Different People, Different Views, Different Ideas: Do Widening Participation Definitions Influence the Impact and Practice of Widening Access in Healthcare?

John Bateson, Mary Somerville, Richard Griffin, David Hancock

Different People, Different Views, Different Ideas: Do Widening Participation Definitions Influence the Impact and Practice of Widening Access in Healthcare?

John Bateson, Mary Somerville, Richard Griffin, David Hancock
Bucks New University

Email: john.bateson@bucks.ac.uk

Abstract There is no consensus about the meaning of the phrase 'widening participation'. A clearly understood and resonant definition of widening participation, commonly held by work-based and academic practitioners, may be fundamental to coherent and impactful access initiatives across sectors. Focusing on the healthcare sector, using qualitative interview data gathered from those involved with widening participation initiatives in education and in the healthcare workplace, and focus groups with current and prospective students, this research explores understanding in practice and resulting actions.

Findings strongly suggest that aspirants to higher education (including healthcare workers) do not recognise 'widening participation' as a phrase, potentially limiting the impact of interventions as the target groups may assume it does not apply to them. Conversely, advocates for this group (practitioners in both higher education and healthcare) offer a range of definitions, however the breadth of definitions allows for different priorities. There is some evidence that this results in higher education and healthcare employers targeting different groups, with universities looking to enrol students from non-traditional backgrounds but often with traditional qualifications, and employers wishing to concentrate most of their effort on supporting existing staff into higher education.

In contrast to definitions in policy documents which focus on deficits, both advocates and aspirants spoke about the positive qualities brought by students typically targeted by widening participation initiatives. Along with discussing the lack of concept recognition in the workplace, this paper argues for the development and widespread adoption of a definition enshrining the creation of equal access as a positive step, rather than a deficit remediation.

Key words Widening Participation; Healthcare; Nursing; Deficit models; Asset models; Strength models

Background

This paper focuses on the policy and practice of widening participation in the healthcare sector in the United Kingdom. There are a number of reasons why this makes a relevant case study: 1) recent changes in career progression demand existing staff to gain a degree to follow a progression route that was previously open to them through 'on the job' learning; 2) the need for long and regular work placements in some healthcare degrees means that universities and employers must work closely together; 3) there is a current national focus on widening participation coordinated by Health Education England (which is the national lead agency for education in the National Health Service (NHS) in England and Wales); 4) the health sector contains the largest single employer in the United Kingdom, the NHS, which means the approach to widening participation affects a large number of people.

The research in this paper investigated the practical use and understanding of widening participation and widening access in the healthcare workplace and healthcare education sector. We were interested to explore if the phrase widening participation and the existing

definitions are effective at engaging key members of the workforce, particularly those people who are aspiring to degree-level study and have not followed a traditional route, who might themselves therefore be the target of widening participation initiatives. Although this research is drawn only from healthcare, many of the issues are likely to be common to other sectors.

The NHS directly employs over one million people in a wide variety of jobs ranging from unskilled entry level jobs through to professional roles including doctors, nurses, allied health professionals, scientists and support functions. Over half of the roles in the NHS require professional qualifications (NHSDirect, 2016). In healthcare organisations, there are typically many staff who do not currently hold appropriate degrees, and this limits their ability to progress in their careers despite having demonstrated a vocation for the caring professions. These staff may be employed, for example, as healthcare support workers, working within hospital or community settings under the guidance of qualified healthcare professionals. This study concentrates on healthcare support workers and others employed in England, where they often receive training as part of their role which may be at academic levels 1, 2, 3 or 4[i]. The nursing profession makes an especially interesting case study for widening participation because the requirement that a registered nurse is qualified at degree level became mandatory in England in 2013. Prior to this, staff might have started their careers as support workers and progressed into nursing without taking a degree.

