team began to refer to as the “usual contradiction.” Participants would state that the course hadn't changed their practice at all but as the interview unfolded would discuss changes in the way they approached their work. So, participants would report that they found studying enjoyable, interesting and informative and yet:

“But, I can’t say... I’ve not really learnt anything, because I already knew it, to be honest with you. That sounds a bit big-headed but probably because I’m at another level, that’s perhaps that’s why.”

Some claimed that the course has less impact because they were already experienced in their role and that some of the issues covered in the course were more suited to entry level workers. Some students seemed to refer to a lack of a ‘shock of the new’ effect in studying:

“I think the course work supported rather than ... I wasn’t like reading it thinking “Oh my God I never realised that”. There was very little of that as I went through.”

So for many participants, the issues were too familiar to evoke any new understandings and yet, the familiarity of the material reinforced good practice, confirmed thoughts and beliefs:

“I’ve had quite an open mind, and I think because I’ve got quite a lot of life experience I was aware of a lot of the issues that were written about in the book. It’s just actually seeing them in writing confirmed a lot of my thoughts as well.”

So, the familiarity had its advantages – the student could relate to the material more readily and assignments were easier to complete because of their practical experience:

“It’s been a two-way thing in some respects. I think the coursework, or the course itself, has reinforced in some ways, the practice. So it’s been encouraging. Likewise I think, relating from work to study, it can be quite complementary.”

For others, the course provided them with a label for things they understood and knew – they could put a name to a theory they already kind of knew. Knowing that what they were doing was underpinned by a theory built confidence. These students felt very powerfully validated in that they were doing a good job and that their role was an important one:

“Yes. It makes you more confident if you know there’s a lot of theory behind it. A lot of people have proved it right before. You feel a bit more, sort of, confident in your interventions.”

In addition to pride in self for completing the course often in challenging circumstances, some students felt more confident. They felt more confident in that they understood the underpinnings of their practice. They also felt more confident in conversation with professionals – students reported that they were more able to discuss things with colleagues.

3.3.3 Changing perspectives, asking questions and knowing why

At the same time as describing few changes in practice, participants would refer to significant shifts in their thinking. Students reported that the course made them think more about the way they approach things, consider the underpinning ‘whys’ or question

the premises of practice. This could include an enhanced willingness and ability to do research into topics – for example, how to go onto health or social care databases, look things up and access relevant information.

Students also reported that they were more reflective, more ready to stop and think before acting. Study not only affected practice but also the way of relating to her work.

“I used to go home and get angry and depressed when I’d done things but I do tend to sit back now and think about what I could have done differently. It’s become more of a practice for me to think about it, reflect on it rather than get cross with myself and uptight.”

The course also changed the way students thought, broadened their point of view or awareness of issues at work – alerted them to a broader perspective on practice. In addition, the introduction of certain concepts provided a lens and a language in which to label and discuss perceived shortcomings in the expectations and conditions of the work environment. Some reported that because study exposed them to ideas they wouldn’t have thought of prior to the course, they started to take a new perspective on familiar topics such as new insights into the experiences of challenging professional hierarchies or the basis of decisions in health and social care:

“When we done the last block about care and cure in hospitals, and doctors and the bio medical, sort of focus on that, I just went into a clinical meeting one day and a young lady who was quite depressed [was being discussed], she had a small child and I think her partner had just left her and one of the CPN’s one of the nurses didn’t really want to go out and assess but suggested the doctor just prescribe anti-depressants and see how she got on with them, and I, straight away it smacked me in the face really, well hang on a minute we need to be looking outside that really, looking at the whole, you know, why is she depressed, her partners just left her, is she in some sort of debt at home, you know she’s not coping with the child, you know can we make referrals to other services, so yes I was very aware of that.”

The course changed the way participants thought about their service users. People were understood as individuals not just their problems. Others report they became less judgemental or abandoned stereotyped views. Some reported a greater sense of commitment to their service users.

