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## **An alternative route: widening participation into higher education for prospective health and care professionals**

### **ABSTRACT**

Access to higher education in health and social care is vital for supporting local communities and the future workforce. Traditionally, efforts to widen participation in higher education targeted socioeconomically disadvantaged groups. However, it is now recognised that all students should have equal higher education and employment opportunities, regardless of their prior educational attainment. This article examines how the University of Hull has created an inclusive model for access to higher education, which could be developed and incorporated by other institutions nationwide. The University of Hull's 'University certificate in health and social care' programme provides a part-time, year-long pathway for students without formal qualifications to progress to undergraduate studies. Students engage with various learning styles and receive comprehensive support, enabling them to leverage their transferable skills and gain new knowledge. The programme also accommodates students' work and family commitments. The programme has a high qualification rate and successfully progresses many students to undergraduate studies. This has been attributed to the programme's flexible nature, challenges and the support provided to the participating students. Graduates often remain in the local area, addressing workforce shortages and serving the community effectively. This article makes several recommendations regarding how other institutions can best implement a similar programme, including: maintaining a strong leadership across the programmes; investing in supporting and widening participation for all learners; implementing effective marketing strategies to attract diverse applicants; prioritising student feedback for programme improvement; developing a sustainable local workforce in health and social care; and sharing and collaborating with other higher education institutions.

**KEY WORDS:** Diversity, inclusivity, supportive, widening participation, workforce development

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### **BACKGROUND**

The UK government has sought to widen participation in higher education since 1997 (Basil and Tomlinson, 2012; Department for Business, Innovation & Skills (DfBIS), 2014). Its strategies have increased social mobility and social inclusion, particularly through access to education and employment opportunities (Health Education England (HEE), 2014). While initiatives have primarily improved access to higher education through financial support and outreach into communities, contemporary efforts now include strategies to support success and retention, as well as overall access to higher education and employment outcomes (Connell-Smith and Hubble, 2018; Advance HE, 2021).

WP in HE should encompass the whole student lifecycle “access, success and progression “(DfBIS, 2014:3), by providing access to HE, to inspire confidence in individuals to apply to HE (HEE, 2014), study support, successful completion and on into employment or further studies (DfBIS, 2014).

Participation in higher education strategies are considered vitally important to health and care services, as well as wider society (HEE, 2022). The wider the participation in such strategies, the wider the participation will be in the overall health and care sector, which allows care services to better represent and meet the needs of the communities they serve, both as providers of care and as employers (HEE, 2014). Increased participation in the health and care sector would also help address workforce shortages (Gershlik and Charlesworth, 2019). However, despite these recognised benefits, there is a lack of evidence detailing the success of initiatives designed to widen participation in health and social care professional education (Kaehne et al, 2014).

Efforts to widen participation in health and social care education are crucial to ensuring diversity, inclusivity and access to education for individuals from various backgrounds. Such efforts can also increase the awareness of nursing, allied health professions and social work as career options, and allow local stakeholders to provide information and guidance to local education providers and local health and social care facilities.

### **Regional inequality**

There are stark and persistent inequalities in life expectancy and chronic ill health in the Humber and North Yorkshire region (Humber and North Yorkshire Health and Care Partnership, 2018). The region encompasses Hull, the East Riding of Yorkshire, North Lincolnshire, Northeast Lincolnshire, York and North Yorkshire. Overall, Yorkshire and Humber have the third lowest life expectancy for both men and women, the highest levels of obesity and the second highest rate of deaths in infancy across England (Office for Health Improvement and Disparities (OfHID), 2021).

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It is estimated that 220000 children in the region (20.9% of children aged 16 years and under) live in absolute low-income families (OfHID, 2021). Local authority comparisons show that the highest estimated percentages are in Bradford (38.0%) and Kingston upon Hull (36.0%) (OfHID, 2021).

This performance gap widened further in 2019, with Hull 8.2% behind Yorkshire and Humber, and 12.6% behind wider England. Many local people have careers in caring and informal caring for friends and relatives. Some identified that they had aspiration but minimal opportunity to progress with their career due to a previous poor education attainment. Lack of confidence was also cited as a factor behind career progression.