There are many reasons for individual healthcare organisations to focus on widening participation. The link between cultural competence in conducting patient-professional encounters and subsequent health outcomes has been internationally recognised (Smedley et al., 2002). In the United Kingdom, the social responsibility of a healthcare provider to create a workforce that represents their community is formalised through the NHS's implementation plans for the Equality Act (2010) and the demands placed on large employers (NHS England 2016). At an organisational level, there is evidence that patients' health outcomes are linked to workforce diversity, especially in ensuring representation in the senior teams of healthcare providers (West et al., 2011; Kline, 2014). Furthermore, across the NHS workforce, and in nursing in particular, there are significant recruitment difficulties with cost and service implications; the Royal College of Nursing (RCN) links high spending on agency nursing and overseas recruitment to ongoing vacancy issues (RCN, 2015).

Recently, therefore, there has been a renewed focus on widening participation efforts in healthcare in the UK with programmes such as summer schools, mock interviews and engagement with potential undergraduates in underrepresented areas being delivered by employer organisations (Health Education England, 2015). Currently a single national body, Health Education England, is charged with taking a strategic lead on widening participation for the NHS in England, and that strategy is outlined in 'Widening Participation – It Matters' (Health Education England, 2014). This report identifies target groups as those that are under-represented, for example people from areas with low participation in higher education, certain ethnic minority groups and those without formal qualifications. The document does not, however, offer a clear definition of widening participation, stating:

> Dependent upon context, widening participation can mean different things and thus it is difficult to propose an overarching definition. (Health Education England, 2014:7)

It also recognises potential shortcomings in the existing definitions:

> We … need to review and agree with our healthcare employers and healthcare education providers, a definition of widening participation which best reflects a shared meaning and helps us understand how we measure and monitor widening participation. (Health Education England, 2014:7)

Where definitions are found in the higher education research literature and policy papers, widening participation is frequently framed as a deficit, for example:

> Removing the barriers to higher education, including financial barriers, that students from lower income and other under-represented backgrounds face. (Office for Fair Access, 2016)

> The participation of certain groups that are under-represented in higher education relative to the HE population as a whole. (Higher Education Statistics Agency, 2015)

In the past, the deficit model has been criticised within higher education for a number of reasons, especially the tendency to situate any shortcomings within the student rather than with a university's approach or as part of a societal issue (Greenbank, 2006; Fuller et al., 2008).

This is in line with discussions of the deficit model in other contexts, for example in the analysis of identification and support for people with learning difficulties. Criticisms include the inability of this model to identify and manage systemic issues, for example:

> … the greatest problem with the current procedures may relate to the fact that we conceptualize the problem as being within each child as opposed to systemic issues and then conceptualize our jobs as being to help students (after they fail) in place of systems (D'Amato *et al.*, 2005)

The deficit model is also common within the discourse of public health, and some theorists have suggested that whilst this is an important first step, it needs supporting with an asset based understanding because:

> Deficit models tend to define communities and individuals in negative terms, disregarding what is positive and works well in particular populations. In contrast 'assets' models tend to accentuate positive capability to identify problems and activate solutions (Morgan and Ziglio, 2007)

Adopting a deficit model rather than an asset based approach may also have negative effects on the overall quality and effectiveness of the workforce or student body. Burke and Hayton, in their discussion of the ethics of widening participation policy, warn of a 'danger in recruiting from the same socioeconomic group' which risks missing out on the 'capacity for originality, flexibility and cultural awareness' that enhances the workplace and the higher education institution (Burke and Hayton, 2011).

In the UK, there is a broad variety of work being undertaken under the title of widening participation. For example, Aimhigher Research and Consultancy Network reviewed research into widening participation in higher education, examining a selection of research and evaluation work from 2006 to 2013 across the student life-cycle. The report identifies many widening participation activities, with multiple targets, including outreach, information, advice and guidance, progression measures (including retention, and measures of success such as attainment) and fair access (Moore et al., 2013).

A similar variety of interventions is also seen in widening participation in the health sector. For example, Health Education England has created a good practice document for sharing widening participation interventions, which includes work led by healthcare employers and higher education institutions, and some collaborations between the two (Health Education England, 2015). However, it has been noted that there are many different interventions contained in the document, rather than a smaller number of interventions that are known to work (Bateson et al., 2016).

