Abstract

The purpose of the study was to explore the experiences of students on an undergraduate occupational therapy degree programme who have caring responsibilities. It was a mixed methods study, including a questionnaire to identify students who are carers, follow-up focus groups and the University’s internal student records data base to obtain absence and attainment data. There were no significant differences in absence rates for carers and non-carers. However attainment was significantly lower for carers. Carers reported having fees paid by the NHS as an important choice factor for higher education. Carers’ main concerns were timetabling, finances, support after exam failures, understanding from academic staff and not feeling part of the wider university community. Most carers had seriously considered leaving the programme during their studies and attrition rates were proportionally higher for students who were carers. Education providers must recognise the needs of mature students and provide inclusive environments. The findings have led to programme, policy and institutional level action. Education providers must recognise the needs of mature students and provide inclusive environments. The NHS must be reflective of the community it serves and those responsible for delivering health professional programmes have a duty to recruit and retain a diverse student population.
Introduction
The purpose of this paper is to report on the findings of a study that aimed to actively engage student carers and report their opinions and experiences of being full-time students studying on a BSc (Hons) Occupational Therapy programme, and to show how the findings from the study have been used to influence changes in practice at programme, policy and institutional levels. The goals are to enhance the experiences of students and comply with equality legislation.

Literature Review
The popularity of allied health professions (AHP) for mature students continues to rise with 16.6 percent of students aged 40+ and 16.0 percent of students in the 25-39 age bracket choosing AHP (Universities and Colleges Admissions Service 2013). This is particularly reflected in the admissions profile for undergraduate occupational therapy (OT) programmes. OT continues to attract a very high percentage of mature students. In 2010, 70 percent of accepted applicants were aged 21 or older and almost one-third (32 percent) of all accepted applicants to OT programmes in the United Kingdom were 30 or older (College of Occupational Therapists, 2010), (Figure 1).

![Figure 1](image_url)

**Figure 1** Percentage of accepted applicants on Occupational Therapy undergraduate degree programmes (College of Occupational Therapists 2010)
Currently, national statistics are not available for the number of undergraduate students who are carers. The Skills Funding Agency has modernised the student support system to include the introduction of targeted support, such as childcare grants. This initiative may have influenced the recent increase in full-time participation in higher education by mature students. Returning to education, in particular, can have negative consequences on family relationships (Suitor and Keeton 1997). Mature students and women with childcare responsibilities have higher levels of debt than younger students (Bryant 1995, Cuthbertson et al 2004). Importantly, mature students with children often discontinue their studies due to a combination of childcare and financial problems (Maynard and Pearsall 1994, Scott 1996, Wainwright 2006, NUS 2009, Pryjmachuk et al 2009). Crosling et al (2008) suggested that students with personal problems, such as a marriage breakdown and financial difficulties, were more likely to withdraw from programmes. Figures from The Public Accounts Committee report (2007-08) (House of Commons, 2008) indicated that 28,000 full time and 87,000 part-time students, who commenced first degree courses in 2004-05, left higher education during their first year. The number of students dropping out increased from 28,210 in 2010 to 31,755 in 2013 (Higher Education Statistics Agency 2013), a rise of almost 13 percent. In all, 8.6 percent of students withdrew from HE after 12 months in 2013 compared with 7.9 percent a year earlier and 21.6 percent are expected to fail to complete their degree. Johnes et al (2004) suggested that the main reasons for attrition from HE in the UK are due to academic failure and voluntary dropout. Further reasons for attrition identified by Yorke and Longden (2004) included: wrong choice of course, personal events impacting on students’ lives, the experience students have on the course and failure to meet academic standards. The College of Occupational Therapy Annual Monitoring Report (2010) indicated attrition rates of 12 percent for occupational therapy programmes. Although this figure is far below the national HE attrition rates, it still represents considerable disinvestment to the individual student, the institution, and the funding body Health Education North West (HENW). In general, a higher proportion of mature entrants than young entrants do not continue in higher education after their first year. For full-time first degree entrants, the UK non-continuation rate was 13.3 percent for mature entrants compared with 7.2 percent for young entrants (Higher Education Statistics Agency 2013). Students undertaking health professional
programmes also face added demands such as the need to fulfil clinical placement experiences which extend into the summer period with the obvious emotional and financial impact of additional childcare.