The Humber and North Yorkshire health and care workforce are described as an ageing workforce with significant gaps in numbers across many different professions; the region has been described as having poor attraction rates and a lack of local staff in supply (Humber and North Yorkshire Health and Care Partnership, 2018). The region has three acute NHS trusts, three mental health NHS trusts, five community services providers, 190 GP practices and two ambulance trusts. There are 450 care homes, 140 home care providers and seven hospices. The region has a number of workforce projects and activities aimed at increasing the number and skills of the local health and care workforce (HCV HCP, 2018a) and focusing on widening participation and access to higher education.

Accessing university education as a first-generation student (a student whose parents or guardians did not complete a college degree) can present unique challenges (Roksa et al, 2020). Universities and higher educational institutions can take specific measures to support the successful transition and academic success of first-generation students. Barriers identified include insufficient information provided about career options and the university's application processes not being provided early enough in a learner's educational journey (Thiele, 2014).

Raven (2023) described how the COVID-19 pandemic had an adverse effect on the education of those from more disadvantaged backgrounds. However, less is known about the impact on the educational ambitions of the same young people and their prospects for progressing to higher-level study. Although those engaged in widening participation have continued to provide support to these students, anecdotal evidence suggests that lockdowns and school closures during the pandemic may have further widened the gap between young people from more affluent backgrounds and their less-advantaged peers (Raven, 2023). Advance HE (2020) also recommends a more joined up approach to widening participation and equality and diversity, and 'taking advantage of similar work and advance opportunity for students'.

The Office for Students (OfS) (2021) found that regional inequalities in higher education impact mature students more than some other groups, as they are less likely to be able to move for higher studies because of established and long-term familial relationships. However, older age can be a time of life that offers new opportunities for personal enrichment (Rimaioli and Contarello, 2021). While the cost of higher education can be a concern to mature students, they may be more likely to view this as an investment and plan for this opportunity and may be interested in the apprenticeship approach, where they can earn as they learn (OfS, 2021). The OfS (2021) also stated that mature students have better progression into highly skilled employment or further study, when compared to younger students, as they often study with specific jobs in mind. Local destination data showed that

in 2018, over 44.0% of graduates from the Faculty of Health Science remained in Yorkshire and Humber (Humber and North Yorkshire Health and Care Partnership, 2018).

### **‘Grow your own’ students**

‘Growing your own students’ in the context of health and social care can refer to a strategy or approach where individuals within a community are trained or educated locally to become professionals in the field of health and social care (Cosgrave, 2020). Training students from the same community can help ensure that the health and social care workforce is better equipped to address the specific health and social care needs of that community. Students who are familiar with the local culture and community dynamics may be better positioned to provide culturally sensitive and competent care, which can improve patient satisfaction and outcomes (Hilty et al, 2020). Students who are trained locally may have stronger ties to the community and be more likely to stay and work in the area after completing their education, contributing to a more sustainable healthcare workforce. This engagement can foster a sense of community ownership and support for the health and social care system (Russell et al, 2021).

HEE (2024) identifies three routes to a grow your own approach for a provider, all of which can be supported by a widening participation programme:

- Attract and recruit local people outside the organisation into the workforce
- In-work development
- Assist existing employees inside an organisation to develop their knowledge and skills and progress up to the next level.

Inclusion and equity in and through education, as a cornerstone of the transformative education agenda, is also an international priority. The United Nations Educational, Scientific and Cultural Organization (UNESCO) Sustainable Development Goal 4 (SDG4) focuses on ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all (UNESCO, 2015). A target of SDG 4 (4.4) is that by 2030 there will be a sustainable increase in the number of youth and adults with relevant skills, including vocational skills, for employment (UNESCO, 2015).

### **The programme**

The University of Hull’s level 4 university certificate in health and social care is a unique higher education programme, which supports the local widening participation agenda and access to health and social care professional programmes. Similar programmes offered in England, Wales and Northern Ireland usually only provide a level 3 access to higher education diploma, which are

delivered by further education colleges, private training providers or through distance learning at home (Quality Assurance Agency (QAA), 2021a). Level 3 is the equivalent of an A level; level 4 is equivalent to the first year of a degree programme (UK Government, 2024).

Access to higher education programmes commonly have entry requirements, for example, GCSEs or level two functional skills in maths and English (Universities and Colleges Admissions Service (UCAS) 2021). They are completed in 1 year, when studied full-time, or in 2 (or more) years when studied part-time (QAA, 2021).