Not only do the available definitions tend to follow a deficit model approach, but there are also many differing definitions in use. A review of the practice of widening participation, carried out by CFE Research for the Higher Education Funding Council of England, noted that the variety of definitions and various potential focal points can lead to problems, and that many institutions commented on the difficulties in defining a widening participation population, given the multiple definitions of what should be included across the sector (CFE Research, 2015: 51).

This suggestion that the use of various terms and broad interpretations can make it more difficult to undertake successful interventions due to the breadth of potential targets for this work may be one reason why the interventions are so various in health and higher education. Taken with the discussion around deficit framing of the target population, it appears that the definition is central to the success of widening participation work.

Methods and methodology

This research explored the experiences of those within the healthcare workforce who aspire to university and may be supported by widening participation initiatives, as well as those who support widening participation initiatives within the workplace and in further and higher education.

A qualitative approach was taken using semi-structured individual and group interviews (Arksey and Knight, 1999; Roulson, 2010). The researchers conducted telephone and face-to-face interviews with staff in universities and healthcare organisations who were concerned with widening participation, facilitated group discussions with current students on these healthcare courses, and separate group discussions with people working in healthcare organisations who aspire to university. We subsequently categorised these participants as two distinct groups: those working in higher education and those working in the NHS as managers we call 'advocates'; undergraduate students with some characteristics that make them targets for widening participation initiatives and employees in the NHS who aspired to progress into degree programmes we call 'aspirants'.

A convenience sample approach was taken, with the initial contact with a lead stakeholder in each organisation facilitated by local strategic leads or through the organisation having self-identified as involved in widening participation in health. Subsequent stakeholders were identified by the lead contact, and groups were recruited with the support of the lead. The data was gathered using a semi-structured interview guide to capture the experiences of participants from different equality target groups, identify the support received and explore barriers faced in accessing and progressing into degree study. All participants were asked to define widening participation; this was the opening question for the advocates and part of a focusing exercise for the groups of aspirants.

Thirteen organisations participated (six higher education institutions, five NHS trusts, and two further education colleges) and a total of 99 respondents, of which 72 were students and prospective students interviewed in groups. The Research Ethics Committee at the university leading the study approved the research and it was also registered with the NHS Health Research Authority as required by some of the participating organisations. The research was funded by Health Education England as part of their strategic role in promoting widening participation in the NHS in England.

The research approach chosen reflected the overall aim to report the understanding and experience of participants in widening participation activity (Silverman, 2006: 146). Thematic analysis was judged most appropriate for this research because we were seeking to present

a rich understanding of widening participation in health through the analysis and interpretation of reflections offered by a mix of engaged professionals (Vaismoradi et al, 2013, Braun and Clark, 2006). The data gathered was managed through a thematic analysis, following the system set out by Ryan and Bernard (2003).

The research was conducted between April 2015 and March 2016 by four researchers. Three of the researchers have healthcare backgrounds and have worked on widening participation issues, and the fourth is a philosopher. During research planning meetings, the existing views of the researchers were discussed, and the researchers met regularly during data gathering. During these meetings themes emerging from the interviews were discussed and noted. All interviews were recorded and transcribed. The initial thematic analysis was conducted by the researcher without prior background in widening participation in healthcare, and subsequent analysis involved all researchers. The data was coded using Microsoft Word into the themes previously agreed by the research team. During this process themes were revised and were later revised again after the initial analysis was completed (Braun and Clark, 2006). The themes identified were:

- Experience of prior education
- Experience/maturity/confidence
- Academic vs practical learning
- Traditional (A-level) vs non-traditional (non- A-level) routes to university
- Early interventions/role models
- Study skills
- Money
- Influence of family
- Organisational support in career development
- Understanding of widening participation agenda.

The analysis presented below focuses on perceptions and understanding of widening participation and primarily focuses on the responses of advocates. Appreciation of and knowledge regarding the widening participation agenda was limited amongst aspirants, although they did demonstrate an intuitive knowledge through having been the focus of widening participation initiatives in the past.

