“You actually believe in yourself”: The Diploma of Health Science as a pathway for disadvantaged rural and regional students.

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Abstract

Access to higher education is a key driver of economic and social success and widening participation in higher education has been an important government objective in recent years. La Trobe Rural Health School developed a Diploma of Health Science designed to provide a pathway into a range of courses for disadvantaged students within the health sciences. After two years of the course a small scale evaluation was undertaken that included analysis of key demographic data and individual interviews with students and staff. The findings outline some of the key success factors of the course. It is recommended that the course be used as a model for others seeking to increase pathways into higher education for a range of disadvantaged students.

Background

In the Australian higher education context, widening participation has become an important government objective in recent years (Bradley, Nunan, Nugent & Scales, 2008; Australian Government, 2009; McIntyre, Todd, Huijser & Tehan, 2012; Thomas, Bland & Duckworth, 2012). Over the past 20 years previously under-represented ‘equity groups’ have increased their share of higher education but a number of inequities still remain, especially among those of lower SES, regional and rural students and indigenous students (Abbott-Chapman, 2011; Hoskins, 2013). Published in 2008, the Review of Australian Higher Education (widely known as the Bradley Review) recommended very substantial additional growth in participation and completion rates; a demand-driven student entitlement system; and substantial extra funding to support Indigenous, rural, regional and low SES student completions (Bradley et al, 2008). Like other universities across Australia, La Trobe University responded to the recommendations in this review by releasing a Curriculum White Paper (La Trobe University, 2009, p. 4), which included a commitment to the ‘widest possible set of entry points (portals) and pathways through and between programs, providing genuinely learning-centred flexibility’.

In order to meet the range of targets recommended by the reviews, many universities began introducing alternative pathways for student entry (Carson, 2009; Sellar, Gale & Parker, 2011). The introduction of a range of alternative pathways by a number of universities supported Government directions at the time that were focused on improving participation rates in higher education for a range of disadvantaged students from indigenous, refugee, regional and low socio economic status (SES) backgrounds. To facilitate this, the Higher Education Participation and Partnerships Program (HEPPP) was implemented to fund universities to ‘improve access ... retention and completion rates of those students’ (DEEWR, 2011). As a result, a range of non-traditional cohorts, for example Indigenous Australians, individuals with disabilities, mature-age students, those who are first in their family to attend
university, and of course the growing numbers of domestic non-English speaking background (NESB) and international students, are adding to the changing face of Australian higher education. In particular, disadvantaged younger school-leavers and those under 25 are increasingly being encouraged into higher education. Coupled with this, it has also been identified that gaps in access to higher education for rural and isolated people and people of lower socioeconomic backgrounds (James, 2001) are still evident in the university sector in Australia, and that attendance at university is still determined by the ‘social stratum to which their families belong and their geographical locations’ (James 2001:455).

In order to address some of these issues the Faculty of Health Sciences (FHS) working in partnership with staff at the La Trobe Rural Health School (LRHS), Bendigo campus developed a Diploma of Health Sciences in 2010 with the first cohort of students beginning in January 2011. The development of the Diploma at La Trobe also aligned with the University Strategic Plan at that time in that it focused on strengthening access to higher education, increasing the number and diversity of international students and increasing regional engagement through improved educational pathways (La Trobe University Strategic Plan). The Diploma was designed as a one year, high quality course leading to the conferring of a La Trobe University Diploma. It was designed to provide a direct articulation pathway into the entry level undergraduate health sciences programs offered by the Faculty and is considered equivalent to the Faculty’s Core First Year (CFY) program for progression and credit purposes.

At the time of the original course proposal, the Commonwealth Government had supported the Faculty of Health Sciences’ vigorous expansion program designed to meet the significant workforce shortages in the health care industry. This was evidenced through the funding allocations from the Diversity and Structural Adjustment Fund and Education Investment Fund for the La Trobe Rural Health School (LRHS) to assist in improving access to higher education and providing pathways for students from a diverse range of backgrounds. A central component of these funding bids was improving access to higher education and providing pathways for students from all backgrounds. The introduction of the Diploma was aligned to these goals.

The Diploma of Health Sciences was designed with the following objectives in mind:

- To provide a quality Diploma level qualification for students particularly those in the mature age, regional, lower SES and culturally and linguistically diverse student groupings.
- Deliver a course of study leading to a stand-alone Diploma with the capacity for students to directly articulate into the broad degree/masters offerings of the Faculty of Health Sciences.
- Foster intellectual development, critical thinking and continuing personal development amongst a broad student population group.