**Methodology**

Ethical approval was obtained from the University of Liverpool Ethics Committee. Informed consent was obtained from all participating students. OT students (n=159) were invited to participate in this mixed methods study (Cresswell 2009). Subjects were required to complete a short questionnaire. Questions covered demographic details and identification of students with carer responsibilities. Those with any carer responsibilities were asked to indicate whether they were a single parent and a main carer. Those students who identified themselves as carers were then invited to participate in focus groups. For this study, a carer was defined as a student who has responsibility for the care of children, partner, parents, grandparents or other family members. There were four focus groups, each consisting of four to six carers. In order that students would be able to discuss their experiences of the programme anonymously, each focus group was facilitated by two academics external to the Directorate of OT. The discussions followed an open-ended approach with prompting questions utilised by each facilitator to ensure that questions were consistent across the groups (Table 1). The focus group approach allowed students to discuss and respond to ideas raised by other group members and served to clarify responses allowing for identification of common student issues and themes and to identify and inform the need for further research.

**Table 1** Key questions for discussion at focus groups

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<th>Question</th>
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<td>Why did you choose to study occupational therapy?</td>
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<td>Why did you choose this university?</td>
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<td>Has the course turned out to be what you expected?</td>
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<td>What have you enjoyed most about your programme and university?</td>
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Did you feel prepared for university study?

Do you feel you are supported?

What difficulties have you encountered?

Have you ever felt like leaving and why?

What makes you stay?

What have you gained from higher education?

To try to ensure all voices were heard, students were also asked to write key points and ideas relating to issues raised on post it notes. The duration of the focus groups was approximately two hours and they were digitally recorded and transcribed verbatim by a professional transcriber. Data from the focus groups were analysed using thematic analysis (Holliday 2002).

The absence record data for the 154 students were collated from directorate records and analysed using SPSS Version 16. A two-sample t-test was applied with the number of absences as the response variable and carer status as a predictor variable. The year of study was a fixed factor and students within the cohort were a random factor. We adopt a 5 percent level of significance and present corresponding p values for further clarity.

Results
The questionnaires revealed that 95 percent of respondents were female and 5 percent were male. Admissions data for age on entry to the programme are shown in Figure 2.
Thirteen percent of respondents ($n=20$) identified themselves as carers. Most carers ($n=18$) were aged over 26 years. Thirteen of the 20 carers (65 percent) had gained entry to the programmes via an Access to HE Diploma qualification. Nineteen carers were female and one male. Nine of the carers indicated they were single parents and 18 carers described themselves as the main carer. Fifteen carers cared for children, two carers cared for a parent, one cared for a partner, one cared for a grandparent and two carers indicated that they had multiple caring responsibilities. Thirteen carers (65 percent) also indicated that the structure of the clinical or academic timetable was problematic with regard to their carer responsibilities.

Of the twenty students who identified themselves as carers, sixteen agreed to take part in the focus groups. The following eight themes were identified (Attride-Stirling 2001).

1. Choice of programme and university
Students often reported that they chose OT because of their own exposure to OT for people they had cared for (five students). Some students also mentioned that they had considered nursing as a career, but that shifts were not conducive to their caring responsibilities and so they did not pursue this.

Location of the university was the most important factor for student carers. The reputations of the university, course structure and delivery were not considered important:
'All the course information at the open day went over my head and I suppose that wasn’t my priority. Location and being able to get home was more important.'

'I needed to know about holidays. I tried to ask about it in a roundabout way on the open day. I didn’t want them to think – gosh you haven’t even started and you’re asking about holidays.'

2. Support

Most students felt very well supported by clinical staff on placement and by their academic supervisor. Some students reported that although they found the academic supervisor really helpful they had not identified problems soon enough:

'I left going to see my personal tutor until the problem made me ill. My partner was ill and I didn’t think to go in and say, look I am struggling. I think it’s because deep down I don’t feel like I should be here. I also had the kids to worry about and I was overwhelmed.'

A few students reported an unhelpful supervisor and this had left them feeling isolated on the programme and contributed to a negative student experience.

'I did not find my tutor that helpful. She tended to tell me about the consequences of having time off and not being emotionally fit for placement or university rather than helping me manage things. I considered leaving because of my tutor’s attitude.'