Results

Understanding and use of widening participation

When further analysing widening participation definitions and use, four elements were identified: the utility of the concept; deficit definitions; positive definitions; the practice of widening participation.

The utility of the widening participation concept

In the interviews, advocates were offered a choice of terms including 'widening access' and 'widening participation' to develop their thoughts. None of the interviewees expressed any preference for one term over the other, and all those who acknowledged different terms reported that they used them interchangeably.

The majority of advocate respondents said they found widening participation/widening access a helpful and important guiding principle, and used it regularly to explain policy and practice.

One exception was a respondent working in further education, who stated that the phrase 'widening participation' was not used in her setting:

> It's just not the terminology that we … use in the sixth form college, really. [Further education advocate]

One respondent, identified by colleagues as involved in widening participation through their support of placement activities, was not closely involved with learning and development, and did not use widening participation as a principle:

> Until you emailed I hadn't thought much about it. [Healthcare advocate]

One of the university advocates who had previously worked in an NHS role suggested that many employees had no knowledge of the term widening participation:

> [as] a qualified member of NHS staff … I wasn't aware of what widening participation was and that the opportunity was available to Assistant Practitioners and employees of the NHS … I remember had a dialogue with a couple of Assistant Practitioners who I used to work with and they were keen and used to talk about becoming radiographers one day but all they knew at the time [was] 'I have asked the Manager to put me on a programme so that maybe I can look into this and may be directed to this course' but I never knew it was a strategy … I'm not sure its marketed well from the NHS front. [Higher education advocate]

In contrast to the advocates, those who aspired to join the professions were not able to offer a definition of widening participation. The terms 'widening participation' and 'widening access' were not subsequently used by aspirants, despite having been introduced by the facilitators.

Deficit definitions of widening participation

Some respondents defined widening participation very broadly:

> … in widening participation, you want an absolute ideal from the traditional 19 year old A level student who has maybe had the benefit of education right the way through, right the way through to people who haven't had the benefit of a traditional education and who come from as wide a range of backgrounds as possible. [Healthcare advocate]

Other definitions that were offered conformed to the deficit model used in the literature and strategy documents discussed above, which emphasises the lack of some key element, for example:

> [widening participation covers] people that would not normally access higher education … someone who is more mature whose families have not been to university before … those people who perhaps have not come through normal conventional routes … people that perhaps don't have conventional results, i.e. 3 A levels and of the right quality. [Higher education advocate]

> For me, it's about giving opportunities and information for students from backgrounds who wouldn't ordinarily have considered higher education. It could be for a number of reasons: disability, actually where they live, their postcode area … It's about giving those students the information and opportunities to access higher education. [Higher education advocate]

Positive definitions of widening participation

However, many advocates also chose to emphasise the positive qualities brought by students from non-traditional routes:

What we do find we put under the banner of widening participation is they have probably got a bit more emotional intelligence and resistance than perhaps the young 18 year olds with the A levels. [Higher education advocate]

I think it's not putting all our eggs in one basket, let's look further afield, let's look at the skills we have out there. People have different strengths. [Healthcare advocate]

There was universal agreement amongst advocates that widening participation matters. Some of the reasons were pragmatic, for example the belief that the current recruitment challenges in the health and care sector are likely to continue as the population ages and the rate of chronic conditions increases:

They are our future; we need to get the future workforce. [Healthcare advocate]

Others pointed out that widening participation initiatives can strengthen the workforce:

I think we are being very elitist and naïve if we think there is only a small proportion of these people that can bring [the necessary] skills to the profession. Everyone has different skills, values and qualities and I think it important, particularly in healthcare, that we can capture all of these skills and qualities and attributes that these people bring and transfer them into healthcare settings given the nature of the work that we do. [Higher education advocate]

Aspirants offered responses that emphasised the value that widening access brings to the system:

… different kinds of people, with different views, different ideas. [Aspirant in work]

The idea that the widening access cohort has the potential to enrich the professional workforce was developed by aspirants through an emphasis on the non-academic skills that are essential to the caring professions:

