

“It is not the easy option people think it is” a focus group/action research study of the experience of live at home students in the Manchester Medical School and the School of Nursing, Midwifery and Social Work

A report to CHERIL

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Introduction and brief literature review

HEFCE (2009) defined students who live at home as “living at their parental or guardian’s home in their first year of study” (p2). They found that in 2006/7 that approximately three out five students lived in university accommodation during their first year with a further fifth living in their own owned or rented accommodation and the final fifth living in their parental home. Over the year period from 1984/5 to 2006/7 they noted that there had been a sharp increase in those living at home from 8% in 1984/5 to approximately 20% in 2006/7. Current estimates from the central university statistics suggest that between 10 and 20% of undergraduate students across the university stay at home for their first year of study, however this statistic is thought to be grossly underestimated as there are difficulties in recording this data (some students consider themselves as living at home and record it so as they view university accommodation as temporary and their home as permanent).

Without considering causation, HEFCE (2009) found that female students, students from certain ethnic groups (Bangladeshi and Pakistani for example), disabled students, students with low A level or Scottish Higher UCAS tariffs, students studying in Greater London, students from the North East and those students who lived in close proximity to the HEI were more likely to live at home during the first year. Worryingly, the report goes on to report that those students who live at home have the highest non continuation rates in the following year of all students for whom term time accommodation status is known is 10% for live at home students compared to 4% for those students in university accommodation.

A brief review of the relatively scant literature in this area reveals conflicting views on the reasons why and experiences of living at home whilst studying at university. There is some literature that ascribes the decision to live at home as being a consequence of the students being “debt averse” (Ball et al 2002a; Calender and Wilkinson 2003), and idea that has been accentuated since the introduction of tuition fees (HEFCE 2014). It is suggested that students are choosing to live at home to offset the debt of fees and to reduce the amount of student loan they are likely to need (Furlong and Forsyth 2000). Others have suggested that live at home students choose to do so because they want or need the emotional security afforded by close family and friends (Archer et al 2003; Pugsley 2004; Reay 2001; Christie 2007) and therefore they make a positive choice to decline the student life in favor of staying close to their emotional ties and support mechanisms. Pationis and Holdsworth (2005) agree with this idea and suggest that living at home may be one way in which students control the inherent risk of going to university which, is perceived by some, as a pathway that is associated with both emotional and financial worries (Christie 2007).

Holdsworth (2006; 2009a; 2009b), a social geographer and major commentator and researcher in this area, challenges the new elitist notion that moving away or living in at university is the ultimate goal and accepted norm. She offers a counter discourse in which she suggests that the widely held belief that the experiences leading to becoming independent and more responsible might well be valued by students who

move away but are not denied to student who stay at home. Her thesis is that the assumption that mobility is necessary for transitions into adulthood which leads to separation and self-reliance favors these attributes over interdependence, mutual support and responsibility for others which may result from living at home. Either route to adulthood, she suggests can lead to successful and sustained transitions. Given the groups identified by HEFCE (2006) cited above, it is possible that the latter attributes certainly are key to their experience and decision making. However, the general assumption in the literature that the live at home experience is a negative experience (Holton 2014; Reay 2001). Christie (2009) summarises the general tone of the literature in suggesting that the experience for live at home students can mean that they can often be seen as doing a degree rather than being a student.

HEFCE (2002; 2006) found that as well as the general problems that all students face, students who are studying academic and vocational subjects (medicine, nursing, speech and language therapies for example) are also more likely to make the decision to live at home. This is presumably due to the high intensity of the course structure and the necessity to undertake clinical placements alongside their university study. However, despite there being a literature on attrition which identifies family and home life difficulties as being related to attrition in nursing and the medical professions, there is little substantive literature which addresses the experiences of either medical or nursing students' experiences of studying whilst living at home.

It is the aim of this study to engage undergraduate "live at home students" in a process that will produce a product of social importance to benefit the wider live at home student community in the University of Manchester

Aims and Objectives

The aim of this study was to investigate what the experiences of live at home students.

The objectives of the study are to research the support needs of "live at home" students who study within the School of Nursing, Midwifery and Social Work and Manchester Medical School are and to discover what interventions could be offered in order to provide support during their studies.

Methods

Recruitment

All students on the undergraduate medical and nursing courses were contacted by the team via email to introduce the project. Students were asked to indicate if they were willing to be take part in the student and to email the research team. Once they had made contact with the team, a second email was sent to them along with a participant information sheet which student were allowed time to read before they consent to attend a focus group interview session. At this point students were informed that they would be paid £20 in high street vouchers for their time and

inconvenience. Students were informed of the date and time for their focus group interview and they were sent a reminder email the day prior to their group.

Sample

Thirty-one students were recruited to 4 focus group discussions (see appendix 1). The first focus group was for nursing students (n=8, 7 females and 1 male). Focus group 2 (n=7) was a mixture of nursing (n=5 female students) and medical students (n=2). The third group (n=5, 2 females and 3 male) was a medical students group and final group was also a medical student group (n=11 9 females and 2 male). For the nursing students 6 were in year 1 and 7 in year 2. Two medical students were in year 1, 2 in year 2, 1 in year 3, 11 in year 4 and 2 in year 5.

The primary reason for living at home was given as finances with 8 (61.5%) nursing students and 10 (55.6%) medical students citing this as their primary reason. Caring responsibility was cited by 1 nursing student (7%) and 4 medical students (22.2%). Three of the medical students (16.7%) indicated that family pressure was the main reason for living at home. Two nurses (15.3%) and 1 medical student (5.5%) said having children was their main reason for living at home and 1 medical student (5.5%) reported that cultural pressure was the main reason for staying at home. Five of the nursing students (38.5%) had children whilst only 1 (5.5%) compared with only one of the medical students.

Data Collection

An interview schedule was generated from the literature prior to the commencement of the study and was agreed on by the investigators in this study prior to the focus group discussion. The questions were designed to be flexible and wide ranging enough to allow for open discussion and the airing of issues and ideas from the student's point of view. The schedule allowed for the sensitive exploration of the experience of live at home students, developing insights into the student perspective and the generation of consensus points (Kitzinger, 1994; Polit and Hungler, 1999; Kreuger, 2008). Three of the facilitators engaged in this study were experienced qualitative researchers and one was a novice.

Participants were invited to a focus group discussion at the end of the university day. A location was found in each of the respective schools and students were invited to attend the meeting. Each room had a large table, refreshments and enough room for people to feel comfortable. At the start of the discussion were welcomed and reminded about the recording of the discussion. One facilitator ensured that the two recording devices were working and recording before reading through the consent form with the participants and ensuring that they had consented to the discussion.

As it typical in focus groups discussion (Kitzinger 1994 and Kreuger 2008) the questions began with a more general focus (motivation to be a doctor or a nurse) before moving on to ask questions about the experiences of living at home. There were two facilitators in each discussion to ensure that if a participant became distressed (which did not occur) there was an opportunity for the person to leave and

be escorted. Reflective summarising (Kitzinger 1994) and focussed discussion (Kreuger 2008) were used throughout the discussion along with the periodic checking of consensus (does everyone agree with this this? Do people feel differently about this issue?). The summarising of key points at key moments ensured to establish trustworthiness (Polit and Hungler 1999) of the data.

The focus group discussion was “wound down” towards the end of the interviews by warning the participants of the time left for the discussion to ensure that people had the opportunity to express their ideas in a timely fashion. The key points of the discussion were summarised at the end of the group discussion and people were asked if they wished to make any further suggestions. The participants were reminded about confidentiality and the fact that they could contact the research team if they had any problems with the conduct of the study or if they were concerned about any of the issues raised.

Following the data collection, one of the team listened to the tapes and made notes on the main themes as raised by the participants. These were discussed between two of the team members and aided in the coding and analysis of the data.

Analysis

Data analysis and classification followed the framework analysis approach (Ritchie and Spence 1994). This method of analysis was specifically designed to facilitate systematic analysis of qualitative data and has the ability to summarise and classify data within a thematic framework. The themes were arrived at by three members of the research team reading each of the transcribed focus group discussions independently and then discussing the sense and the main themes collectively. Open codes were then applied to the data to ensure that the themes were developed from the data in an inductive manner (Ritchie and Spence 1994). Data analysis and collection were undertaken simultaneously. The themes were compared and contrasted within and across groups to generate connections between the data.