Such insights were not limited to work practice. They also extended to the students’ personal life. Participants reported developing a deeper understanding of a family member’s mental health issues, disability difficulties or of how to meet friend’s or family’s care needs:

“I think the only changes it’s made is regarding my sister with serious mental health problems. It’s made me look at what she’s getting, what type of help she’s getting through the agency, question that, and also it’s made me think I can probably get more help for her,”

Students developed an awareness of the health and social care system – its history, the origins and basis of particular practices, different sectors of health and social care and variations in ways of working as well as a broad understanding of how the system works. As such, the course could heighten awareness of the gap between rhetoric and reality

The practice-based course included much material around conducting assessments and effective planning of interventions. Students reported that study had left them more organised in their practice, or with a deeper understanding of policy and procedure or a greater willingness to find out the exact policy on an issue:

“I think it made me more aware. It’s when I set my targets, I set things to do within my work role. That I was going to achieve certain things by certain dates and certain times. How I was going to achieve them. I guess I looked more deeply into that sort of thing whereas I wouldn’t have done before. I think and also being a new role it sort of gave me a push.”

3.3.4 Novices and experts – going back to school

Despite the familiarity of the material and the sense that these experienced practitioners were working with familiar issues, many reported that studying could leave them feeling like novices. The course would cover familiar topics but students had to deal with these issues using unfamiliar methods. Dealing with practice issues academically was a challenge. Some of these difficulties related to the finer points of academic practice – note taking, grasping a large amount of material, balancing detailed study with overviews of topic areas, writing essays, learning to read a text to zero in on the key parts, problems with computer skills or judging the time needed to write an essay.

Students with experience of university students reported less difficulty with the challenges of dealing with practice in the academy. They knew how to tune into assignment requirements, how to judge the time needed for a task, were more conversant with academic writing or simply knew how to use word processing software. Some even reported calculated risk taking – knowingly sacrificing proper referencing as the associated grades weren’t worth the effort.

However, academic experience wasn’t necessarily enough. The challenge for some lay in dealing with practice in an academic fashion. In particular, two experienced students found it difficult to get to grips with the demands of a practice course. They reported competence at work practice and competence at academic practice but were challenged by the demands of bringing the two together. These students felt that the course was ‘basic’ and more suited to the entry level worker but that the demands to relate course material and research studies to practice were too complex for level one study. For example, one student noted the discrepancy between “knowing it” as an experienced worker and failing the course. This student reports feeling ‘complacent’ about academic work believing that practice experience was enough to pass the course. However, this person was stumped by the demands of using course concepts to interrogate practice.

3.3.5 Studying against the odds – work and home life

The interviews suggest that responses to learning are often closely related to conditions in their workplace and demands at home. In particular, relationships with colleagues were important to participants' overall learning and by association, success in the course. Participants reported having regular supervision. They also describe themselves as embedded in a network of colleagues in which they would discuss their clients' progress and contribute to decision making. Discussions about practice were part of practice as poor team communication or ill-informed decisions could have dire consequences:

“The support here could not be better, again, because we’re dealing with people’s lives we cannot be let out of our depth because we could make a major mistake, this is a person’s life so it never gets that far really and if you’re good at your job, you know when you’re getting out of your depth, or you see it coming before it comes.”

Often the support was related to developing knowledge in areas the students were unfamiliar with. Participants sought colleagues for advice and much was learnt in day-to-day discussions:

“... we’re very, very tight team, and we feed from each other, it would be knowledge and you know people, some people had the same case in a different person and who can point you in the right direction to go you know and access resources ...”

It follows then, that students' reports of workplace support for study were often related to their discussions of the broader team environment. In pursuit of academic understanding, students may go to their colleagues or their supervisors to ask questions about issues that were baffling them or for debate. Some supervisors would go as far as to provide feedback on written assignments. At the same time, because students were registered as cohorts of students from the same workplace and attended tutorials together, they could access solidarity in study and moral support:

“I think we all supported each other, the people on the same course – my work colleagues. But it wasn’t a formal approach. We didn’t have specific days to do anything, but we all knew the pressures that each and every one of us was under. Knowing that we were all in that, then that sort of makes it easier, it’s not like you’re one person on your own.”