You might have people … have just been to your local comprehensive and they have been the average middle of the road and don't really get noticed for anything and don't really think they are going to be good at anything, but actually they may have a really good personality for dealing with people and they may be able to deal with the technical side, they may be good at their job, they just don't know about it!   [Aspirant in work]

From a group of aspirants currently studying for a degree, there was also the suggestion that widening participation initiatives brought potential benefits to university outcomes:

I think universities … have seen from past experiences that if you take on mature students they are going to get through it, whereas if you take on a lot of 18 year-olds there is a high risk of dropping out, so I think it's not just a coincidence that most of us are mature. [Aspirant in university]

A further issue for both healthcare employer and higher education advocates was social equality:

[Widening participation is important] as a means of encouraging social equality, giving people access to education is probably one of the most important ways to do that. [Higher education advocate]

[One reason widening participation is important is] the social responsibility. [Healthcare advocate]

The practice of widening participation

The definitions and subsequent discussions offered by advocates from both healthcare and higher education settings demonstrated an understanding of the issues contained in the widening participation debate. At a broad level, all advocates could offer similar definitions and reasoning. However, in drawing out practical applications of the definitions, advocates also reflected the contested nature of the widening access debate.

For example, there was a general agreement across all respondents that widening participation is about offering chances to those who might not otherwise benefit from higher education due to a variety of barriers. However, in practice there appears to be an important difference in implementation between employers and universities, allowed by the broad definitions that encompass multiple targets.

For many employers, the clear focus of widening participation efforts should be addressing and correcting the limited higher education opportunities on offer for those working in healthcare support roles. Typically, this would be an employee who had not been particularly successful in their compulsory schooling, but demonstrated clear ability in the workplace:

> Well, the widening participation that I'm looking at and that I'm working with is in relation to those who are wanting to access professional training, who may have left school without the appropriate qualifications, or those who decide to go for it later on in life. I'm not looking at it from getting people into the organisation, I'm looking at it from a perspective of 'grow your own' from your existing staff. [Healthcare advocate]

Those advocates based in universities who participated in our research were very aware of these vocational routes and most reported active engagement with non-traditional students. However, some university advocates noted that where the widening participation definition relates to protected characteristics (which in the UK are defined in the Equality Act (2010) as age, disability, gender reassignment, marriage and civil partnership, race, religion or belief, sex, sexual orientation, and pregnancy and maternity), widening participation outcomes can be achieved by the university simply because their natural catchment is diverse:

> We have a very high number of students currently on our programme from these groups and that's without having to try any intervention in terms of increasing our recruitment, given the population and the surrounding demographics within this area… they are the majority of students now that we capture. [Higher education advocate]

It was not true that universities in our sample relied on simply attracting diverse students, however. In describing university policy that recognised the need for widening participation interventions that targeted beyond the natural catchment area, this university-based advocate cited a clear, financially backed university strategy:

> A clear ethos and passion for widening participation it is embedded in policy, driven by senior management and therefore supported financially throughout the university in terms of aspiration, raising attainment and progression. [Higher education advocate]

University-based advocates understand the broader aims of wider participation, and often talked of targeting their efforts at local issues rather than the national protected groups. For example, here the respondent is talking about the specifics of their local situation:

> … for us it very much is around increasing participation from neighbourhoods with … whatever the right words be … low culture … the whole set of cultural issues. [Higher education advocate]

However, some respondents from health employers noted a shift in the emphasis over recent years:

> Widening participation [was about] supporting the people that were already here and helping them to progress into a career if that is what they wanted… widening participation is now looking at the local economy, looking at school children, how you can grow your own staff from a very young age to let them become aware of what is involved in the health service and what they need to try and encourage them to make the right career choices. [Healthcare advocate]

Whilst supporting the wider community through, for example, schools outreach and work experience, advocates from healthcare employers felt that this new work did not recognise the needs of the existing workforce.