Ethics

Ethical approval was granted by the University of Manchester ethics committee.

Findings

Social Isolation

Many of the students reported feeling different and being aware of the difference between them and traditional students right from the start of the course. This awareness was often felt acutely and for many made engagement with the social aspects at the beginning of the course difficult. A nursing student and then a medical student make these widely held points clearly:

“R7: It's partly quite terrifying, the same with all the older ones as well (*not wanting to participate in the drinking games*), all getting ruckus, I was like oh, it's happening!”. R7 nursing student, focus group 2

“R8 Yeah, because that first encounter, people that didn't drink at the time or didn't go out because it was drinking, they didn't participate in it. And then the people didn't get involved completely because they had to go back home; you lose that first encounter whilst everyone becomes friends and comes to PBL. It's like oh, what happened last night? Blah-blah-blah. And you kind of just...you're not even part of that and that's the group already forming and you're very away from that and that situation.” R8 medical student focus group 3

Many students felt that much of the emphasis of fresher's week was on alcohol related activities which precluded live at home students either as a result of their religious beliefs or as the next student excerpt indicates, because of the difficult logistics of attending an event and getting home when they live at home. As a consequence of this, the lack of common ground with living in students meant that making friends at the beginning of the course was an awkward process:

“It's very difficult because their kind of activities are more going out drinking whereas I live in Sale so I go home in the evenings so I don't really join them for that, so there aren't really many activities they have that are non-evening, non-drinking. But sometimes they go out for meals or just have a nice chat but that's a rarity.” R6 medical student focus group 2

“I think when you move away from home especially for the first time which you tend to be at uni, you experience quite a lot of new stuff from cooking to cleaning your own clothes and all this. And if you're living at home you're not necessarily experiencing all those issues or problems that you're learning. And I think to a certain extent that then stops a lot of the conversation, it isn't exactly just the going out, but more the whole experience in halls, that really stops you.” R4 medical student focus group 3

The awareness that the living in students have a common experience emphasises the difference between them and living at home students:

“I don't think the group... They all had their own friendship groups so you'd go down in the lift together to ground floor and everyone would go...and you might see them in the canteen or in the café back in their group, so you don't get time really to talk to your seminar group or your EBL group as people because you're only in for that hour and then you're in a different seminar for the next one and then you're in a different group for the next seminar” R6 nursing students focus group 2

Here there was agreement that the structure of the timetable, the allocation of students to groups (which tended not to be with the same group of peers) meant that live at home students found the process of making friends difficult to navigate. Whilst some people persevered with making friends within this limiting environment, there were different views about the relative successes of persisting at this early stage of the course as the following interaction between two medical students and the facilitator highlights:

"I think, well, in medicine you have loads of lectures at the beginning so you see loads of different people, so I think within the first day you start talking to people, by the second day you're talking to more people, then you've made one or two friends, and then they've made two, three, four or five friends, and then they're your friends now, and then you get more and more friends, see more people. So I think after the first few days I think it felt normal to me I think.

I: But that's obviously not everybody's experiences. Does somebody else want to tell us their experience?

F: I feel like if you're not part of the group that's living in halls and things you find yourself maybe left out of a couple of things, like they make friends in their halls, they do things such as go out. And you are kind of left out I feel."
R6 and 8 respectively, focus group 4

An important part of the process here is the sense of isolation that can become a motivator to persist in seeking new friends or conversely lead to feelings of isolation. For both nursing and medical students, one strategy to overcome this was to gravitate towards people they could identify as being "like themselves":

"So, I thought the way that that's geared, it does make it quite hard to make new friends beyond your PBL group and things like that. And it does lead to more segregation, where you make friends within your own social circle. I know a lot of my Muslim friends, all the Muslim guys in our year, sort of came together and stuff. And it's good, but then it also leads to that segregation which I think does have some issues associated with it." R3 medical student focus group 3

For those students with a common cultural or religious affiliation, friendships could be forged fairly easily. Similarly, older live at home students who found establishing friendships difficult, could make relationships with other mature students:

"I was going to say I found the first semester pretty miserable, to be honest, because it's full of people who were at university for the first time. They were, you know...doing whatever people do, and I've got different priorities. I don't incidentally think it's because of my age. I think age is a red herring because I don't think my personality is very much different from when I was 18, it's just that now I've got other priorities." R3 nursing student focus group 2

R3 went to suggest that she then sought out people like herself (mature students) to approach and to make contact with in an attempt to establish connections. There was a general consensus for this approach among the older participants in the group.

A consequence of this "segregation" was that both groups of students acknowledged that this led to a poorer experience in the initial stages of the course, and indeed, for some even later on in the course. The following excerpt from a student who has had experience of both living in and living at home exemplifies the contrast and perhaps the benefits of living in:

“but I think, living at home, you do sort have a narrower social experience, because you’re not in somewhere where people will come and drag you out, or...when I was living in halls, whether I wanted to or not, I was included in it, but when you’re at home, you don’t have that...I mean I liked it because I’m a bit of a hermit, but other people might not like it.” R5 medical student, focus group 3

The initial sense of isolation often continued for students throughout the course. Both groups of students reported that they had difficulty in balancing their time with the time it would take to establish and maintain friendships. This was exacerbated by the full-time nature of the course (when compared with non-nursing or medical students) which was characterised by both placements and university study. For many this meant that long periods of time would be spent away from the university, often with just one or two other students from their cohort in clinical placement areas. A consequence of this is that the time they needed to invest in friendships was difficult to find:

“R6 You haven’t got time to get a good friendship. You’re friends with everybody but you haven’t got anything solid there to turn back to in the evening. I mean, luckily I did know [Name], we went to college together, but if I didn’t know her I really would have struggled at first, and I can talk to anybody but I would have found it really difficult.

R3: You kind of make more acquaintances than real friends. You just don’t have enough time.” R6 and R3 nursing students focus groups 2

For many this meant that they were missing out on meaningful levels of support from their peers generally, but more importantly at times in the yearly calendar where support was perceived as being particularly useful for success and beneficial in having someone to study with:

“Exams and deadlines for me particularly for the social aspect is that they’re all cramming in the library, if I walked into the library, spent an hour and a half on public transport to cram in the library with my mates whereas I can spend that hour and a half cramming at home on my own, but you miss on the social interaction, deadlines and stuff where people are getting together and doing their assignments together and working together. It’s just too much to expect. Coming to uni I know I do placements and then come home and stay around in uni when I’ve got other commitments at home.” R5 nursing student focus group 1

Similarly, many of the medical students agreed that they missed out on not only the stimulation and interaction to study but also the opportunity to practice practical skills like physical examination techniques which they perceived were available to other students. The following excerpt, which includes a contribution from a student who has both lived in and at home (R3) exemplifies this:

“R6: I think some of the students, if they live together they can revise together as well. Like during examination periods, they can practise on each other. So

you don't really have that, you've got to go in or go into the wards and do it yourself, you don't have that option.

I: So again that's about being close to other students.

R6: Yeah.

R3: I felt because I lived out for the first three years and now I'm back home, and it was so easy just to revise with people, you'd go and knock on the door and be like can we revise together. And now I have to make the effort because obviously nobody wants to come to my house. So I'm making the effort to go out and be like please will you revise? So there is a lot more effort that you have to put out in order to get something back, and what you want.”

R6 and R8 medical students focus group 3

For many of the students, across both disciplines, living at home meant that there were considerable restrictions to the peer support that they could receive. It is noteworthy that many felt that despite having the support of their family to study, academic support at home was lacking and was perceived as a disadvantage of living at home:

“Yes, and I think as well, I think we said before about the whole feeling of isolation, if you were just to stay at home, even though it might be good for the time you can spend, that just increases that feeling of isolation. So I love coming in to see people and say to someone are you struggling with that as much as I am? Because that conversation you can have while you're here but if you're just coming in for an hour and then going back home you haven't got much time to fit that in either even though you're here.” R5 nursing student focus group 2

The discussion in focus group two continued to explore how family members and supporters were often lacking in the practical help and support they could offer the student, which was a point raised in all of the focus groups:

“A lot depends when you're practising on your family and things like that because they don't understand what you're meant to be doing. And sometimes when you're in like an eight-minute station in your head trying to do it, you actually don't remember that you forgot this, this or that while you practice on your friends. They're like yeah, actually, you could've done this better, you could've done that better. Plus, your mum and dad, they're like are you finished?”