However, while tight teams provide support, they could undermine the student experience. If the team was negative about study, some students absorbed this unhappiness and reported it shaped their opinion. Other workers could undermine effective study habits by suggesting short cuts, surface approaches to learning or advice for exams that proved erroneous. :

“I spoke to other people doing it and they were sort of saying “well I didn’t do any of that. I didn’t have time and I literally just read the bits I needed to do for the assignments”.

This could undermine motivation:

“My colleague never did any of the activities, just the TMAs. It’s hard to study when you know your colleague isn’t doing the stuff you work hard at.”

Similarly, a strong supervisory relationship to deal with work issues does not necessarily mean support for study. Although some students described supportive supervisors they noted they could become somewhat detached from study issues, even if required to assess it. Some participants had not been encouraged to expand their horizons. For example, one student described her supervisor’s disappointment with her ambitions to be a social worker which exerted a subtle pressure to stay in her current role rather than consider further training:

‘...she did say how do you see yourself in the future and I said I...always wanted to be a social worker and I think she was a bit disappointed with that...because she says I’m an excellent support worker.’

3.3.6 Time

Services are the targets of ever more rigorous cost cutting measures making participants’ work lives busier and more intense:

“... we don’t always have a case holder because of a lack of staff, so you are or I am, sometimes holding the case when I shouldn’t be. I’m not qualified to do that and I am not paid to do that.”

So, students are studying in time and resource poor environments facing work intensification and a shortage of necessary staff. It is unsurprising that in this climate, study fell low on the list of priorities and pushing for paid study leave was difficult. When it came to claiming the study leave negotiated between the workplace and the university, some got it, some didn’t. Some were not aware that they could have study leave at all. Some tried to take it but rarely got uninterrupted moments at work and couldn’t get down to work.

Participants reported never having enough time, always running behind on their studies and experiencing particular strain. 14 hours of Open University work on top of a full time job and family responsibilities shaped responses to study in three ways:

a. Strategic study: Some students adopted more strategic approaches to study – reading or completing practice activities selectively. Their selectivity hints at a problem with high workload – they didn’t always have time to engage with the material or work through the challenges:

“Yes, sometimes you can, sometimes you can, but what I’m finding with it is that you get so short a time and so fed up with just reading and reading and reading, that I’m actually beginning to read it and then when it’s saying oh she thinks that a unit whatever, and I’m thinking I don’t know what they’re talking about, and I think Christ I haven’t taken it in at all.”

Some reflected on how they little time to fully engage with the course and needed find more economical methods of learning. Participants developed more strategic approaches to their study resembling what would be described as surface approaches to learning:

“There is so much reading in this course, I think I was doing it wrong, I was reading the whole thing and then starting the assignment but what I’ve done online is I’ve started the assignment, I’ve done the intro and as I’m reading I’m adding to the assignment as I’m reading and doing notes.”

b. Managing home life: Students reported busy personal lives. The course ate into personal time, requiring students to find ways to balance the demands of a family and social life. Home life could be a place of support or friction as family felt they wanted more of the participant. Students found different ways to balance study with family life. Families demanded time and some students had to find spaces away from the home to get uninterrupted space to study – working in the park or in the office after hours. One clearly ring fenced time to protect encroachment on other activities while another went with the flow:

“... it was pretty random for me. Whatever worked best at the time. And it depends what month it was – if there was an assignment due, urgency creeps in towards the end.”

c. Taking work home: Students found that study never fitted with the 9-5 confines of the working day and would have to be done in personal time:

“Well, you’ve got no life when you’re studying. I have whole Saturdays that disappear, and Sunday morning, getting up at 5:00 on a Sunday morning, and saying don’t disturb me until 11 o’clock, so it does, the whole, from February to October, I am not the same person.”