The university certificate programme fulfils the normal access to higher education requirements but delivers several key features that its level 3 counterparts do not. The programme is completed in one year of part-time study, it is eligible for public funding and no entry requirements are stipulated, nor do students have to be employed in a health or care setting. It is run by lecturers at the Faculty of Health Sciences who are registered healthcare professionals and who also teach on the university's professional and postgraduate programmes. The inclusive curriculum reflects the diversity of experiences, cultures and perspectives so that students can identify with the educational content.

The university provides technology and a virtual learning environment, including adaptive software, screen readers and other assistive technologies that is accessible to individuals with disabilities. The virtual learning environment supports accessibility for those students who have various competing priorities and are unable to regularly attend timetabled synchronous sessions. During their year of study, they are acclimated to university study, processes and culture and move into their professional programmes with a clear understanding of what is required of them as independent learners and as a health or care professional in training.

Students on the programme primarily apply to the same institution for their degree programme, as they see it as a natural progression. Applications to other higher education institutions are often not considered a viable option for many of these students, as their circumstances commit them to this locality and prevent them from relocation or excessive travelling. Hence it is important to ensure that appropriate widening participation options are locally available.

Students on the university certificate programmes are commonly the first in their family to go to university, and often experience imposter syndrome (Holden et al, 2024). However, once they begin their education, they understand the value of the programme, especially the increased confidence and self-esteem they develop. Their feelings of being an imposter lessen and they begin to feel a sense of belonging, realising this is a process of learning rather than a status to achieve (Kelly and

Mulrooney, 2019) through developing personal feelings of connectedness (Ahn & Davis, 2023). Academic staff and peers also play an important role to help the students settle into their educational programme (Kelly and Mulrooney, 2019).

While students may find it difficult to feel a sense of belonging to the university, their sense of belongingness to the local area because of families and commitments may encourage them to continue their studies with the same university. This familiarity can support with better performance, retention and a return to further studies (Kelly and Mulrooney, 2019).

Habitus is defined as the norms, values, attitudes and behaviours of a particular social group and the continuity of this provided by an institution (institutional habitus) offering familiarity and a sense of belonging, which can support success, retention and return for further studies (Kelly and Mulrooney, 2019).

Applicants are provided support to help them understand the higher education institution application process. This includes personal statement writing, interview techniques and identifying their own transferable skills. This is alongside clearly communicated information about financial aid options and grants to assist first-generation students and their families in navigating the costs of higher education. The university study skills team offers additional support such as writing workshops and academic coaching to help first-generation students excel academically, addressing any gaps in foundational knowledge or study skills. Student support and mental health services provide counselling to help address feelings of imposter syndrome or navigate family expectations. By implementing these strategies, higher education institutions can create a more supportive and inclusive environment for first-generation students, increasing their likelihood of success. Additional barriers to accessing higher education, specifically healthcare programmes, encompass low socioeconomic backgrounds, with reduced social mobility - the wider reaching impact of this is a workforce not representative of the communities it serves (NHS Health Education England, 2014).

## **Outcome**

Evaluation of an academic programme is important as it helps to measure the overall effectiveness of the academic programme in terms of instructional methods, curriculum design and faculty performance (Irons and Elkington, 2021). Evaluation often includes gathering feedback from students and provides valuable insights into their experiences, satisfaction levels and suggestions for improvement. This enables the institutions to assess whether students are achieving the intended learning outcomes of the programme, to ensure that on completion, students possess the appropriate knowledge, skills and competencies for them to apply to their respective fields.

The Quality Assurance Agency noted that most students who undertake an access to higher education programme go on to study at their local higher education institutions, with nursing and midwifery being one of the largest growing professions (QAA, 2021). Each year over 130–135 students progress to a professional health or care higher education programme from the university certificate programme. Most of them may also continue to work in the local area once they have graduated or continue into postgraduate study.

The Hull Level 4 programme is provided as a daytime (university certificate) programme or an evening programme (called the alternative route or AR programme). Students require support from the university's pastoral and academic teams to make appropriate choices to support their career aspirations and future progression into health and care professional training.

The attrition rate in pre undergraduate programmes such as the university certificate can be significant early on. Attrition could be because of a lack of support from the family and other social groups to enable the student to attend university or difficulties faced by the student and family to adapt to the pressures of higher education and the learning environment (Shah and Cheng, 2018).