When asked what could have been done students mentioned that if it had been identified at the beginning of the course that carers may need additional support, carers would feel less isolated and staff would have had more of an awareness of particular problems faced by student carers.

'My academic supervisor is brilliant. She understands the problems I have. She really tried to help me sort out the placement I had been given because it was too far. I think some staff genuinely don’t understand what kind of financial support we get or what it means when your childcare does not open until 8 am and how you are going to get to placement or university on time if you don’t have a car.'

Students also mentioned that partners and their own parents were a major source of support in terms of childcare and finance.
'I always find that the week before my bursary is due I am absolutely penny pinching all the time. I am dependent on my mum at the age of 30 which is annoying.'

Conversely, students also mentioned that there was often some friction with partners and that they were still expected to maintain household responsibilities.

'I get up at 6am on a Saturday and Sunday to put 2 or 3 hours study in before everyone gets up because I know during the day it will be me doing the lunches and entertaining the kids, or whatever, so I have to sacrifice a bit of sleep.'

Students also relied on their peer group for support and empathy particularly from mature students and other students with carer responsibilities.

'There are a few mature students, and we tend to stick together and support one another. I couldn't do it without them.'

3. Finance
Students all reported experiencing considerable financial hardship. They reported that they were not aware of what they would be entitled to before starting the course. They found the financial process difficult to navigate and did find that even with the allowances there was still a shortfall with regard to childcare costs particularly when summer placements coincided with school holidays. Some students had received advice from the university finance support unit but some did not find this very helpful.

'I found them a bit vague and I did think it would be better to have someone who actually works in child tax credits to come and talk to us.'

All students reported that the fact that they were not required to pay tuition fees was a major contributory factor in choosing an AHP programme. Several students identified that they had given up paid jobs.
‘I had a fight with my husband to get here. The day I was handing my notice in we were still arguing about whether I should do it, we calculated how much it was going to cost us, for me to give up my job.’

4. Timetabling issues
Most carers identified problems with the structure of academic timetables. Lectures were often timetabled 9 a.m. to 5 p.m. which caused problems with childcare arrangements. It was also reported that although the timetables were 9 a.m. to 5 p.m. it was very rare that a lecture was booked until 5 p.m. However, this meant that students had the worry and expense of booking childcare even if this was not needed and short notice changes to timetables were problematic. Suggestions for improving timetables were given by the students.

‘We should be encouraged to talk about possible issues with timetables and placement sites. I also think that there should be more self-directed learning and podcasts.’

Most students found their clinical supervisors very understanding with regard to flexibility on placement and caring responsibilities although some students felt that these conversations were difficult to broach in their first year of study. Students were able to make up time if they were not able to arrive early or if they had hospital appointments to attend with those for whom they cared. There was concern with regard to placement sites that were a long distance away. Placement start time could be 8.15 a.m. which meant that students were unable to take their children to breakfast clubs which opened at 8 a.m. or to care for other dependents and travel to a placement on time. Some academic staff were initially unsympathetic to this issue.

‘My personal tutor said, well you get a bursary, you drive, what’s your problem? I didn’t want to say I am a single parent and I just find that it’s impossible. I felt really uncomfortable in having to press the issue. I think they should take proper account of this and discuss it with you before they allocate placements.’

Students felt that the university should have an open approach to this issue and liaise with clinical staff around further possible flexibility on placement.

5. Assessment demands
Students reported that the reason they had felt like discontinuing their studies was financial or during the build up to January examinations. Students reported that issues such as financial stress at this time and also the expectations of Christmas being a family time added an extra burden. Students also mentioned that examination dates and assignment hand in dates should be considered carefully so that they were spread across the year to relieve some of the stress.

‘Christmas and exam time is really hard. I don’t look forward to it. I’m worrying about buying presents and money and it’s just all too much.’

6. Commitment to the programme and their future profession
Students were highly motivated and committed to the OT programme. Despite all the hardships, students still felt that a career would be beneficial to themselves and their families. They were appreciative of sacrifices that their families had made. Placements, particularly after an exam period, were seen as a source of motivation.

All students reported that they had felt like either leaving the programme or suspending their studies at some point. However, most students said that they could not seriously consider leaving due to the sacrifices they and their families had made

‘We are in debt and we have dipped into our savings and now there is nothing left. I have to stay and get a job.’