This created its own difficulties as personal life was no longer a refreshing break from the work day but a space where the same issues were rehashed, mulled over and written about. It made work life which was demanding enough in its own right even more intense:

“It’s almost like you would be continuing work, if you started studying in the evenings after work. There was no real switch-off. I felt on a few occasions I could do with being away from work. Because it [study] sort of brought you back to work because obviously of the close relationship.”

The closeness to work would mean that some procrastinated, putting off their return to work through study, others felt bored or demotivated simply through being saturated by the presence of work in their life. Some would try to place buffer zones between study and work by focusing efforts on weekends rather than evenings. For some students, the intensity of study set against the demands it made on their home life left them reluctant to pursue further study.

4 Discussion

This small project suggests that student learning operates in a space of ambivalence and tension. This final section will comment on three areas:

- the benefits and the relevance of foundation degree study and its intrusive and demanding nature;
- the vocation for work in health and social care and the fragmented and precarious nature of the career trajectories;
- the strength of group relationships in the workplace which may support or undermine foundation degree study.

4.1 The experience of study

What comes across strongly in the results is that the main benefit of foundation degree study is that workers build a deeper understanding of their practice, their service users and the system they work in. They become much more reflective and critical in their work. These gains should not be underestimated. Practitioners work in circumstances of high uncertainty and high complexity. These are situations that must be dealt with on a case-by-case basis, guided not only by a clear understanding of practice but also the capacity to assess situations, reflect upon what is happening and to identify a way forward. Certainly, in the heat of the moment, some practice will proceed in a tacit or automatic fashion while other circumstances will call on a more considered approach (Eraut, 2004a). The benefits reported by students suggest that work-based learning enables reflection upon past practice events and the consideration of different ways of approaching practice in the future. Unlike the stockpiling of theoretical knowledge or acquisition of instrumental skills, student reports suggest that Foundation Degree may lead them to develop a more evolving form of expertise – one involving the growth of understanding through reflection.

In addition, the workers' commitment to the individual service user was a strong theme in the findings. In accord with this, participants reported that study shaped how they viewed service users (i.e. less judgemental, more understanding and more committed). This suggests that study is not only about building 'know how' or 'know what' but also qualities of character – of commitment to a group or empathy. This is an area that could be explored further in other research.

However, study can also be an ambivalent experience for some students. The student may value the relevance of study to their professional role but hate the way it represents the intrusion of paid work into personal time thus feeling both drawn to and repelled by course work. Equally, students may present with both the confidence borne out of experience and knowledge of the practice world and the uncertainty of the novice student. While work-based learning appears to offer the benefits of dealing with subject matter at the fingertips of the student, this does not mean that study is a straightforward process. 'Knowing it' does not mean that writing it using academic discourse or conventions is transparent or easy to grasp. Indeed, it could be argued that writing a theoretical essay on one hand or a descriptive account of practice on the other are both relatively straightforward compared to the difficulties of producing a piece that combines the two types of writing.

4.2 Career trajectories

While on paper, it appears that support worker development is a priority, the data suggest that the policy rhetoric of lifelong learning and career progression is not necessarily borne out in practice. The employment and educational histories of many workers reflect patterns of frustrated ambition in the face of considerable structural constraint which are reproduced in their current workplaces. Moreover, while workers are clearly developing and deepening their understanding of practice, there was little sense that workers were being facilitated to move up the ladder either in terms of formal recognition of their competence or planning a career. The tension here lies between the fragmentation and frustration of progression set against the worker's clear sense of vocation and commitment to the work.