I: So you're not getting any feedback because it's...

R4: Or they're like those parents who are like so what are you doing that for? It's like mum, I'm in a timed period! I've only got six minutes left! ...

R6: I tried to practice an abdominal examination on my younger brother and we couldn't get past the fact that it tickles." R3, 4 and 6 medical students focus group 3

Despite the jokey nature of the final comment here, the students in this study found this a significant matter of concern and worry for them. Peer support, challenge and encouragement was an area where they felt they were lacking and one which they perceived, could affect their progress through the course.

As well as reporting a sense of isolation from within their own discipline, live at home students also felt that they were isolated from the wider activities afforded by the university. Students reported that they were unable to join the groups and societies they were attracted to despite wanting the additional experiences. Two reasons were suggested for this. Firstly, the nursing student in the next excerpt highlights the fact that the tight timetable associated with placements away from the university meant that attending groups or societies on a regular basis was difficult:

"Plus as well you come to uni do what you need to do and go home because of your commitments. Whereas I know when we're in uni and it's just uni you do have the Wednesday afternoons that's got all the clubs and societies but if you've not got anything on in the morning at the university it's do I drive in all the way into uni just for that hour of being social when I could be doing this.

R9: And we're on placement now.

R7: We're on placement now so we miss those Wednesdays now anyway so even if we did have...I was going to be on the netball team this year but because of placements it's just not been possible for me to do a society" R7 and R9, nursing students focus group 1

Secondly, the timing of the meetings for many groups were of an evening when attendance would be particularly difficult for live at home students:

The societies and sports teams I think because we have that Wednesday off in the afternoon but probably next year I think don't we have a Wednesday in placement or something and then we come in...? So you kind of miss out on...a lot of the societies are at night, so you can't go to them really unless you hang around in Manchester for five or six hours after whatever you're doing. I would have liked to have gone to some more. R5 FG2

A consequence of this is that they then opt to join a society that is attractive to other people like themselves, for example the mature nursing student society or groups which do not have alcohol as their focus:

"It's just not interesting if you don't. Like, I met friends though Amnesty and other societies, but we're here for six years, a lot of...and they go after a couple of years, and so you end up doing socials, like, this Amnesty Society organised, obviously, alcohol free socials, so we'd go there and we'd meet other Muslims. I don't have a problem meeting other Muslims but I'd like to

meet other people as well, because that's why I came to uni, to meet likeminded people, sober people..." R6 medical student, focus group 4

Inherent in this excerpt is the generally held notion that the easiest but not necessarily the best way to get social support was from people, once again, they identified as being like themselves.

In summary then, the students in this study indicated that they started the course feeling socially isolated and for many this continues throughout their experience at Manchester. They indicate that this is largely due to the events at the beginning of the term which tend to centre around drinking and socialising in pubs. A number of students in the groups also suggested that the talk at the beginning of the year seemed to be aimed at the traditional or live in students and little emphasis was given to other groups within the cohort. It was suggested that the social isolation they faced led to them having a less rewarding experience both in terms of the benefits they could get from peer support but also the difficulties they faced in accessing the wider academic enrichment activities which were perceived to be outside their reach due to competing demands on time.

Managing time in an inflexible system

There was universal agreement in the focus group discussions that managing time and effort was a difficult enterprise for live at home students. For many the university system was an inflexible system of rigid rules and requirements which were not allowed to be broken. In particular, many students could not understand the organisation of the course and the complicated structure of the timetable which seemed organisation rather than student friendly. They reported that the organisation of the timetable and structured theory sessions were haphazard and rigidly adhered to:

"There was...I understand that, obviously, if you've got teaching, sometimes they can't accommodate for it, that's perfectly fine, but I had a case where there was a one day course that we had to do, and in my head I knew that they do this course every single day, basically, they had to do hundreds of students, it's not difficult to swap someone around. So I told them that I'd got a physiotherapy appointment, which I'd booked months in advance when my timetable was empty, I can't change the physiotherapy appointment, because they don't accommodate for people who change, so, for whatever reason, they're oversubscribed on that kind of thing. So I said that I've actually got a problem with my shoulder, I'm in pain currently, as well, I need to go to this, otherwise I can't go for two weeks. And she just said, oh I'm sorry, but we just can't accommodate it, it's mandatory, part of your course. And when I turned up, the people that were doing the teaching, it was just a group of six, and they do that all day, nonstop, twice a day for an entire cohort, for 100 people, and are you telling me you can't swap one person with another person, when it's a very specific reason? And I gave plenty...I think two weeks' notice or something like that. So it's cases like that..." R1 medical student focus group 4

Inherent in this quote is the often cited idea that the structure of the course, the theoretical and practical elements and the fact that even with notice, little compromise is secured. The following student reflects on the irony of the content of the session and the afterhours slot in which it was being taught (and students were expected to attend):

“I remember there was a portfolio event...we do these portfolio things and we had an event and it was about diversity, this meeting, and so we all had to think about the diverse backgrounds of all the other students and then at the end of it the portfolio tutor got on to talking about these certificates and I said, well, I haven't got any and I'm not going to get any. There's no way I can get any. And she said, oh no, you need some. I said, well, we've just had a presentation about diversity for heaven's sake. I've got two children, I've got to go home, pick them up, I just can't do it. And she sort of said, oh, right, okay, and that was it. You know, the medical school is just not supportive in that way.” R8 medical student focus group 2

These kinds of situations were continually referred to by the students across all of the groups and seemed to be associated with feelings of frustration and sometimes anger.

One important consequence of facing the inflexibility of the system was the way in which students processed and acted in the light of this perceived rigid form of organisation. For many (who had either parental or caring responsibilities discussed as theme later) a complex set of decisions needed to be taken to manage attendance strategically whilst balancing the need to attend to pressing issues at home or even work. The following two nursing students discuss the dilemmas they face when a “scattered” and “uncoordinated” and inflexible timetable event meant that they only have to attend a one-hour lecture in the entire day:

“It's the travel, really, and it's like on a Wednesday if you have a 40-minute seminar, you've driven an hour to get here and an hour home so you've lost two hours' study just coming in for that seminar when we've had a two hour break on a Monday with nothing in the middle of the day, so that's a big thing, really, I think, for the ones coming from further away or having childcare. I haven't got children but I know a lot of people do, that 40 minutes has just cost them three or four hours of childcare as well as the travel which I think that's a huge thing, really.

R2:Yes, and for me as well, I'm still working. I've got a permanent job 15 hours a week so for instance, coming in for an hour would mean an hour on the bus, an hour here and an hour back home then I go to work straight from there and work until sometimes half eight, nine o'clock at night to try and fit my hours in for that week. But sometimes I think if that hour would have been slotted in in a two or three hour break I could have had a full day at work and then come home and had time to do my work at home.” R 4 and R2 nursing students, focus group 2

Inherent in these excerpts are the ideas that students, often from necessity and because of competing needs, make decisions based on where their efforts can be

best placed. Similarly, medical students are faced with the same dilemmas and choices in working within an inflexible system:

“If I see there’s a one-hour session at nine, and then another one-hour session at four, if I value the nine o’clock one enough I’ll turn up, but if I see it as something, no, that’s probably not that useful, I’ll just stay at home and do work, and turn up for the four o’clock one. Or I turn up for the nine o’clock one and then just go home.

Here we see the frustration and anger at the inflexibility of the system. The lack of structure to the day means that they make decisions in which they balance the cost versus the benefit. In contrast to this active decision making process, R7 in the following excerpt adopts a different approach, whilst acknowledging that she may be in a unique situation of living at home but not having caring or childcare concerns:

“I’m quite different because I’ve just come in really early and just come out really late because I don’t have so much commitments compared to other people who have children, so I just literally come in at nine, well, eight o’clock in the morning and come out about five o’clock in the evening but that’s just because I don’t have much to do. But it’s still a time constraint because I’m just thinking... It’s just that I think that if I’m going for one hour a day I might as well spend the day doing something so I keep at university for that amount of time and treat it like a nine to five job. But I can understand how if you have children, it’s impossible to try and balance it all up.” R7 nursing student focus group 1

Whilst in response to this statement, other students defended their strategy to work at home, even if it did mean missing a lecture or a programmed session:

“Especially when you can work from home, if you are coming in for an hour and you’re spending all that time travelling, being quite disciplined and I think that does come with maturity and staying at home, you do use that time so you would...well, I do, I would log on and I’d do an essay for six hours whereas I would...