The course was designed to articulate directly into the Bachelor of Health Science and Bachelor of Nursing programs within the school. Students who successfully completed the Diploma were to be offered places in the above courses with 120 credit points of advanced standing, allowing them direct articulation into second year in those courses. Students who wished to enrol in other health science undergraduate offerings within the Faculty could apply for admission according to the Faculty’s internal transfer policy. Under this policy, admission is competitive and based on academic performance in the core first year (CFY).

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Admission procedure

In 2011, 10 Commonwealth Supported Places (CSP) were available which increased to 20 places in 2012. All students wishing to apply for the course were required to complete a direct application form and an additional personal information (PI) form to indicate their background and interest in undertaking the course which was then used as a tool to assess basic academic skills. Applications were assessed by the selection officer using a range of criteria including the Special Entry and Access Scheme (SEAS). Consideration can be applied using SEAS criteria for applicants whose education has been adversely affected in the long term by their life circumstances and is often used to assist students who do not receive their desired ATAR in the normal selection process. This scheme allows the selection officer to grant extra consideration for entry into the Diploma course. The following SEAS categories can be used for entry to the course:

1. Personal information and location: including applicants from rural or isolated areas, mature age consideration and Indigenous Australians.
2. Non-English Speaking Background
3. Difficult Circumstances
4. Disadvantaged Financial Background
5. Disability or Medical Condition
6. School Access La Trobe (SALT)

Outline of the course

Students undertaking the Diploma of Health Sciences enrol in the following 6 core units (see Table 2) from the CFY Program undertaken by all students in the Faculty of Health Sciences CFY courses.

Table 1: Diploma of Health Sciences course outline

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBS1HBA</td>
<td>HBS1HBB</td>
</tr>
<tr>
<td>Human Biosciences A</td>
<td>Human Biosciences B</td>
</tr>
<tr>
<td>HLT1IPA</td>
<td>HLT1IPB</td>
</tr>
<tr>
<td>Interprofessional Practice A</td>
<td>Interprofessional Practice B</td>
</tr>
<tr>
<td>PHE1IDH</td>
<td>PHE1SDH</td>
</tr>
<tr>
<td>Individual Determinants of Health</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td>HLT1LHS</td>
<td>HLT1CHS</td>
</tr>
<tr>
<td>Learning in Health Sciences*</td>
<td>Communicating in Health Sciences*</td>
</tr>
</tbody>
</table>

As outlined above, 6 of the subjects make up the core of the Diploma and are taken directly from the CFY that students enrolling in health sciences take. In addition to this they enrol in 2 mandatory subjects (marked with *) that were designed to be scaffolding subjects where students are supported in their learning. As well as focusing on academic skill development these two subjects provide an additional vehicle for Diploma students to work through core content of the CFY subjects.
A significant amount of work was invested in 2012 to redevelop the scaffolding subjects HLT1LHS (Learning in Health Sciences) and HLT1CHS (Communicating in Health Sciences). Staff from the Department of Health and Environment worked closely with academics from across the school, the Academic Learning and Language Unit (ALLU), counselling, equity and access, student support and library staff to develop content needed by the students to be successful in their studies. The content and teaching style for these subjects now reflects that work.

The evaluation

As the first cohort of students completed the course at the end of 2011 a small scale evaluation was undertaken from September to December 2012. The aims of the evaluation were to gather demographic and course destination data on the completed students and explore the current student profile. Additionally we also wanted to gather some qualitative data to describe the experiences of studying the Diploma course from the student perspective and to gather some staff experiences of teaching the course.

The evaluation methods utilised included gathering of routinely collected demographic data from student applications from 2011-2012, individual interviews with student volunteers and individual interviews with staff involved in teaching the course. The interviews were designed to explore the experiences of the staff and students from 2011 and 2012. Providing students with an opportunity to tell their story provides us with an insight into how they experienced the course (Benson, et, al. 2010). Interviews with ten students and three staff members were undertaken. With participant permission all interviews were audio recorded and later transcribed for thematic analysis (Liampittong, 2010; Grbich, 2007). The transcripts were coded by two of the researchers and cross checked for validation was undertaken by a third. Ethics approval was obtained from the Faculty of Health Science, Ethics Committee number FHEC 12/134.