Helping the students to become familiar with the university context before undertaking a traditional undergraduate programme, for example through a foundation year, bridging course or the university certificate programme, provides students and their families with the time to develop new friendships and better understand the pressures of higher education. This helps to reduce attrition in undergraduate programmes (Black, 2023).

### **The university certificate day programme**

The university certificate programme is a yearlong programme that has an intake of up to 70–90 students each trimester (September, January and May). The programme provides an opportunity to those who do not meet the entry criteria for professional undergraduate degree programmes but aspire to work in professional health or social care roles. The programme supports students to study 60 Credits at level 4, using a blended and inclusive approach to teaching and learning over two half days per week. The programme has been continually changing and developing since 2016 in order to adapt to the changing demands of the health and social care workforce. It has advanced from the original 12-module portfolio to a specific six-module selection, initially used in the alternative route programme, to provide an overview of all nursing fields; Adult, Child, Learning Disability and Mental Health, Midwifery, Social Work, Paramedic Science, Operating Department Practitioner with Diagnostic Radiography and Occupational Therapy to be added to the university portfolio within two years. The programme includes a varied range of assessments that include exams, written



assignments (reflective and third person) and presentations (Bovill et al, 2016) as well as comprehensive feedback to support and improve students' learning and development (Hernandez, 2012). The programme is constantly evolving to align with the Social Work England (SWE), Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC) undergraduate degree application requirements. On successful completion, students are then eligible to apply for their chosen field of specialty.

Establishing six core modules across both presentations has resulted in a transparency that was not always evident previously, ensuring students are studying the essential topics to enable progression. This builds confidence in the programme for the students and members of the team.

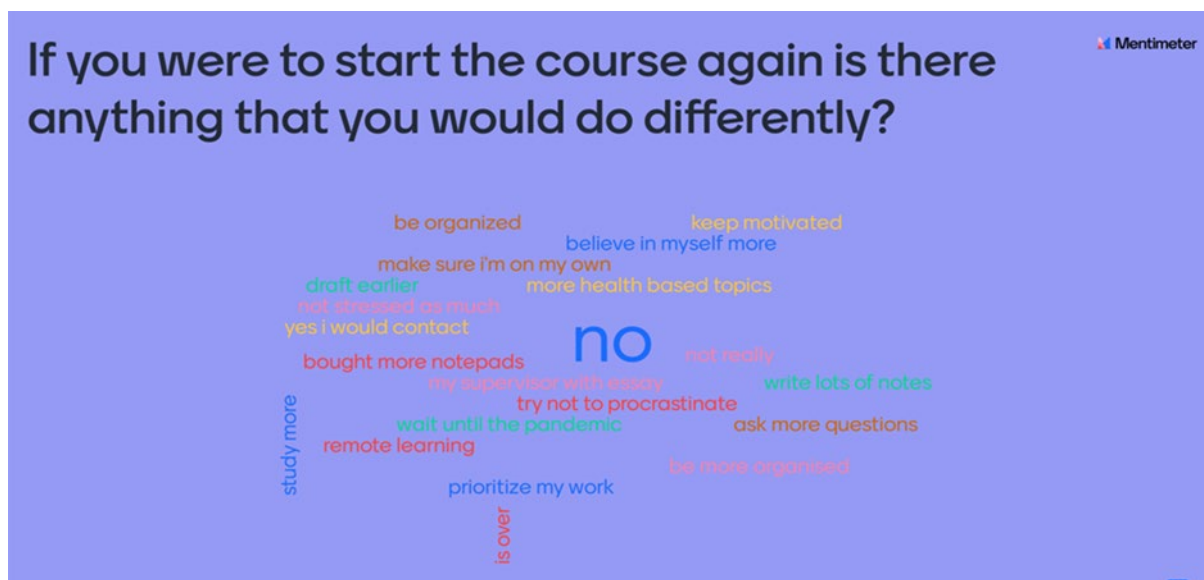
**Table 1: Programmes structure**

<b>First trimester</b>	<b>Assessment</b>
First step study skills	Reflective essay: 2500 words maximum. Introduction to level 4, academic writing and their own learning journey.
Numeracy	Online examination: 2 hours. A focus on health orientation topics.
<b>Second trimester</b>	<b>Assessment</b>
Introduction to health and social care	Pre-recorded presentation on a public health topic. A focus on collaborative working and integration in health and social care.
Science	Online examination: 2 hours. A focus on 'the normal human body', including biology, physics and chemistry.
<b>Third trimester</b>	<b>Assessment</b>
Dementia responding positively	Essay: 2000 words maximum. A focus on person-centred care and developing dementia friendly environments.
Learning for the workplace	E- Portfolio on health or social care topic of choice.