R1: I do, yes.

R4: Rather than coming in uni for an hour, spending two or three hours on a bus getting here, I would use my time better.” R3, R1 and R4 nursing students focus group 1

Integral to the decision amongst students to miss one off lectures or planned sessions is the possibility that the session may be cancelled or postponed when they arrive at the venue. For both groups of students this means a considerable amount of expense (bus fare or petrol, child care arrangements and car parking etc) which also enters the equation and will be discussed further in the managing finances theme. The decision to work at home or attend university is influenced by the reported, not infrequent, cancelling of sessions:

“And that’s part of a wider problem with the Med School, actually, they just...they change things literally on the day, and it’s extremely difficult to

arrange anything, so even just like a hospital appointment for myself or something like that, or just arrange anything. And the Med School aren't really very helpful there, the official policy is you have to be available from nine to five." R8 medical student focus group 4

And for some other students, the fact that attendance is so variable when they get to the programmed sessions, disheartens them further leaving them struggling to see the sense of making such an effort:

R6 I think it puts... It stresses me out if I've had prior commitments or something and I've had to miss something, even if I'm ill, I feel guilty for missing them even though they're at a ridiculous timeslot on the timetable or something. It affects my work because I'll get really quite anxious about it because I like going to everything that I'm asked to go to and they're really adamant, well, they always said 100 per cent attendance, didn't they, when we started? It's scaremongering which I think the young ones don't listen to but I'm like oh my gosh... Because obviously again with reference when you're working, you'll have three sick days in a year or whatever it was, wasn't it, when you worked full-time and I think it's...

R4: It's disheartening when you're turning up, you're making the effort to go to the lectures and I enjoy them, I get a lot from the lectures but when there are only a few of us there and it tends to be the living at home students, and then you'll hear hearsay about, oh, I've spent the day at home doing an essay and you're like, but I could have done that but I made the effort to attend these lectures. I do get a lot from them but then you get a bit, because you've got to go and do..." R6 and R4 nursing students, focus group 1

What is noteworthy about both of these excerpts and the former quote from R8 in the medical school, is that there is an acknowledgement of the rules and procedures for attendance meant that the students are clearly aware of consequences. It is well known that there can, and often are sanctions for missing out on programmed sessions:

"I was meant to be in on a Thursday from about nine to twelve, and that's what my timetable showed. And at 12 o'clock the two different people apparently there was another session there. And I told them, it's not on my timetable. So he called up the Med School and confirmed that actually there is meant to be another session. I told them, I can't make it, I have responsibilities at home, I need to get to. And he reported me for it, and I had to go to the Dean and have a chat about it." R6 medical student focus group 4

One of the areas where the inflexibility of the system was experienced most acutely for the students in this study was in the allocation of placements and the time taken to travel to clinical areas. Many had long journeys to and from their allocated placement because, by definition, they live in residential areas travel to a placement often meant travel to central Manchester and then back out to the placement area. The following medical students summarise the experience of many in the study:

“R2: Yeah, the travel gets worse as it goes on, so like the third and fourth year when you're on placements, because at least when you apply to uni you think I'm going to the University of Manchester, which is like in Central Manchester, but suddenly in third year you're in Stockport, you're next to the airport or you're in North Manchester, somewhere else. And that adds at least another hour to your journey. So it took me two hours to get to hospital each way, so it was like a bike, a train, another train and a bus. So then that's like... You go home and you're like I think I'm going to revise, and you're like...

R7 And also you don't really have the option to car share because everyone that's living out is living in that area, so you can just meet up in the morning and share lifts. Whereas when you're living at home you're living away from everybody else. So it's either public transport or your own car.” R2 and R7 medical students focus group 3.

For many students, their discontent centred around what appeared to them to be the haphazard allocation of placements which seemed not to relate to their home address or residence. Added to this is the associated cost of travel, bearing in mind that many of these students choose to live at home for either for financial reasons or because of caring commitments meaning that a significant amount travel time can make a busy day even busier:

“Yeah, the travel gets worse as it goes on, so like the third and fourth year when you're on placements, because at least when you apply to uni you think I'm going to the University of Manchester, which is like in Central Manchester, but suddenly in third year you're in Stockport, you're next to the airport or you're in North Manchester, somewhere else. And that adds at least another hour to your journey. So it took me two hours to get to hospital each way, so it was like a bike, a train, another train and a bus. So then that's like... You go home and you're like I think I'm going to revise, and you're like...” R5 medical student focus group 3

Associated with the time constraints is also the added burden of cost (discussed in the next section) which makes the whole area of clinical placements a continuing problem for all of the students in this study. Whilst this is also a problem for living in students in both schools, the added complication here is that live at home students often live at home to ease time pressures and to meet either their financial commitments (perhaps to work in paid employment) or to provide care within the home. Excessive travel makes this difficult.

In summary, the students in this study lead complex lives, often with extra caring and or parental responsibilities. Whilst they understand the reasons for structure, a degree of flexibility is desired so that they can manage themselves and their families whilst studying. Both groups of students were firmly fixed on the notion that they were not able to influence the system and that concessions were difficult to secure. Circumventing the rules and weighing up the pros and cons of attendance for example is one of many strategies which may help them through the course. Clinical placements and the variable travel distances from home to placement are

problematic for live at home students. As noted, both the financial and personal decisions to live at home and sometimes thwarted by the excessive journey time to placements.

Managing finances

The majority of students in this study reported experiencing severe hardship during the course. Despite knowing what they were embarking on in terms of their career and training, the financial difficulties that they experienced took the majority of students by surprise:

“Student finance made that decision for me really. I don't get enough to...I get about £500 every three months, what am I supposed to do with that? My monthly rent was...because I lived in shared accommodation in my first year, it was great but my mum and dad had to pay for it and they couldn't really afford it but I don't get enough to be able to live in Manchester. And even though I get £500 every three months and I live at home I still can't afford because I have to commute in because I live in Huddersfield so it's like 35 miles away I have to drive in every single day it don't even cover that. So I've got a job as well and then that puts pressure on my academic work so the finances impact your life.” R2 nursing student focus group 2

It is important to note here that there is a difference in the funding arrangement between the medical and nursing students. Nursing students receive £1000 non means tested bursary for all three years of their course whilst the medical students do not receive these funds. Nursing students then have a means tested loan which is at the reduced rate meaning that they can only receive a maximum of about £4000 per year. The following nursing student highlights the tension:

“Or with the student finance company because we're on a course that's funded by the NHS our maintenance loan, should we choose to apply for one is at a reduced rate to what a normal student would get. And I know that they have...they get the loan that pays for the course fees so they're still not having to pay their course fees themselves yet, but they can get a maintenance loan and a maintenance grant which the grant's off the parent's income. Their maintenance loans are like £3,500 maybe £3,800 something like that and our maintenance loan is £2,300 split over...that's the maximum we can apply for split over the three instalments. So even though we're still having to pay that maintenance loan back to the student finance company when we qualify why is it reduced?” R7 nursing student focus group 1

This small amount of combined bursary and loan does not give them the wherewithal to manage their finances, pay for their travel, parking, food whilst on placement as the following dialogue between three nursing students highlights:

“On a ten week placement, but my bursary doesn't even cover my outgoings and probably not for quite a lot of people so you've got to get that extra from somewhere, haven't you?

R4: It's really, really hard.