The students

The demographic profile of the students for 2011 and 2012 is provided in Table 1. In the first year of the course (2011) ten students from a range of disadvantaged backgrounds were admitted into the course. Of those ten students 6 completed the Diploma, 2 continued into 2012, 1 was accepted into another degree course at another university and 1 withdrew from the course. In 2012, 33 applications were received for 15 places in the course. Taking into account predicted attrition before census date 18 students were offered places, 2 students deferred, 1 student withdrew, leaving 15 commencing students post census. Six other students were offered places within the course but did not take up their offer. Selection staff worked hard to ensure that the quota of 15 places was filled by “topping up” to ensure places in the course were taken (see Table 2).
Table 2: Selected Demographics of the Diploma of Health Science students 2011-12

NB: Data taken from Student Information Systems (SIS) via Business Objects June 2012

<table>
<thead>
<tr>
<th>Categories</th>
<th>2011</th>
<th>2012</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>%</td>
<td>Count</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>50%</td>
<td>14</td>
</tr>
<tr>
<td>Male</td>
<td>5</td>
<td>50%</td>
<td>1</td>
</tr>
<tr>
<td>Citizenship Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian Citizen</td>
<td>10</td>
<td>100%</td>
<td>14</td>
</tr>
<tr>
<td>Humanitarian Visa</td>
<td>0</td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Indigenous Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non Indigenous</td>
<td>8</td>
<td>80%</td>
<td>11</td>
</tr>
<tr>
<td>Indigenous</td>
<td>2</td>
<td>20%</td>
<td>4</td>
</tr>
<tr>
<td>Age at Commencement Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Years &amp; Under</td>
<td>6</td>
<td>60%</td>
<td>7</td>
</tr>
<tr>
<td>20-24 Years</td>
<td>2</td>
<td>20%</td>
<td>4</td>
</tr>
<tr>
<td>25-29 Years</td>
<td>1</td>
<td>10%</td>
<td>1</td>
</tr>
<tr>
<td>30-39 Years</td>
<td>1</td>
<td>10%</td>
<td>1</td>
</tr>
<tr>
<td>40-49 Years</td>
<td>0</td>
<td>0%</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>100%</td>
<td>15</td>
</tr>
</tbody>
</table>

By the end of 2012, 20 students had successfully completed the Diploma of Health Sciences. Two students were from the 2011 cohort (having failed subjects in the first year). For 2012, 13 of the 15 new enrolments passed the course with the other two having other assessments to complete or failed subjects. Of these students one has successfully applied for a transfer to the Bachelor of Arts, whilst the other has secured full-time employment.

Where do the students go who complete the course?

The success rates for completion of the course are pleasing. At the end of 2012, 20 students successfully completed the course and gained course transfers either through the competitive course transfer process or the standard pathway. Students who completed the Diploma have gained transfers to the Bachelor degrees in nursing and health sciences and also a number have been successful in competitive transfers to the combined Bachelor/Masters degrees in occupational therapy, sports physiology, para-medicine, social work and the highly sought after physiotherapy program. The students from 2011 who have now completed the second year of their degree courses are all progressing well with some being the highest achievers in their respected programs.

What makes the Diploma of Health Sciences a success?

The interviews with staff and students revealed a number of themes that centred around their experiences of the course. The words of the participants (in italics) with pseudonyms will be used to describe their experiences.
One of the main objectives of the Diploma of Health Science was to foster intellectual development, critical thinking and continuing personal development amongst a broad student population group. The participants interviewed demonstrated the progress being made in these areas. They were overwhelmingly positive about their academic experience. Some of the students acknowledged that they often felt overwhelmed by the many tasks like referencing, essay writing, reading and the amount of content in the subject Human Biosciences A, “like your head is going to explode because you are doing so much” (Jodie). Despite these challenges, students have learnt how to learn “[my study skills] are really broadened now and the places that I can now access to gain knowledge and information is wider” (Ella). Students acknowledged that this was an important aspect of their success, “…but I think that the first semester was all about learning how to learn, learning how to learn and to get the right information to be able to put theory into practice” (Justin).

Most of the students interviewed identified challenges with group work in particular the uneven willingness to contribute. A mature aged student expressed difficulty with the younger cohort “sometimes solving things with eighteen, nineteen year olds really becomes impossible” (Amy). But they also recognised its practical benefits of meeting and working with a variety of people and so reflecting the future workplace.

**Personal growth**

One of the main themes developed from the interviews was related to the reported personal growth of the students over the year of the course. The students expressed a willingness to learn and a certain sense of pride in how they have improved. “You actually believe in yourself, you actually go out there and do the study” (Amy). Many of the students reported growing in confidence throughout the course “But I thought oh but I think it was more about myself and more about believing that I actually could do this and you know because you know when you want something so much and then finally it comes through” (Kylie).