This is particularly important for new colleagues joining the teaching team, this programme can provide a coaching and mentorship package to support new staff to adjust to their new role. This supports a much more collegiate way to work which ultimately improves student and staff experience. This is supported by McIntosh (2019) who confirms partnership working benefits student engagement. There is a clear structure of progression and an escalation process for challenges to be managed appropriately and efficiently (Summers et al, 2020). This avoids potential issues and improves the consistency of approach.

Students are requested to provide feedback about the programme using Mentimeter (Summers et al, 2021), which serves as additional information and guidance to other students who are about to begin their education. *Figure 1* gives an overview of the student responses to a question.

**Figure 1: Student feedback**



The programme is adapted according to the feedback to ensure an inclusive and quality learning experience for all students (Clouder et al, 2012). The feedback is also shared in the induction for new students in each trimester. *Figures 2* and *3* are examples of the student responses shared during the inductions.

**Figure 2: Student feedback on why they continued the programme**



**Figure 3: Student feedback**



Sharing current students' feedback during the induction helps to reassure the new students as it normalises feelings of uncertainty or apprehension (Clouder et al, 2012). The induction is also an opportunity to talk about the benefits of the programme, as it helps to build student confidence and develops their academic skills to enable them to achieve their goals they previously believed impossible, facilitating inclusion and accessibility (Bovill et al, 2015). Many students have transitioned onto an undergraduate degree, not only at the University of Hull but also other higher education institutions across the country. While some students decide to pursue other goals rather than to continue with their education, each year, there are about 150 students who receive unconditional offers for an undergraduate degree.

### **The alternative route evening programme**

It is difficult for some students to attend daytime sessions because of competing priorities such as work, childcare, caring responsibilities and travel requirements. The authors conducted an informal Mentimeter scoping review with the students to obtain qualitative feedback to help identify their needs, challenges they faced and how they could respond to them (Colorado and Eberle, 2010).

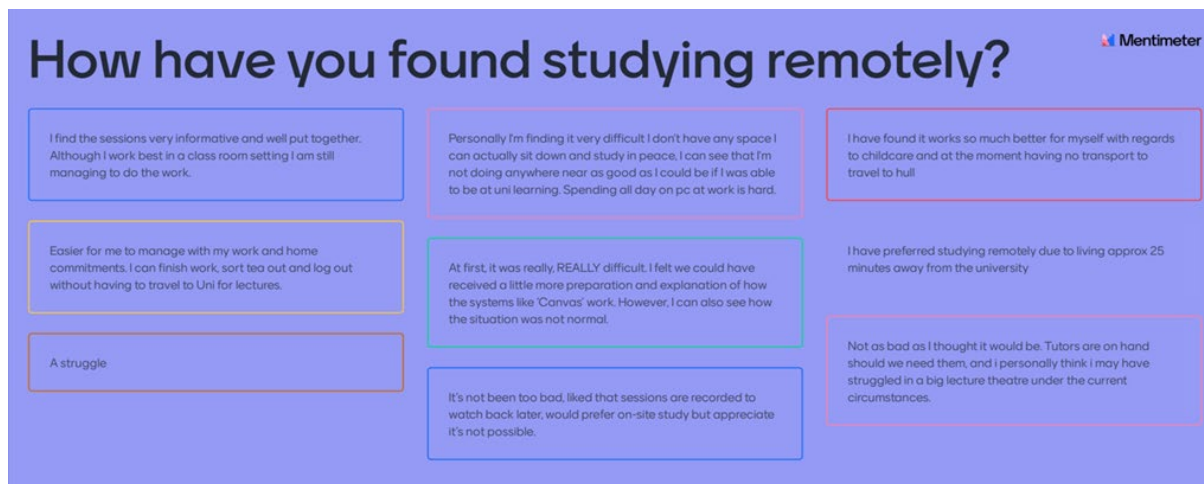
An alternative evening programme was considered to be a good option, which could be supported by a small team of lecturers with specific skills and knowledge and therefore not impact on the wider