R6: And I know that they've said it in our cohort that there are people who have been nursing students going to food banks because they need to get to placement and the money's not stretching. Because you only get a small amount of student finance as well, it's like £2 or something." R2, 4 and 6 nursing students focus group 2

The problem of funding and access to loans was a dialogue that persisted throughout the focus group discussions and clearly the issues affected many of the students. The issues were compounded for the mature nursing students (who make up a sizeable amount of the live at home students) who have family and other caring responsibilities as the following excerpt highlights:

"It's having that financial responsibility, you having that...I have to pay my mortgage, I have to go and buy the food shopping, I have to send...give my son money to go to college. There's a difference in the finances from perhaps a mature student that's got family commitments because I appreciate what you're saying your parents money is your money. Like what you're saying is you're suffering because of what they earn but your mum and dad might have a lot of other financial commitments. They don't take that into consideration. But I've got those financial commitments that you've parents have got, it's that as well, it's a big pressure making money stretch to pay the bills." R2 nursing student focus group 1

The issues for medical students are similar but the situation is complicated by different funding arrangements. Medical students are entitled to the up to the maximum student loan (£3995 per year). In years four and five of their course they receive a bursary from the NHS. However, like their nursing colleagues, this bursary has to cover travel costs to sometimes distant placements as well as subsistence whilst they are there. It is also important to note that both the medical and nursing courses are five days per week compared to three or so for non-medical/nursing degrees meaning that there is considerable extra expenditure as the following medical student indicates:

"And, it's a lot of money, so I thought I could try and commute, 'cause I didn't think I'd be in that much. But it's hard, like, it is really hard. It was really difficult. I moved out (*back to live at home*) halfway through. I did it to save money, because my mum and dad were paying for my degree, so I thought I could try and save money by living at home, but I didn't really save much money, travel-wise, so yeah, but that's just life. I think if I lived in Manchester and commuted, obviously it would save a lot more. But I did it to save money, and kind of like, I'd been out for a few years, and I didn't have to go home and live with my family, but, 'cause I was travelling so much, I might as well have not been there really." R6 medical student focus group 4

One consequence of the extra burden in terms of finance and the lack of bursary or other support is the need to work among the students in this study. Despite the fact that working in paid employment alongside a medical or nursing degree is not recommended by either of the schools, many students reported they are compelled to find paid work in order to survive:

“And they tell us not to work but if you’ve got kids or whatever or own a house, you know, I’m reasonably lucky because I’ve got a partner who is quite heavily supporting me which doesn’t feel very nice because obviously I had full-time work before, but yes, the ones that have to work 15, 20, you’ve even done a 30 hour week on top.” R5 nursing student focus group 1

The toll this takes on students is clearly articulated in this interaction between two older nursing students:

R5: I’m shattered most of the time and find it hard to concentrate because I’m so tired because I have to work.

R6: And then you travel...

R5: And then placement, and sometimes I have to do a night shift and then come to uni and then go to bed that night so I skip a whole night’s sleep, so then obviously I’m going to miss study as well but I just can’t afford not to work, even though the tutors said it was against the rules.

R6: And they sit there and tell you, you shouldn’t be working anyway, it should be your priority but we can’t have uni and not do that because you can’t afford to live on the bursary and especially I suppose if you’ve got kids and stuff, it’s just impossible.” R5 and R6 nursing students focus group 2

The medical students in the study also reported similar pressures to work to keep on top of the problems with finances:

“Yes, and for me as well, I’m still working. I’ve got a permanent job 15 hours a week so for instance, coming in for an hour would mean an hour on the bus, an hour here and an hour back home then I go to work straight from there and work until sometimes half eight, nine o’clock at night to try and fit my hours in for that week. But sometimes I think if that hour would have been slotted in in a two or three hour break I could have had a full day at work and then come home and had time to do my work at home.” R7 medical student focus group 1

One noteworthy difference between the two groups (medical and nursing students) is that the theme of working in paid employment had less import for the medical students when compared to the nursing students. Many of the medical students reported that they lived at home because they had family caring responsibilities and because it would save them money in terms of living expenses and daily expenditure. Fees were often reported to be paid by their parents to prevent debt at the end of their course. In contrast, the nursing students were most often parents or home owners and as such had commitments they could not escape and this made seeking paid work an imperative:

“It’s like the same...I do...I’ve got a part time job because I work in the evenings so I’ll start work at say six o’clock, I’ve got to get to my placement I start at nine o’clock and then I’ll finish at five o’clock go straight to work and

I'm not getting home until like...because I finish at about half past ten. So I'm doing like 18 hour days and I've got to get up really early in the morning to do it over and over again. So when I'm doing that I'm too tired to do anything when I get back home, I've just got to go to sleep and then just repeat it. And I've got no time physically or mentally to do anything unless I want to study at two o'clock in the morning which is just not feasible." R4 nursing student focus group 1

It is clear from the latter dialogue that the pressures experienced by students can be excessive and will obviously affect their performance in that this may be the reason why some consider giving up or opt for the mid ground in terms of academic performance:

"But you are in a state of conflict all the time because you've got other commitments, financial commitments, social commitments, family commitments. And I've said it before this degree there's no room in it for anything to wrong in your family life because you haven't got time to deal with it, because you have to make them hours up or you don't do your work and you have to do your work" R2 nursing student focus group 1

A number of students, particularly those from the nursing subset, reported that managing finances along with social and family commitments (to which this report now turns) featured highly in their daily reckoning and planning. As one nursing student put it these factors may contribute to students considering leaving:

"I think that's probably a big factor for dropping out because I thought a few times like I can't afford to do this anymore, and I'm going to have to drop out but I don't because I want to do it, but it's always on your mind, like I can't afford to do it." R2 nursing student focus group 1

Another student concurred with the latter sentiments:

"I think that's probably a big factor for dropping out because I thought a few times like I can't afford to do this anymore, and I'm going to have to drop out but I don't because I want to do it, but it's always on your mind, like I can't afford to do it. R5 nursing students, focus group 1

However, despite the fact that this was a common difficulty among the students, they felt that this could not be discussed with their academic advisor:

"It's if we have to come and ask, if we're struggling or we're finding it really difficult to come in, we don't want to admit that because again it comes to we've made the choice and, you know, we're trying to be proud with the choice that we made." R8 nursing student focus group 2

The consequence of this is that students go without the support they could get from their academic advisor and whilst he or she may not be able to solve the problem, the details and nature of the struggles that the students face could be recorded and presented as mitigation should there be any problems with progress during the course.

Managing competing demands

As well as managing the competing demands of time and finances, many students reported having a dual role as either a parent or as a carer for significant others. Therefore, this often meant that they had responsibility for the day to day organisation of children and the home in which they lived or they were relied upon by other family members to provide both instrumental and physical support in caring for others:

“And it's a lot of things, because obviously if you think about maybe water bills that you have to sort out or whatever over the telephone, that needs doing at a certain time of the day. So you're going to have to go home, rush home, sort that out for mum and dad and then take them to the GP or whatever, within the time...and anything is in the time that you're meant to be at university, and that is the big struggle I think. Especially if you're the primary speaker at home or either one, that sorts everything out at home.” R7 medical student focus group 3

Inherent in this excerpt is the notion of having to fit university in and around the family. It is important to note here that the medical student groups had a large number of students from South Asian heritage where care and familial piety is expected and accepted. This notion of a pull to care within the family is typified by the following male and female student (R3 male and R7 female):

“Sometimes it feels like you're fitting university into your home life, rather than the other way around. It feels like you're leading your life and then somewhere university's trying to interrupt that balance and you've got to fight for your time.

R7: That's how I felt as well, because I'm doing other stuff as well in uni and medicine felt like a part-time course. So four years later I'm like well, I need to become a doctor so I need to learn something!” R3 and R7 medical students focus group 3

It is clear that both students, irrespective of their gender experience the pressure of family care which has an effect on their studies at the university. Unlike the nursing students who have family and childcare responsibilities, the South Asian students in the medical groups who have family (eg parental) caring roles use a number of strategies to manage the competing demands. When there is no one else to provide care and support to their family then this inevitably means sacrificing their attendance at university which is not always met with a positive response:

“You'd rather not have to explain personal family details when you just expect a bit of courtesy, 'cause we're adults at the end of the day, there's no reason for us to really tell a lie, just so we can get out a couple of hours early. At the end of the day, we're sacrificing our own education, and we wouldn't do that unless there was a valid reason to do so.” R8 medical student focus group 4

For others the strategy of making the university experience “like a job” where they attend for the full hours during the day, helps them escape the pressures they experience when living at home

“I could theoretically just do it from home (*work and study*), but I know they'll be like cut the grass, go do the shopping, go do that, I'll just come to uni every day. So even though I have to pay £30 in petrol it's easier to work here.

I: That's interesting, can you tell us some about that?

F: I do that; I come to university every day just so I can get down and do some work.

M: There's so many distractions at home.” R 6 and R8 medical students focus group 3

It is clear from these excerpts and the consensus in the group that having caring responsibilities for their family has consequences for them in terms of effort and the time they can devote to their studies as the following student suggest that the common perception is that life is easy at home:

“And a lot of responsibility comes with living at home which necessarily a lot of people think oh, you do nothing when you go home, your mum cooks for you and all this happens for you and you can revise, but actually it's the complete opposite I think. I think when you live way I find it much easier to go shopping, cook for myself, iron and do everything else and the cleaning. I find that so much easier than living at home.” R6 medical student focus group 3

It is clear from the data that those medical students from South Asian heritage face many problems which make the process of living at home far from an easy option.