For many students the course has been a life changing experience giving them access to a world of opportunities that they had never thought possible “And I never ever thought that I would get into something like that” (Kylie). “I don’t know it has just changed my life for the better (Justin). Coming to a realisation that they can complete the course and go onto their chosen career was a revelation for some students “I think last semester it was kind of just plodding along sort of thing whereas now I just want to do good like I want to like I know where I want to go and like getting a career is like would be like awesome like you know?” (Jodie). One student explained how finally getting into the Diploma course had given her a chance to live her dream. “When I didn’t get in to Nursing, I was totally gutted and I didn’t know what to do and now, well now I have got my nurse’s uniform and I got to wear it the other day and yeah like I went ‘yes, this is me, this is my dream’” (Amy).

Some students were even able to gain transfers into highly competitive courses that attract the highest ATAR students which gave them a great boost in confidence and sense of achievement. “You will get out of it as much as you put in and that it can lead you wherever you want. Like I am going to be a Physio now because I did the Diploma” (Bonnie).

**Becoming part of the learning community**

In addition to personal growth and growing confidence many of the students interviewed spoke about the importance of being part of a group of people all learning together. Many of

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the subjects within the first semester rely on group work and the students in the Diploma also take one class a week that is exclusively for them. This sense of belonging to a group was an important aspect of the program’s success. Most students spoke of making new friends, with the Diploma group “you get really close” (Kylie) and that “we all kind of had each other to lean on...we all hung out together” (Amy). Another student thought “we are like a big family pretty much” (Megan).

Many of the students in the Diploma group were mature aged students or had been out of formal education for some time. This gap in recent education experience meant that for some, university was overwhelming and challenging experience. Inexperience with time management “once you fall behind in something...it’s all about keeping on top of everything, once you are behind that’s when the stress comes and that’s when you start freaking out”(Jodie). Some students identified the difficulty with public speaking, a mature age student commenting that “I have found that a lot of the younger students...have had nervous attacks too” (Justin).

Despite personal hardships one mature aged student was very positive about students interaction “I love how the young ones engage with me, the younger ones are really good and they are kind and the facilitators are good and they are all approachable yeh look I love it all”. This experience has led to a growing self-confidence where “yes I have actually got louder with my vocals and I am advocating for myself now, it was always for others but now it is for me”(Ella).

Support

The Diploma was designed with high levels of both academic and social support and many of the students spoke about the levels of support provided by the staff which enabled them to make smooth transitions to tertiary study. Support for students was available in immediate interactions with course facilitators, the Academic Learning and Language Unit (ALLU) and general student support services.

All students spoke highly of the time and effort put in by their Diploma coordinators who provided both academic and pastoral support throughout the year. As the students were from a range of disadvantaged background there were often complex support needs. The empathy and personalised care shown by the coordinators supported students academically and socially.

I really enjoyed it I loved it I was so grateful to have that opportunity and that where it has led me to and I don’t know I just think that just that extra little bit of support because I know that some of the students that are enrolling in the Diploma maybe didn’t get into Uni through VTAC or there might be different circumstances where they could need that extra support and it would just make all of the difference I would think.

(Bonnie)

The introduction of sessions from the Academic Learning and Language unit was greatly appreciated with students commenting on improvements they had made. “Yes I took myself there and I went from being a ‘B’ grade writer to an ‘A’ grade writer (Amy)”.

Advice from students

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Students were asked if they would recommend the Diploma course to others and what would their advice be. Their responses were overwhelmingly positive and provide a snapshot of the value students place on the alternative pathway. “Like you know there is other pathways into Uni it just doesn’t have to be about ATAR and that kind of stuff and when you don’t get it you think you’re gone. But yeh, so when you find little courses like this it is really good it’s a gold mine” (Ella). Another student provided some advice about how students can be successful in the course “Enjoy it. I think that if you apply too much stress on yourself you damage yourself however I think if they look at it as a journey to wherever they wish to go just to enjoy it (Bonnie). Students are actively encouraging others to apply, “because I have been speaking to some and they are going ‘Are you kidding me at my age can I go?’ I am like ‘Yeh if I can go you can go’ “I wouldn’t get in” I am like “You would all of your experience gets taken into consideration” (Jodie). Many of the students interviewed had faced the traditional barriers to accessing higher education and they were pleased that they were not relevant for this course.

Discussion

As many of the Diploma students are returning to study with many being early school leavers the level of academic support required has been significant. The students have required intensive support with navigating the library, literacy and numeracy and general academic support. Timely and individual support is paramount for success particularly for disadvantaged students who have different levels of preparation for tertiary study (Christensen & Evany, 2011:46). Since the inception of the course the staff have been confronted with range of social support issues related to homelessness, family violence, family dysfunction and addiction with some staff needing to provide basic referrals for food parcels and emergency housing. Planning for the needs of the students and ensuring that the appropriate supports are available is paramount to the success of the program. Although the time invested by the staff in the department to ensure the students are provided with everything they need to succeed in the course has been immense the rewards have also been great.