Most students reported that they had grown in confidence as a result of going to university and that they felt a great sense of achievement. They were also looking forward to becoming qualified OT professionals.

7. University life
Most students reported that they did not feel part of the wider university student community. Pressures on their time meant that they did not join or attend clubs and societies. Students mentioned that, although they found the Staff Student Liaison Committee useful for raising general student concerns with staff, they were reluctant to raise any issues directly related to their caring. Some students also mentioned that they would have liked to have put themselves
forward as a student representative but were constrained by time commitments. They also felt that their external demands were also not considered when planning Student Forums.

‘They don’t even timetable the student forums to consider students who look after someone. They organise the meetings so that you have to come in earlier instead of having them in the gaps in the timetable’

8. Absence
Nine students mentioned that they were unhappy with the attitudes of staff regarding requesting time off due to caring responsibilities. Most students reported that they had taken time off as sick leave rather than request an absence due to their carer responsibilities. One participant stated:

‘It’s just easier to tell a fib if they are ill or if they have something special on at school. It would be frowned upon to ask for time off for that. When you start work you can at least plan holidays, so that should be easier.’

These students also mentioned that they thought this was unfair as they felt that they were highly committed to their studies and that overall their attendance was at least as good as other students despite their additional commitments.

Quantitative Analysis
Absence
The issues of non attendance have been pointed out by Winn (2002) with regard to the pressures that are encountered by students with childcare responsibilities and also in response to the comments by students regarding absence and attendance. In order to further investigate the student’s concerns absence; records were also collated for students.

There were no significant differences in absence for the carers (mean = 6.52, SD= 3.08) and non carers (mean = 6.71, SD= 5.16), (p = 0.877). This analysis supports the perceptions expressed by the students in the focus group indicating that carers and non-carers have similar attendance rates.
Attainment

ANOVA analysis revealed that the attainment (demonstrated by final year mark) of carers (mean = 48.20, SD = 9.08) was significantly below that of non-carers (mean = 58.601, SD = 17.01) (p = 0.03).

Progression

Of the 20 carers, six had their studies terminated on academic grounds by the end of the programme. This compared with 21/134 for non-carers.

Discussion

It was apparent that most students were pleased and committed to their choice of career and were looking forward to becoming occupational therapists. This was reassuring since most students mentioned the fact that tuition fees being paid by HENW was a major contributory factor in feeling able to undertake their degree. It is therefore reasonable to suggest that this may become more of a deciding factor following the rise of tuition fees, which may be a deterrent to other non AHP prospective mature students. For undergraduate degree programmes starting in 2012-2013, applications from students aged 21 years and above has dropped 11.4 percent compared to a 6.6 percent fall in applicants ages 17-20 (Universities and Colleges Admissions Service, 2013).

Students were committed to their studies and, despite additional demands on their time, did not have significantly higher absence than other students. However, there were areas of concern relating to higher attrition and lower attainment of carers and reasons for this will be multifactorial. Students with caring responsibilities appear to have (hidden) concerns/needs that require additional support. The analysis of the focus group findings, with supporting evidence from the quantitative analysis indicates a number of areas that could be addressed from an institutional stance to improve carers’ experience of undertaking the OT programme. As a result of this research, a number of changes have been explored and initiated at programme, policy and institutional level.

Actions taken at Programme Level:
1) Identification of students who are carers provides the means for early intervention to enhance student experience, attainment and attrition. This will also allow planning with regard to flexibility for clinical placements.

2) Review of student forum timings so that this is more accessibility to students with caring responsibilities and an overt part of the weekly timetable.

3) Programme structure should be designed with consideration to carers.
   i. Support around time management issues and using time effectively
   ii. Workload demands including detailed module timetables, formative and summative assessment deadlines are published at the beginning of each academic year.

4) Students are actively encouraged to discuss their carer responsibilities at an early stage of the admissions process and commencement on programme. This is supported by (Kenny et al 2011) who found for mature nursing students, seeking support was more of a predictor of higher attainment than academic entry qualifications.

5) The students in this study did offer ideas about how they can be better supported by academic staff. They expressed that they wanted staff to understand the ongoing personal barriers for students who are carers. There is a structured academic supervisor tutor system in place and the personal tutor system should accommodate and facilitate these discussions; this study has been used to heighten awareness of the importance of these conversations between the academics and the students at a variety of points in the programme.