The problem of career progression is exacerbated by what appears to be a lack of clarity about the work-based rewards for study. Indeed, the students' sense of a lack of recognition of foundation degree study has the potential to drain motivation from the student. While the Foundation degree was designed to take its place on the NHS' knowledge and skills escalator and thus tie into worker progression, it is not simply a matter of climbing a ladder to grasp the gold ring. Recognition for study will depend on how workers are banded on Agenda for Change (in the NHS) or conceptions of what is necessary for a job, irrespective of what else a worker may bring to their role (ie. only what is seen as necessary for the job is recognised).

Also, Foundation Degrees are perhaps in a vulnerable position in what can be a competency focused employment climate. The outcomes of study reported by students could be referred to as "soft" outcomes (e.g. greater reflexivity, understanding or service-user focus) and as such are intangible and difficult to quantify. Unlike the *doing-based* assessment of NVQs, these outcomes are likely to be less observable making it less likely that they will be formally recognised and rewarded as an aspect of skilled practice. Academic programmes need to pull to the fore the students' capacity to recognise and articulate what they have gained through their study so that it can be recognised as part of the intellectual capital that strengthens practice and deserves reward.

There is also an issue with the generic nature of the foundation degree programme. Unlike students on pre-registration programmes, these worker/students are not "owned." They have no professional affiliations or an established learning trajectory in which an experienced practitioner would facilitate their development through an understood programme of learning for a role as a registered professional. In this situation, colleagues supporting learning may have walked the same path (or trajectory) of learning as the student. In contrast, students on generic programmes have less of a sense of a learning trajectory. There was little understanding of how these workers would be recognised and even less indication that they would be facilitated to move into senior or professional roles in the organisation. The students simply become a more enhanced version of what they are already are, thus reinforcing the financial and hierarchical status quo.

Related to the opportunity for progression and recognition, is that of career planning. Students seemed to lack information about degree structures, articulation into

professional programmes or the training requirements for particular roles. This is not surprising. Such things are complex pointing to the need for support for career and personal development planning. However, the participants' lack of clarity about career pathways reflected more than a simple lack of information. Workers experienced career goals and ambitions as precarious making any long term planning difficult and vague. Certainly, the pressures of study set against the simultaneous demands of work and home life left some uncertain that they could finish the degree. There was also a sense that such future planning is difficult in the changeable Health and Social Care environment. Certainly, the views of the support worker are mirrored in the opinions on the HR managers interviewed by McBride et al (2004) who note that they are unable to plan for development more than a year in advance. Is it possible to enact a career development plan in such an unstable workplace? Should those supporting worker development moderate their ambitions and recognise that degree completion is not within the reach of many or at least is a very long game? Is the four year part time foundation degree the best qualification for support worker development?

4.3 Supporting work-based learning

Developing practice is not a simple matter of transfer from book to workplace. It involves reconstruction of practice with colleagues and the organisation (Toal-Sullivan, 2006). To benefit from a foundation degree, the workplace needs to be involved in some way. In this project, workplace conditions presented the student with a mixed bag. The involvement of supervisors and colleagues in study, as reported here, reflects a real opportunity for work-based programmes to ground learning within the student's community of practice. At the same time, work-based learning is challenged by the intensity and demands of the work, uninvolved supervisors and limited study leave. These conditions mean that study demands more and more personal time and represents the workplace claiming more of the worker's home life.

Without intervention from the university, work-based learning could play a part in reproducing the difficulties and tensions present in the workplace that can undermine the experience. A university offering work-based learning needs to work with workplaces to ensure that appropriate support for student learning is in place and respected. For example, programme tutors could carry out learning environment audits in the workplace. Similarly, the use of learning contracts that require students to negotiate learning outcomes relevant to the workplace and supportive conditions for learning could help make study more visible to managers and win engagement. In addition, learning contracts can make visible the various gains that the students have made in their development.

However, such factors rest on an assumption that if you get the structures right, the outcomes will follow. For example, learning environment audits are important to ensure that workplaces have the structures in place to support student learning. However, they do not pick up what is circulating around the networks. A strong network can be a source of helpful guidance and support but it can also circulate erroneous information and undermine morale.

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