For the nursing students, there was a clear determination for the mature students (mainly those that had children) to work with and manage their family situation against all of the odds. Although many thought that they had considered the decision to come to university and study carefully, they found the reality a shock:

“And parents and it's the other life commitments that you have when you come in as a mature student that you can't just dump if you know what I mean?

I1: They're with you all the time?

R2: Well, yeah, and I know you take that on board when you sign up for the course but I think sometimes you don't think...you don't know until practically that you start something how it actually is going to pan out and I found that pretty difficult feeling a conflict every day of my life between hurry up, hurry up I need to do this sort of thing” R2 nursing student focus group 1

There was consensus among the older members of the nursing groups that they had a dual role and this was difficult to manage along with studying nursing:

“If you’re at home you don’t have anybody to talk to about it and you live double life because you have to play...you come to university and you play a role of a student and then I come home and I play a role of a mum and my circle of friends are completely different.” R6 nursing student focus group 2

For some, the extent of caring extended beyond just child care and could involve caring for relatives and supporting siblings whilst working in paid employment as well, which once again makes the process of study difficult meaning long hours with snatched periods of study taken when the business of caring was finished:

“Yeah, and sometimes I find I’m up till one/two in the morning trying to get deadlines in just because I’m trying to work as well and I do set hours.” R4 nursing student focus group 2

In summary, for both groups of students living at home presented many challenges which involved juggling university life, their role as a parent or a child, caring responsibilities and frequently working in paid employment. This coupled with the fact that both courses of study involve a full time commitment means that the majority of students in the study reported feeling stress and pressure. There was a consensus that living at home is not the easy option!

Getting support

Getting support from academic advisors (personal tutors) was reported as being variable among the participants in the study. The first problem identified by the participants is that their academic advisor did not know that they lived at home and therefore that they may have different needs to the live in students. For many this was a problem as it felt like their status as a live at home student was not on the agenda for discussion as following medical student indicated:

“It is hard to tell who is from a live at home background in your course because we just don’t know and so I guess they don’t know either so it seems like it is off the agenda” R8 medical student focus group 4

For the medical students particularly there was confusion about what the role of the academic advisor was. This confusion seems to stem from the fact that the pastoral role of the advisor has been aligned with the academic role of assessment and progression, particularly for the portfolio element of the course:

“I had five different advisors, so I don’t have a relationship with mine at all! This last one was just for this year, so she just cares about my portfolio, she has no idea who I am” R4 medical student focus group 3

Here consistency of advisor was important in being known and establishing a relationship but many of the medical students reported variability in the quality of the pastoral support they were offered as noted by the following medical student:

“I think it does just depend on the academic advisor as well, because you hear so many different stories from everybody else. So mine has always been...I don’t want to say that she’s a bit nosey, but she always wants to

know what's going on, how are things going, how are money things, how's it at home or how are things outside of medicine. Whereas others are just like tick, tick, tick, portfolio's done, pass, failed, bye. So it does just completely depend on who you get" R3 medical student focus group 3

There was a similar concern about the consistency of academic support and advice given among the nursing students:

"...will said to me do you know if you need time away I can sign you off for a week or two or whatever you need to get over. So I think it does dep...there does need to be some sort of consistency across AAs because I've had two different AAs in my time here and the difference between the two of them was just ridiculous. One's amazing and will email me every so often to see how I am and one I've never heard from or if I did hear from her I'd just get really negative feedback or..." R5 nursing student focus group 1

And further concerns were raised about consistency in the relationship:

"My AA doesn't even know me so I don't really want to go to the groups because I'm in a new group now with loads of people who I don't know with a person who I don't know, so it's like I don't know..." R2 nursing student focus group 1

One noteworthy difference however between the two groups was that the role of the advisor for the nursing students seems not to be related to assessment and so was generally thought of as having the potential for pastoral support. It is interesting to note nevertheless, that as in the former quotes, that the impetus for discussing live at home status was placed on the academic advisor rather than the individual student, particularly in the early years of the course:

"In first year I wouldn't, 'cause I didn't know her, which is probably when I had more issues, but now I know her I feel comfortable with her." R7 medical student focus group 4

A similar approach was noted among the nursing students were they were reluctant to tell their advisor about problems:

"I feel bad asking for help because I chose to stay at home and chose to come on the course and apply to this university because it's a good university and it was my choice, and I feel bad asking for help but it is hard. I think I was naïve, it's harder than I thought it was going to be." R6 nursing student focus group 2

So it would seem from these narratives that it could be easy for the advisor to assume that the student is doing well when they don't know their live at home status and it is difficult for students to know what is and what isn't up for discussion. There was a suggestion, and some agreement, that this can be interpreted as indifference on the part of the advisor by students:

“Some acknowledgement from your AAs and some empathy for the difficulty of your situation that you need to have when you actually go to your AA meetings so they’ve got some awareness of the fact that you’re not...there are other stresses and strains in your life.” R7 nursing student focus group 1

“I think you need to tell them that that’s what they...because our academic advisor is great, she’s lovely, I just don’t think she knows that that’s what she’s meant to do.” R6 medical student focus group 4

However, when the relationship is continuous and trust has developed, there is the potential to offer students a real level of support that is appreciated even if it does not relieve the pressures they experience:

“Yeah, and I feel like quite a strong link with mine because she’s been so good all the way through and really interested. So I do feel like I could go to her if there was a problem. They’re a bit like university GPs, aren’t they? Just like...” R1 medical student focus group 4

Similarly nursing students found a tangible level of support when they made their struggles evident to their advisor:

“I made the point of getting to my AA and saying look this is what’s happened, this is why I’ve stepped off and come back. So now that’s why she’s so supportive of the circumstances and after a couple of days she might say I’ve been notified I’ve been off is everything all right? She’s really supportive in that sense and that helps with not having to stress too much about if I do have a day where I don’t feel I can come in I can just say to her look I really am struggling today and she’ll say that’s fine and things like that.” R7 focus group 1

It seems then, that the support available from advisors can be problematic, with students holding back from disclosing their difficulties until they feel safe in the relationship and advisors erroneously assuming that all is fine with the student. It was suggested that advisors should approach the subject and put it on the agenda as the following summary of a long dialogue on this issue by the facilitator highlights:

“Some acknowledgement from your AAs and some empathy for the difficulty of your situation that you need to have when you actually go to your AA meetings so they’ve got some awareness of the fact that you’re not...there are other stresses and strains in your life.” Facilitator 2 focus group 1

In summary, the students found seeking support from their advisors around issues relating to the live at home status difficult to approach. Factors such as the consistency of the advisor (that is the same one!) over time had an obvious effect on their decision to seek help. Even when they had a relationship then discussing private and personal issues was still difficult but was more likely. If advisors fail to acknowledge or put the students live at home status on the agenda, students sometimes interpreted this as indifference or a lack of empathy. When the relationship was good and issues were raised the support was valued by students.

Solutions

The students were asked explicitly how we can go about facilitating a better learning experience for live at home students and they made a number of suggestions for which there was agreement across the groups.

For the majority of students, better organisation of the timetable seemed to be a major priority for them to be able to organise their student and home life balance:

“But if there was someone there, with, I don’t know, there are people that are meant to organise the timetable and things like that, it’s just knowing who to go to sometimes” R8 medical student focus group 4

Inherent in the latter quote is frustration that many students felt about timetabling issues and the fact that there seems to be a faceless person and no answers to the questions or queries they have. One nursing student raised an important point for which there was consensus within the group:

“I’ve been to a lecture based degree in the University of Leeds before and they tried to literally fill in as much as they can in one day and then probably have labs another day and just try to free up as much of the week which I think would probably be a decent idea because if some of the 18 year olds don’t want to come in for a couple of hours, if you try and squeeze everything in in one day...” R3 nursing student focus group 2

This rational approach, it was suggested would leave people to make decisions about flexibility in their studies and would ease the burden and pressure they sometime experience.