When considering the practice and practicalities of widening participation activity, many higher education advocates discussed challenges presented by candidates who presented with vocational qualifications. Some advocates expressed concerns that potential students do not have some of the core skills needed for degree study. Cited gaps included fundamental skills in maths and English, along with basic computer skills. Many advocates reported that limited maths skills are a common reason for prospective non-traditional students failing to gain a place:

> ... generally it's the numeracy. Once they get through the application stage and the testing and passed all of that, they generally get through the interview; it's not likely at that stage they kind of fall down, it's been at the testing stage more than anything else. [Higher education advocate]

Some advocates argued these initial difficulties continue during higher-level study:

> Even those that were quite good at doing basic mathematical calculations struggled a bit the applied numeracy so we got the experts in from our learning support unit to really focus in short sessions throughout the two years, on developing applied numeracy skills as opposed to basic calculations. [Higher education advocate]

Besides fundamental skills, both advocates and aspirants identified a set of 'academic' skills, such as academic writing and referencing and note-taking, that higher-level study requires but which they felt were not adequately covered by vocational qualifications, and which are also felt to diminish over time spent out of formal education:

> Some of them I think are not prepared adequately for higher education and that does present them and us to an extent with a problem so we have got to be very realistic. It is great to offer the opportunities and we should do and we do but we have to be careful that we are not setting them up to fail … We don't want to bring anyone onto the programme to fail, that's the last thing we want to do. [Higher education advocate]

Some advocates argued that these are teachable skills, and students on degree programmes are often supported to produce positive outcomes:

> … once they got [to understand the various writing skills] they flew… they struggled a bit to realise that there is not just one style of writing in academia and getting them familiarised through doing formative and diagnostic work really helped them when they came to do summative assessments. [Higher education advocate]

Discussion

We found that definitions of widening participation were only easily produced by advocates and not by aspirants. Various definitions were produced, suggesting that there is no compelling single definition available to or widely accepted by practitioners, confirming the understanding of Health Education England (2015), discussed above, which gave rise to this research.

Universities and employers appear to share a broad theoretical understanding of widening participation and the initial definitions offered by advocates were similar, largely focusing on supporting individuals with various skills gaps to reach university.

The range of definitions allows for a variety of activities that may not complement each other and may also encourage working separately towards similar aims. For example, activities like school outreach programmes, where joint working could make better use of limited resources, were reported by advocates to be uncoordinated.

When asked to consider the practical implementation of widening participation, important differences can be seen between advocates in health employment and those in higher education. The most important difference is that health employers wish to see widening participation efforts targeting existing staff. This can impact on potential students from the workforce in various ways, and in this research an often-cited example was the lack of communication between higher education and employers around entry requirements which means advice offered by advocates in the workplace is partial and tentative. However, the research also identified examples where university teams were working directly with local healthcare organisation staff to offer very clear and tailored information and guidance, demonstrating that this work can take place where local networks have been developed, despite the potential for different priorities.

The difference in focus can also lead to systemic issues, for example resulting from employers advocating for their workforce without the engagement of higher education. Advocates in this research spoke often of the difficulties of striking an appropriate balance between practical and academic skills. Virtually all respondents, both advocates and aspirants from all types of organisation, were clear that there needs to be a balance between skills so that the graduate can manage both the theory and the practice of their chosen career. However, we found that the relative weighting is not commonly agreed. Generally, employer advocates and aspirants tend to give greater weight to practical skills and the evidence of vocation, whereas higher education advocates more often express anxieties about the ability of potential students from vocational qualification backgrounds to meet the intellectual rigours of degree-level study.

However, students of all backgrounds may need specific support at different stages of the student life cycle; perhaps when they first begin university, when they enter placements or towards the end of their study. This is no different for widening participation students and support for all students must be sensitive to need and stage of progression, with flexibility being key. Different people with different experiences will have different strengths; for example, students drawn from employment in a healthcare setting are likely to find work placements less challenging than school leavers.

This is not to deny that there are practical implications for the kind of advice, guidance and supportive interventions that are needed for potential students with vocational qualifications and skills, and it would be helpful to have an open discussion at a local and national level to help clarify this issue. This is one of the key recommendations for the research commissioner, Health Education England.