FHS. Initially this was led by just three colleagues who led the university certificate day programme and were keen to provide additional support to the students. All three members did not follow the usual path into academia and faced difficult circumstances during their formative years in education. The team felt this gave them a deeper understanding and therefore an advantage in understanding some of the feelings of imposter syndrome and low self-esteem. The programme was developed keeping in mind an initiative by the Office for Students (OfS) to increase the recruitment of male students to health and social care programmes by 30%. Consequently, a bid for further funding was written in collaboration with colleagues from the FHS which was successful. The programme is delivered one evening per week and on successful completion, students attain the same certification as those completing the university certificate day programme

The alternative route into health and social care programme initially had a completely different approach to the university certificate programme, which was supported by a much larger team, with six core modules provided. By adapting the content and mode of delivering the programme, students who would have previously withdrawn from the university certificate programme because of juggling full time work and/ or childcare commitments could now successfully complete their studies through the alternative route programme.

Within the first year, the programme met the target of recruiting 30% male students. This offered an opportunity to change career direction for men and others. In the second trimester, the programme was delivered online in response to the covid-19 pandemic. This was initially met with uncertainty because using online platforms for the very first time was a new development for staff and students. However, 21 of the 54 students who enrolled successfully completed the programme. The dedication and support of the three members in the team helped to enhance student experience and success. From 2020, another lecturer joined the team in response to growing student numbers. Following positive feedback on its online format, the programme has remained online and will continue do so to target a larger audience nationally. Additional coaching and contact sessions were provided for those who found it difficult to follow the online sessions (Lowell and Morris, 2019). This approach supports the Teaching Excellence Framework (TEF) and its commitment to widening access and the participation of underrepresented, non-traditional groups to higher education (University of Hull, 2016). *Figure 4* provides an overview of student feedback on the remote sessions.

**Figure 4: Student feedback on remote delivery of the programme**



From the 2021 intake, 114 registered for the programme and 77 successfully completed it and 62 met their conditional offers for Hull and other higher education institutions across the country. The reasons for a low attrition rate could be because students preferred a small team and familiarity with lecturers (Burt, 2006). Young (2006) suggested how effective teaching is a combination of several strategies, including adapting to student needs, using meaningful examples, motivating students to do their best, facilitating the programme effectively, delivering a valuable programme, communicating effectively and showing concern for student learning. *Figure 5* reflects the positive feedback from students about the effective approaches in the programme.

**Figure 5: Student feedback on completion of the programme**

***J (36yrs) met his Conditional Offer for Paramedic Science;***

*"Just wanted to say thanks for all your help over the last year, you've all been incredibly supportive and you've made learning enjoyable and engaging. Apologises for filling the chat box most weeks, I've just got a lot to say 😊.*

*Hopefully I'll see you all at graduation in 3 years and then I can shout "we did this"."*

***C (42yrs) met her Conditional Offer for Adult Nursing;***

*"Thank you so much for all your help over the last year as a lecturer and this trimester, as my academic supervisor. I very nearly quit in those first few weeks as I was so overwhelmed, struggling to understand exactly what was required of me, but you've all been wonderful and supportive".*

***S (36yrs) met her Conditional Offer for Midwifery;***

*"I wanted to thank you all for this year you have all been so brilliant. It's clear that you all really care about helping us all reach our full potential, you go over and above for us all, the encouragement and warmth you bring is just what we need as new students. I genuinely never thought I would be able to study at university level and always felt some regret that I had never progressed onto university when I was younger, which has always held me back in some way as I always felt a bit like I'd let myself down/incompetent.*

*I'm so pleased I made the decision to join this course you really are the best, you've really built my confidence and helped me to realise my potential. I never in a million years thought I would be studying at this level never mind be able to pass a maths exam or be accepted onto an undergraduate degree in Midwifery!!"*

***F (40yrs) met her Conditional Offer for Adult Nursing;***

*"thank you so much for all your help, support and laughter. I've had such a great time on the course I'll never forget it and you guys, you're all amazing and deserve medals, I'm not sure what you guys run on but it must be rocket fuel because you go above and well beyond what I expected."*