Similar to timetabling, placements were key concern for live at home students. The allocation of placements meant for many students that the decision to live at home due to financial reasons was compromised by the added expense of travel to placements that were a distance away (see earlier section). It was suggested that there should be a more rational allocation of placements by the University:

“There are some...I remember I was in the same PBL as a girl that was from Rochdale and she was living at home. And I got a placement up in X area and I live in Burnage, and she got a placement down here in Y area. So we both had to travel the same distance, whereas we could've spent about five minutes, ten minutes travelling if we were given the complete opposite. So sometimes it does seem ridiculous when you hear that people are...” R5 medical student focus group 3

Similarly, the nursing students also felt that they struggled to make their way to placement and found the inflexibility of the placement system a difficulty. Whilst it was accepted that some travel would be inevitable, a degree of flexibility was called for:

“And I think to an extent there I would expect to have to travel, I'm not expecting to walk out the door and be in my placement, and da-da-da, everything's happy, I'm here. Because everyone will have to travel and it must be really difficult with having so many medical students to deal with. And if you're living close to home you wouldn't really want to be at your own GP because you'd see confidentiality and all that. So it is difficult to try and adjust things to make it all work. So I can see how travelling is a factor.” R1 medical student focus group 4

The students commented further that the timeliness of the placement allocation was extremely important to them in managing their home and university life. The longer they had to prepare for placements and journeys the easier they found the experience.

A further suggestion was that the relative schools should develop a robust system for identifying live at home students from the start of the course and this information should be communicated to advisors:

“Mainly on the application form when we're registering are you going to be living at home so you just tick yes. When you come in to do your registration you bring all your certificates and everything and maybe there needs to be a slip or something confirming you live at home or...” R5 nursing student focus group 1

It was suggested that this could then be used by academic advisors to let students know that the challenges they faced could be talked about in the advisor sessions:

“Well I'm a primary carer for my mum so even if you just put a little questionnaire...you don't have to fill in...so to us because in the end you're here to support us but if you don't know about what's going on in our world we don't expect you to read our minds or...” R7 nursing student focus group 1

Inherent in the discussion around this point are the difficulties in recognising and acting on information as one student from another group indicated:

“R6: I think...can I just say something about the AAs? This made me question, when I first met my AA at a one to one level I said well I'll live at home. She said to me, so you're isolated. I'm not isolated because I live at home. I then went home and thought am I isolated because I live at home? And then I started questioning it, is she right? But I'm not I think sometimes I think...”

I2: That actually comes down to what we were saying about we can't assume that all live at home students are in the same circumstances everybody has got slightly different circumstances and different reasons.” R6 nursing student focus group 1

It is noteworthy here that a delicate balancing act or skill in communication is needed to facilitate this process, sometimes it is not the case that students feel isolated. It is

clear from the data however, that there was unanimous agreement that the advisor knowing was a good thing for students.

Many of the students suggested that there should be separate live at home student events where people could “just get to know each other” (R6 medical student focus group 3). These events should be at family friendly times in the afternoon or early evening:

“Even if it was during the fresher’s week during the day at lunchtime so you’re already here because you’re in for fresher’s week rather than it being afterwards when you’re thinking I’ve got to get back for the kids, I’ve got to put the tea on, I’ve got to do this, that and the other, if it was like during a lunch...”
R1 nursing student focus group 1

There was a suggestion and general agreement that the sessions should be a timetabled slot so that it was given importance in the eyes of students:

“If it was actually timetabled on, you’d be more likely to go as well, wouldn’t you, because you’d be like, oh, we’ve got to go to that, that sounds really good, whereas if it’s just a leaflet, you’re just like, oh, well, I should maybe get back to the kids but then if it’s on that...” R6 nursing student focus group 2

And as noted in an earlier section the sessions should not involve alcohol or added expense. The content of the sessions should be a get to know each other type of approach which was informal but where people could perhaps find out where other students lived so that they could perhaps arrange to car share or some other practical support:

“have the option to car share because everyone that’s living out is living in that area, so you can just meet up in the morning and share lifts” R8 medical student focus group 4

There was also the suggestion that this might overcome some of the practical difficulties outlined earlier which suggested that live at home students lacked peer support for supervision or practice. Whilst some students felt that the initial event was best placed in freshers week, others were of the mind that a session before the beginning of the freshers week would be best as then students would at least know some people from their course.

For some nursing students (who were well had had an experience of the social media prior to starting the course) the problems of overcoming the anxiety of the first day could be facilitated by facebook where a group page could be established to support students prior to the start of the course:

“Facebook is very, very useful, actually. I say that as somebody who’s 44 and has never used it until the last couple of years but I found it very useful for keeping in touch with my colleagues when we’ve been working on projects or anything like that.” R3 nursing student focus group 2

However, it was felt that caution should be taken in deciding who facilitates the group page:

“Yeah, I think with that it’s like you were saying the conversation dwindled and questions weren’t getting answered, when somebody from the university does take a step back you’re asking questions but you need someone who knows what they’re talking about to answer the questions instead of just a student being like this is my opinion...” R4 nursing student focus group 1

Others expressed concern about the accuracy of student facilitated forums and the general consensus was that a mixture of the two might be the best way to provide support prior to commencing the course.

For the medical students the “mummies and daddies” (a form of peer mentoring) and for the nursing students the PASS (peer assisted support) was identified as a way of helping in alleviating some of the fears and isolation during the first few weeks:

“I know some people, who live at home, on other courses, and their problem was, everyone socialises, not on the course, because you’re only in lectures, it’s not a problem for medicine, because you’ve got PBL and we’ve got mummies and daddies and things like that, so it’s a good thing, just praise that and carry on.” R4 medical student focus group 4

And for the nursing students who experienced the PASS scheme they felt that they had a point of contact and support:

“we’ve got the pass coordinators or something like that to assist with the first years, so they’re still going to be there for the first year of that first year’s life at university because they’re just starting their final year, so that they can facilitate, they’ve been through the system, they’ve done two years of the university already, they know generally what answers are going to be to the questions.” R7 nursing student focus group 1

What was clear was that peer support was felt not to be a substitute for the academic advisor role which was seen as being integral to settling the students’ anxieties and worries.

Whilst students were generally prepared for the financial hardships they were set to face, many felt resentful that they were no longer able to access financial support from within the university. This was particularly important for times when they faced emergencies at home or because they could not afford to travel to placement areas:

“But because we get an NHS bursary because our funds are paid for by the NHS when we go to apply for any loans to the university the university just go when you get a bursary you get your funds paid for, what do you need more money for” R5 nursing student focus group 2

However, what was noticeable in the data was despite the fact that students reported great financial hardship, they seemed resigned to the fact that their course was going to be a financial burden to them. Perhaps this is symptomatic of the current

climate and an acknowledgement that they are better off than students on other, non-bursary courses.

In summary, students made suggestions about the organisation of the timetable and the allocation of placements which were their main concerns. In order to overcome their sense of isolation they made suggestions about social events and the use of peer support mechanism. The use of social media before starting the course and continuing on into the course was felt to be useful but should be used with caution and thought should be given to who facilitated the sessions. Financial support in times of emergency and the ability to access full student loans was a concern and a salutation primarily for the nursing students.

Discussion

Living at home is not an easy option. Students in this study reported difficulties from the beginning of the course which continue during the whole period of their study. Starting the course was reported to be scary and intimidating and most of the activities that were put on by the schools and student society were felt to be inappropriate and inconvenient in terms of time or location meaning making friends was difficult. This coupled with the fact that they perceived that other living in students had established friendship networks in halls meant that they tended to gravitate towards people like themselves (either mature students or other Muslims) which meant that they missed out on enrichment activities, peers support and the opportunity to work closely with other students at times of examinations and other key events in the academic year. Along with this, they felt excluded from student societies which they again perceived to be inconvenient in terms of time and organisation. These factors led to a sense of social isolation.

Along with the perceived social isolation were the difficulties that the students faced in terms of the inflexibility of the timetable and organisation and structure of the course. This made time management difficult to achieve and to put into place. There was considerable frustration and anger vented against the way in the course was organised which sometimes mean that students travelled for up to two hours for a one-hour seminar in a day! The allocation of placements also caused frustration and dismay. This is particularly significant as students often chose to live at home to save time money only to find that they were allocated a placement that meant considerable effort in terms of travel and an increase in costs in order to get to the placement area. Associated with this were the reported cancelled session which, once again meant that students expended considerable effort only to find that there were no lecturers available. The students reported that there seemed to be no logic to the allocation of placements and no rights on behalf of the student to appeal against the allocation. This caused anger and frustration among the student body.