Further explorations of the definitions offered by both advocates and aspirants almost invariably led to a discussion of the qualities of the widening participation cohort, and suggested a more empowering definition can be constructed which emphases the diversity and multiple strengths brought to higher education by this cohort. Participants in our research seem to spontaneously agree with the commentators who argue that diversity, for example different life experiences, brings significant benefit to the workforce and the student body (Page, 2007, Burke and Hayton, 2011).

We suggest this positive approach could help the widening participation agenda gain greater traction with those who are typically the focus of interventions, and at the same time galvanise those who advocate on behalf of this group.

Widening participation definitions that emphasise the shortcomings of potential candidates may confirm existing prejudices, and consequently fail to help address structural issues. In the case of healthcare considered in this paper, these structural issues include employers and educators creating a coordinated approach to identifying, encouraging and supporting a wide variety of people in order to strengthen the healthcare workforce. Positive approaches suggested by advocates and aspirants in this research draw attention to the strengths of the widening participation student, such as maturity or diversity of experience.

A positive definition that also encapsulates the reasons for committing time and resources to programmes with this aim may help open the debate more widely; as we have suggested above, the current definition of widening participation appears to be recognised only by those directly involved with its promotion and development. In line with the arguments developed for asset definitions and discussed above, a positively framed definition might also bring some other benefits, such as increased energy around the programmes and deeper understanding of the issues (Morgan and Ziglio, 2007).

Below is a suggested definition drawn directly from the advocate and aspirant interviews which could be subjected to testing with the target audience:

> Widening participation is about recognising the strengths that can be brought to the healthcare workforce by a wide range of people with different educational backgrounds. Such strengths are not necessarily demonstrated though what some call ''good' A levels' and might include:
>
> - Emotional intelligence and resilience
> - Personal qualities and values in line with caring professions
> - Experience of caring
> - Proven commitment to caring
> - Team work and communication skills
> - Cultural competences
>
> The purpose of widening participation is to broaden and build the workforce skills base by capitalising on the different strengths people bring to the healthcare workforce, in this way building the future workforce whilst contributing to social equality and fairness which in turn builds a healthier society.

We believe that an effort to frame the definition in this more positive light may help better engage both advocates across education and employment boundaries, and aspirant students from non-traditional backgrounds.

End Note

[1] Here we are referring to the qualification levels for England, Wales and Northern Ireland where this research took place. In these countries there are nine levels, with entry level qualifications at Level 1.

Advanced Levels, Advanced Apprenticeships, international Baccalaureate diploma are all examples of Level 3 qualifications. First degrees are Level 6, Doctorates Level 8. Further information is provided on the UK Government website https://www.gov.uk/what-different-qualification-levels-mean.

References

Arksey, H and Knight P. (1999) *Interviewing for Social Scientists.* London: Sage.

Bateson, J., Griffin, R., Somerville, M., Hancock, D. and Proctor, S. (2016) *Different people, different views, different ideas: Widening Participation in Nursing and Radiography Degrees*. Bucks New University and Health Education England. DOI: 10.13140/RG.2.2.15448.19202

Braun, V. and Clarke V. (2006). 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3, 2: 77-101.

Burke, P. J. and Hayton, A. (2011) 'Is widening participation still ethical', *Widening Participation and Lifelong Learning*, 13, 1: 8–26.

CFE Research (2015) 'Student Opportunity outcomes framework research: in-depth study', June 2015. [Online]. Available at http://www.hefce.ac.uk/media/HEFCE,2014/Content/Pubs/Independentresearch/2015/Student,opportunity,outcomes,in-depth,study/HEFCE2015_sodepth.pdf, (accessed: 1 July 2016).

D'Amato, R. C., Crepeau-Hobson, F., Huang, L. V. and Geil, M. (2005) 'Ecological neuropsychology: An alternative to the deficit model for conceptualizing and serving students with learning disabilities', *Neuropsychology Review*, 15, 2: 97–103.