***G (22yrs) met her Conditional Offer for Adult Nursing;***

*"I feel like I was most confident when completing the module which is primarily down to your support!"*

***P (24yrs) met her Conditional Offer for Adult Nursing;***

*"have just had my place for next year confirmed on the Adult Nursing course and I just wanted to say thank you for all of the support that you have provided over the past year. A year ago, I never thought I would be capable of finishing anything like this but with your support it has shown that I can".*

***L (43yrs) met her Conditional Offer for Midwifery;***

*"I just wanted to say thank you to you all for your fabulous teaching, reassurance and support over this last year. I feel like a different person to the one who had zero confidence and anxiously waited for the first online session almost a year ago. I never imagined that a year later I would have left my job of 17 years and have a place on Bsc Midwifery. You have all gone above and beyond for us and I just wanted you to know that you really have helped to change my life by encouraging me to believe that I could do it".*

In 2022–23 over 150 students successfully completed the university certificate and alternative route programmes and transitioned to further study. The majority of those students made applications for

higher studies with the University of Hull. As deciding to continue an education in the current financial climate is not easy, the retention rate could be attributed to the valuable relationships students had already formed with the programme team and peers. However, there were some students, particularly those without pre-existing commitments who successfully applied elsewhere around the country.

**Table 2: Advantages and disadvantages of replicating the university certificate and alternative route programme**

Advantages	Disadvantages
Fewer module leaders required over the academic year (reduced from a 12-module to a 6-module portfolio)	Only one September intake - evening online
More coordinated teaching, where all the three science modules run during the same trimester (university certificate and alternative route) as other modules	Potential reduced uptake of places because of the loss of choice
Less pressure for early marking in third trimester (in 2023 approximately 250 submissions marked within 6–7 working days)	Larger intakes with an increase to 200 per cohort
Students commencing in January and May intakes have the opportunity to resit exams before confirmation of results	More academic support/ markers required in some trimesters because of increased intake
Numeracy and science online exams requiring only moderation	Loss of cross school/ other field specific support
More monitoring of students possible, potential reduced attrition	Limited module choice

Widening participation and promoting inclusivity in higher education plays a pivotal role in cultivating a diverse and skilled health and social care workforce. Embracing a broader spectrum of students from various socioeconomic, cultural and educational backgrounds can help to address workforce shortages, enrich the learning environment, facilitate a more representative workforce and address the complexities of patient care. It also provides opportunities for individuals who may not traditionally pursue higher education, facilitating social mobility and empowering individuals to break free from economic constraints.

Inclusivity in higher education is not just a moral imperative, but an investment in the future of healthcare. Nurturing a workforce that mirrors the diversity of the population can help to create a more responsive, culturally competent and effective healthcare system, ultimately leading to improved health outcomes and a more equitable society. A reorganisation of higher education is needed to allow institutions to be more inclusive and responsive to local challenges, including structural reorganisation and strengthening the expectation of lifelong participation in education (Sperlinger et al, 2018).

## **CONCLUSION**

Programmes such as the university certificate and alternative route can contribute to the creation of a more diverse and representative health and social care workforce, ultimately improving the quality of care for all patients and service users.

The diverse curriculum, virtual sessions and flexible learning pathways with evening and part-time sessions provide an opportunity for accessible education, ensuring that individuals, regardless of their background, abilities, or circumstances, have equal opportunities to acquire knowledge and skills. The programme can be funded by student finance England which can help minimise economic barriers and make education affordable for all. Language support is offered to the wider university community to support students whose first language is not English. By addressing different needs of students, the programme can successfully contribute to creating an inclusive and accessible learning environment that benefits learners from all walks of life.

## **Recommendations for higher education institutions**

1. Develop a strong and consistent leadership across both the university certificate and alternative route programmes to sustain success for both programmes
2. Have in place a programme team that encourages widening participation for all learners who may not have been previously successful with their studies
3. Implement valuable marketing strategies to encourage applications from a diverse population who may otherwise not have considered studying at university
4. Commit to future development of the programmes by listening to the student voice and prioritising their feedback
5. Implement the 'grow' your own health and social care workforce approach for sustainability to meet the needs of the local community



6. Widen participation opportunities by collaborating with other higher education institutions and sharing models of success

Key points

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