Currently enrolments in the course show that around 45% of applicants are mature aged students which reflect the enrolments of these students in pathway courses in Australian universities (Abbott-Chapman, 2011). Although mature aged students have been found to have some advantages over younger students (McKenzie & Gow, 2004) they also face some unique and specific challenges. These are often exacerbated when the students are underprepared for university study including no previous educational experiences, come from low SES backgrounds, (James, 2001) or are a person with a disability (Aird, Miller, van Megen, & Buys, 2010). Many students enrolling in the Diploma have a combination of these barriers which increases the complexity of their journey. Our experience over the last 2 years has also shown us that many of the students are also ‘first in family’ (Luzeckyj, Scutter, King & Brinkworth, 2011) or are single parents (often with 3 or more children) which can often compound their disadvantage. This trend is likely to continue and currently we have 5 applications for 2013 from women who have 12 children between them.

Young people living in rural and remote areas have been shown to have some of the most fragmented careers when it comes to post-school trajectories which reflect lower levels of higher education access and participation and limited employment opportunities (Abbott-Chapman, 2011). Originally the course was designed to be rolled at the regional and rural
campuses of La Trobe including Bendigo, Albury-Wodonga, Shepparton and Mildura as a way of increasing opportunities for students from these areas to complete a health science course. With two successful years at the Bendigo campus it is envisaged that the course can now be taught on the other regional campuses thus increasing access to new pathways for students living in those regional and rural areas. Additionally, providing pathways to tertiary study in the health sciences via the Diploma is also a way of addressing the growing shortages of a health workforce in regional and rural areas (Latham, Hamilton, Manners & Anderson, 2009).

Despite the current focus on increasing participation rates of these disadvantaged students it is also important to consider a lifelong learning model which enables students to gain access to higher education over the course of their lives (Schuetze & Slowey, 2002). Undertaking the course has provided many students with an opportunity to reshape their sense of themselves as valued human beings (Marginson, 1997). This reshaping comes from more than just a focus on knowledge and skill development and includes a new focus on ‘being’ (Marshall & Case, 2010). This refocusing requires recognition that studying at university involves taking on a new identity which can be a challenging experience that requires personal development (Haggis, 2004). The course has been successful in attracting students from a range of different backgrounds and has provided students with opportunities for lifelong learning.

High levels of personal growth and becoming part of the learning community and feeling a sense of belonging to that community were reported as key components of success. Many of the students interviewed spoke about their own personal growth whilst studying the Diploma and the value of this cannot be underestimated.

**Conclusion and recommendations**

Over the past 2 years there has been steady growth in demand for places in the Diploma course with applications from 46 students received by the end of January. Unfortunately with only 20 Commonwealth Supported Places (CSP) available many students will miss out on the opportunity to undertake tertiary study. Currently the school is working with the other enabling programs within the University including the Tertiary Enabling Program (TEP) run in partnership with the local TAFE providers and the UniBridges program (run within La Trobe University) which also provides pathways into tertiary study. The importance of these programs is paramount for success in providing alternative pathways for disadvantaged students.

The LRHS is very keen to expand the numbers at the Bendigo campus and to roll out the Diploma as a pathway to degrees in the health sciences at the other regional campuses. What is evident in the applications to date is a significant number of mature aged (men & women) who are keen to study health sciences, who, for one reason or another have not completed Year 12 studies. Our experience over the last 2 years has demonstrated that single parents (often with 3 or more children) are keen to enrol in the course and to develop new career paths. New and innovative models of delivery with consideration of child care and work commitments will enhance the accessibility of the course. Additionally we have identified a need to link more closely with communities and with other educational and vocational providers to ensure that we are responding to the needs within the different communities. As we currently have a low number of CSP places and high level of demand, we are exploring the possibility of some local community scholarships to provide financial assistance to students entering the Diploma program.
Despite the high levels of academic and pastoral support required by students coming into the Diploma course, these challenges are not unsurmountable. Planning for the levels of support with appropriate staffing levels and qualifications can address most of the challenges posed. The student’s commitment to the course and their ability to overcome a range of social, financial and educational barriers has been humbling for many of the staff involved. The students completing the course are more confident and focused on their career goals and many of them now have opportunities that they had previously only dreamed of. With the current global focus on widening participation and retention in higher education it is proposed that courses like the Diploma of Health Science that provide high levels of academic and pastoral support can be a useful model that may be transferable to other contexts across the sector.

References


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