Equality Act 2010 [Online]. Available at https://www.legislation.gov.uk/ukpga/2010/15/section/4 (accessed: 1 December 2017).

Fuller, A., Foskett, R., Paton, K. and Maringe, F. (2008) '"Barriers" to participation in higher education? Depends who you ask and how', *Widening Participation and Lifelong Learning*, 10, 2: 6–17.

Greenbank, P. (2006) 'Institutional Widening Participation Policy in Higher Education: dealing with the issue of social class', *Widening Participation and Lifelong Learning*, 8, 1: 1–10.

Health Education England (2014) 'Widening Participation – It Matters!'[Online]. Available at https://hee.nhs.uk/sites/default/files/documents/Widening%20Participation%20it%20Matters_0.pdf, (accessed: 1 July 2016).

Health Education England (2015) 'Widening Participation Directory', [Online]. Available at https://hee.nhs.uk/printpdf/wideningparticipationdirectory (accessed: 1 July 2016).

Higher Education Statistics Agency (2016) 'Widening Participation Tables', [Online]. Available at https://www.hesa.ac.uk/dox/performanceIndicators/PISG/UKPITG_2015_02/UKPITG_15_01.pdf, (accessed: 2 August 2016)

Kline, R. (2014) 'The snowy white peaks of the NHS: a survey of discrimination in governance and leadership and the potential impact on patient care in London and England', [Online]. Available at: http://eprints.mdx.ac.uk/13201, (Accessed: 29 September 2016).

Moore, J., Sanders, J., Higham, L. (2013) *Literature review of research into widening participation to higher education.* Aim Higher Research and Consultancy Network. Available at:
http://www.hefce.ac.uk/media/hefce/content/pubs/indirreports/2013/Literature,review,of,WP,to,HE/Literature%20review%20of%20research%20into%20WP%20to%20HE.pdf (accessed: 4 October 2016).

Morgan, A. and Ziglio, E. (2007) 'Revitalising the evidence base for public health: an assets model', *Promotion & Education*, 14, 2: 17–22.

NHSDirect (2016) 'Provisional workforce statistics' June 2016, [Online]. Available at http://content.digital.nhs.uk/catalogue/PUB21558/nhs-work-stat-june-2016-pdf.pdf, (accessed: 20 September 2016).

NHS England (2016) 'NHS England response to the specific duties of the Equality Act Equality information relating to public facing functions' January 2016. [Online]. Available at https://www.england.nhs.uk/wp-content/uploads/2016/02/nhse-specific-duties-equality-act.pdf, (accessed: 20 September 2016).

Office for Fair Access (2016) 'Glossary'. [Online]. Available at, https://www.offa.org.uk/glossary/ (accessed: 2 August 2016).

Page, S. E. (2007) 'Making the difference: Applying a logic of diversity', *The Academy of Management Perspectives*, 21, 4: 6–20.

Roulson, K. (2000). *Reflective Interviewing: A Guide to Theory and Practice*, London: Sage.

Royal College of Nursing (2015) 'A workforce in crisis? The UK nursing labour market review 2015'. [Online]. Available at, http://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2015/october/005348.pdf (accessed: 2 August 2016).

Ryan, G.W. and Bernard, H.R. (2003) 'Techniques to Identify Themes'. *Field Methods*, 15, 1: 85-109

Silverman, P. D. (2006) *Interpreting Qualitative Data: Methods for Analyzing Talk, Text and Interaction.* Third Edition. London: Sage Publications Ltd.

Smedley, B. D., Stith, A. Y., Nelson, A. R. (eds) (2002) *Unequal treatment: Confronting racial and ethnic disparities in health care,* Washington D.C.: National Academies Press.

Vaismoradi, M., Turunen, H., Bondas, T. (2013). 'Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study', *Nursing & Health Sciences* 15, 3: 398–405.

West, M., Dawson, J., Admasachew, L., Topakas, A. (2011) 'NHS staff management and health service quality'. [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215455/dh_129656.pdf (Accessed: 29 September 2016).