6) Programme leaders and admissions tutors should be proactive and explicit about the structure of the programme and managing expectations at various points during recruitment and during the programme (Scully & Kerr et al 2014).

7) Ensure there are good communication links with clinical placements as this is viewed as one of the most positive aspects of the programme. The practice placement tutors take responsibility for this communication. This is important because motivation for learning is regarded as one of the most important determinants of success and quality of any learning outcome (Mitchell 1992). Most students in our study reported that placements were a motivator. Also Hampshire et al (2012) report that positive placements can provide a reason to remain in study.
Actions taken at Policy Level:

1) A ‘Student Support Service’ has been established across the School of Health Sciences which offers support during the examinations period.
2) Targeted financial advice with regard to funding available to students who are carers.

Actions taken at Institutional Level:

Based on the evidence provided by similar research (National Union of Students 2009, Hussain et al 2011), this university not only collects equality monitoring data relating to age, disability status, ethnicity, gender, nationality, religious belief and sexual orientation, but now also monitors students as to whether they have any dependants. Without knowing whether students have children or dependants, it is difficult to plan how programmes and services can meet the needs of these students. Collection and analysis of such data will allow HEI’s to justify any increase or decrease in support and facilities for students with family commitments, monitor trends in recruitment, retention and attainment of students with family commitments, and justify appropriate interventions.

Future actions:

1) In addition to family support, the students in this study spoke about peer support that comes mainly from other mature students or students who are also carers. This is consistent with findings from Howard and Davies (2012) who identify this as being a shared social identity and that a shared group with common characteristics appears to be an important source of support and motivation for mature students in general. A future action is therefore to explore the possibility of developing a School level peer support group as students often found support from peers to be invaluable. This could include the use of virtual networking and external sites such as http://www.studentparents.org/.

2) It has been reported that students entering the course with non- traditional qualifications such as BTEC and Access Diploma qualifications attain slightly lower marks and show higher attrition rates than traditional “A” level students (Wharrad et al 2003). The findings from this study contribute to this emerging picture. However, according to the students in this study they believe that their foundation preparation from their Access
Diploma prepared them well for this learning experience. This is not supported by the progression rate findings.

Conclusion

The NHS has a stated commitment to equality and diversity. The ultimate outcome is to ensure that, by having a diverse workforce, the needs of the local population are met (NHS Confederation -Employers 2005, Department of Health 2013), thus those responsible for delivering occupational therapy programmes have a duty to ensure that they retain its diverse student population. The NHS has a commitment to flexible working and fully recognises the benefits to the service and the individual (NHS Employers 2015). Students in this study reported that there clinical supervisors were understanding regarding flexibility during their clinical learning.

The Equality Act 2010 and attainment of the Athena Swan award (ECU 2015) means that higher education institutions will have to consider how their policies, programmes and service delivery affect, not only its staff, but also its students. Coherent with the flexible pedagogic approach, the institution also has student representation on programme and curricula design. This approach is conducive to the development of accessible curricula and support systems for all students (HEA 2015)

Further work

The School is currently engaged in a detailed audit of Access Diploma programmes structure and content and previous student attainment and attrition. The Programme team will also review attainment and progression of students to assess the effect of interventions and support

References

Athena Swan Charter (2005). Available at Crossref [Accessed 15.03.15]


Department of Health (2013). Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values A mandate from the Government to Health Education England: April 2013 to March 2015. Available at [Crossref] [Accessed 20.03.15]

Equality Act 2010 Available at: [Crossref] Accessed 20.10.13.


House of Commons; Director of Public Accounts. *Staying the course: The retention of students in higher education*. 20th February 2008.


National Union of Students (January 2009) *Meet the parents: The experience of students with children in further and higher education*, Available at: [Crossref]

NHS Employers: Flexible Working (2014) Available at [Crossref] (Accessed 12.03.15)

NHS Confederation (Employers). Positively Diverse (2005). Available at: [Crossref] Accessed 12.03.15


Skills Funding Agency Available at: [Crossref] Accessed 12.03.15.


Universities and Colleges Admissions Service: Available at: [Crossref] Accessed 03/03, 2014.