Financial concerns figured highly on the agenda of problems encountered by students. The inequitable allocation of bursaries and loans to nursing and medical students means that they were constantly short of money to finance even the most basic of their needs. Despite the policy in both schools to encourage students not to

take up paid employment (based on the fact that each course is considered to be full time) many students reported that their only option was to work in paid employment. This meant that they invariably had to work on top of their course work and that the amount of time and effort they could put into the university work suffered accordingly. A number of the students reported that this factor, above the others, may be the reason why they considered leaving the course.

Many students reported having competing demands as a family carer or a parent which meant that there were competing demands on their time and space they could give to their course. For many this meant that their lives were unpredictable and often at the mercy of events which they perceived as being out with their control. This meant that they suffered considerable stress (carer related stress for example) and pressure whilst studying on the course and they found this aspect of the lives difficult to manage. For many, these added pressures were inescapable and as such off the agenda when it comes to seeking support.

All of the students in this study reported that the support they received from their academic advisor could be variable. The medical student in particular did not really understand what the official role of the AA was and equated it with portfolio assessment. They reported that they felt that their living at home status was not significant to most AAs and that discussions about their problems were off the agenda. This meant that they tended to not identify their needs to their AA and the AA tended not to raise the subject. The students reported that the consistency of the AA in terms of keeping the same person over a longer period of time, and the AA having knowledge about the struggles faced by live at home students could maybe address some of these issues and concerns. However, caution was expressed about the AA making assumptions about students which may erroneous.

The students recommended a number of solutions which might help to improve the conditions for live at home students. They suggested that the University should consider a more rational approach to timetabling, filling the gaps in scheduled days in work and perhaps more flexibility with the online delivery of materials.

They also felt that a new approach to the allocation of clinical placements was warranted, taking into account the student's live at home status. This would mean allocating live at home students who have both caring (but may not be the primary carer) and or parental responsibilities to placements that can be reached easily and without too much expense.

It was noted in the study that not all students experience all or some of the challenges outlined above. It was therefore suggested that the AA should exercise caution in "putting on" the student problems that may not be there in the first place. The students suggested that staff should offer an opportunity to discuss issues if the student requires but they should be aware that this may be difficult for students to do. That does not mean that they are not facing challenging circumstances.

It was also suggested that there should be separate events organised at convenient times for live at home students. These should invariably be during a timetabled day where there are other lectures planned. The events, it was suggested, should where

possible be peer led and about offering support and encouragement to each other. At some stage sessions on academic work and finances would be useful but not at the expense of peer led support.

In terms of facilitating contact with the university prior to commencing the course, the students felt that the use of social media such as facebook could be useful. A facebook page which allowed the student to meet other new students was felt to be of particular benefit but the facilitation of the page was questioned. Many of the students advocated for this to be co-led between students and staff from the university and school so that they could ask and have answered their questions and queries about the course structure and organisation.

The final suggestion is perhaps the most difficult to solve and that is the issue of finances. Despite the recommendation about working offered to students, many of them had to take paid employment out of necessity and they felt that this really affected their ability to study on the course. It was this area that they felt most reluctant to talk to staff about even though for many it was a constant and consistent source of worry and anxiety. An appreciation of this by the AA and the school was felt to be important to students even if nothing else could be done around this subject.

Suggestions and action points arising from the project

Discussion point	Action Arising	To Be Actioned By (suggestion)
Pre course anxiety and fear about starting	A meeting before the course starts and or the establishment of social media to connect students	Admissions administration staff and admissions officer for the course
Lack of welcome week or other activities for LAH students to meet with students	To organise a range of activities which allow LAH students to attend (eg day time!)	Student support team, central university team and student union
Difficulty in establishing and maintaining friendships and peer support mechanisms	Schools to organise sessions where LAH can meet each other and other non LAH student to establish peer support networks	Student support team within schools
Tend to segregate and stay with people like themselves	Organise activities where students can meet non LAH peers	PASS team and student support teams – programme into the timetable
Lack of enrichment activities	Organise activities and events at times when LAH can attend	Raise as an issue with the SU and events coordinators
Time management difficult as a result of an inflexible system	Work towards a more rational and coordinated timetable	Programme management and curriculum development team/raise with central university UTLC
Frustration with lack of organisation/cancellation of lectures and sessions	Develop a system of communication and information giving	Programme management team
Allocation of placements inflexible	Acknowledge the needs of LAH students – make LAH status a reason for special dispensation and change	Programme management team and hospital placement coordinators
Financial hardship and problems	Review of finances and feedback to HE(E)	Faculty management team and contracts negotiators/SMT to communicate problems to the central university team
Parental and or caring responsibilities	Review of and publication of policies regarding caring – maybe make secondary caring priority for placement allocations	Programme management team and allocations staff
LAH status seems to off the agenda	Develop an understanding of the needs of LAH student among academic staff	Ensure that AA's know students LAH status Educate AA in AA update session about the needs of LAH and putting LAH status on the agenda
Students do not know what the role of the AA is	Provide students with information about the role of the AA	Give students information about the role of AA – teaching session

Developments for the LAH project School of Nursing, Midwifery and Social Work and Manchester Medical School

Since the primary analysis of this data we have implemented a number of strategic events for the 2015/16 LAH students. In the medical school, all students who were LAH at the point of confirmation were contacted and invited into a pre-freshers work shop day within the medical school so that they could meet other LAH student and be less daunted on the day. This freshers event was well attended and evaluated well.

For nursing and midwifery, the school held a freshers activity and afternoon tea which was attended by 54 students who met for two hours and following presentations were able to discuss their hopes and fears for the course and have an opportunity to meet other LAH students. Although this was generally evaluated very well, the students (in line with the points above) indicated that they wanted less formal talk (eg the student union and the academic involved) and more opportunity to talk and establish networks with other LAH students.

For both the medical school and the school of nursing, midwifery and social work there will be another afternoon dinner and activity for students on a Wednesday afternoon (a day when there is no scheduled teaching) in February. Here we will facilitate the students meeting each other and getting peer support.

At this meeting we will also be recruiting a team of “students as producers” to formulate materials and information for the next intake of LAH students and we will be facilitating the design of an event in freshers week for the 2016 intake which will be student led.

We will also be designing a questionnaire for LAH which will attempt to survey their struggles and ideas within the school and to canvass their opinions about solutions to improve the experience of LAH students.

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Appendix

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Demographic

Data

Focus group data – Live

FG1						
Gender	School	Age	Year	Primary Reason 1	Primary Reason 2	Kids
F	Nursing	19	2	Finances	Comfort	No
F	Nursing	20	2	Finances	Student life at home	No
F	Nursing	21	2	Finances		No
F	Nursing	23	2	Finances	Carer	9 male 4 Female
M	Nursing	37	2	Finances	Carer family member	
F	Nursing	42	1	Family		Males 9 and 11 F 12
F	Nursing	36	2	Finances	Carer	F16 and F 7
F	Nursing	19	2	Finances	Comfort	No
FG2						
M	Medicine	44	2	Children	Wife's job	F2 F4
M	Medicine	24	1	Finances	Family commitments	
F	Nursing	24	1	Own home	Finances	
F	Nursing	23	1	Finances	Family Commitments	
F	Nursing	33	1	Parent	Finances	F14 F10
F	Nursing	31	1	Parent	Finances	7 M 3 F
F	Nursing	25	1	Homeowner	Family commitments	

FG3						
Gender	School	Age	Year	Primary Reason 1	Primary Reason 2	Kids
F	Medicine	23	4	Money	Stay close to family	No
M	Medicine	25	5	Care for grandma	Save money	No
M	Medicine	23	5	Care of Parents	Tired of living out	No
M	Medicine	22	4	Finances	Family commitments	No
F	Medicine	22	4	Family carer	Personal illness	No
FG4						
F	Medicine	25	4	Be near family/care	Finances	No
F	Medicine	22	4	Financial	Ease	No
F	Medicine	22	4	Cultural	Finances	No
F	Medicine	22	4	Family pressures	Proximity to University	No
F	Medicine	22	4	Financial	Ease	No
M	Medicine	23	4	Financial	Family carers	No
F	Medicine	23	4	Family wanted me too	Finances	No
F	Medicine	20	3	Convenience	Proximity	No
M	Medicine	24	1	Finances	Carer for Grandparents	No
F	Medicine	22	4	Finances	To buy a car	No
F	Medicine	20	2	Finances		No