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Policy discourses and socially situated participation in education

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Introduction

This paper discusses how participation in education has been affected by current educational policy assumptions that emphasise rational, cognitive decision-making and individual choice within an economistic discourse. It draws on a study of students participating in a ‘health issues in the community’ programme (reported on in Allan and Tett, 2005) to explore both how policy changes have influenced provision and how the subjective experience of engaging in education is bound up with other life events and experiences.

Policy discourses and learner identity

Ball (2007, pp.10) has argued that the role of state education has been re-articulated through the production of ‘plausible new policy narratives [such as] choice, diversity and personalisation’ and has been subordinated to the demands of structural competitiveness. At the same time, he suggests, policy still retains a residual set of concerns with ‘the under-achievement and under-participation of some of the working class and some ethnic minorities in education’ (ibid). In this discourse education is generally seen in terms of its economic value and its contribution to international market competitiveness. Even policies that are concerned to achieve greater social inclusion are modified and co-opted by the requirements of economic participation and the labour market. This transformation of social problems into economic problems is achieved through the emphasis on individual responsibilities and self-organisation particularly through the discourse of individual deficit where failure to succeed is ‘blamed’ on the attributes of the individual students who are regarded as being poorly prepared for learning and/or lacking in motivation and ability.

In addition, the judgements and emotions that are generated about how successfully people meet the demands of school have a particular affect on the decision to participate in post-school education and learning. As Jonker (2005, pp.123) notes, ‘at the individual level, schooling can …saddle one for life with the feeling that one is doomed to fail. Schooling, in other words, is part of the complex process of shaping and reshaping the self’. This is compounded by the myth of meritocracy that implies that anyone who is brought up properly, who is supported caring parents and loved and feels good about themselves, will rise above the hardships imposed by poverty, classism, sexism and racism (Luttrell, 1997; Tett, 2006). This myth permeates common-sense understandings of what returning to learning implies because failing to meet the demands of schooling is seen as an individual problem. This sense of individual failure is internalised because, as Bourdieu argues:
Agents, even the most disadvantaged, tend to perceive the world as natural and to find it surprisingly acceptable, especially when one looks at the situation of the dominated through the eyes of the dominant (1990, pp.131).

The ‘natural’ attitudes of policy makers, the media and so on mean that they also incorporate and perpetuate this discourse of deficit and this leads to a particular emphasis in policy on the characteristics of the individual learner rather than the structural constraints under which they may be operating.

**Socially situated participation**

Researchers that are interested in the micro process of how individuals’ engage with learning have drawn attention to its ‘social situatedness’ and suggested that it involves a process of identity formation that is inherently risky and uncertain (Gallacher *et al.*, 2002). A person’s activities and choices are both constrained and enabled by their horizons for action which, as Hodkinson (2004, pp.7) argues, ‘are influenced both by the opportunities a person has access to, and also by a person’s perception of self, of what they want to be, and of what seems possible’. People bring a particular life history, which influences how they engage with education through the ways it shapes their expectations, hopes, and aspirations. Barton *et al.* (2007, pp.18), for example, in their study of literacy students have emphasised the importance of individual histories; how people have their own ‘ways of being’, the cluster of social, psychological and affective characteristics which make up their identities; the significance of the circumstances in which they are situated, over which they will have some control; and the importance of people’s plans and how they see their future possibilities.

Some learning can involve upsetting experiences, leading to feelings of psychological vulnerability and insecurity. Other learning experiences are positive and can engender feelings of hopeful anticipation, exhilaration and discovery (Griffiths *et al.*, 2005, pp.275). Yet, whilst there has been recognition of the many facets of learning including the intuitive, imaginative and subjective (Illeris, 2004) by researchers, policy discourses still emphasise the cognitive and rational processes of learning. This emphasis at the expense of learning’s emotional and social dimensions, has been critiqued for privileging outcome measures and individual aptitudes to learning over issues about organisational cultures and the social nature of learning (Taylor, 1998). This has led to an exploration of the ‘social situatedness’ of learning with the emphasis on ‘the inherently socially negotiated character of meaning and the interested, concerned character of the thought and action of persons-in-activity… in, with, and arising from, the socially and culturally structured world’ (Lave and Wenger, 1991, pp.50-51). From this perspective learning is viewed as participation in social practice whereby newcomers to a particular community of practice are both absorbing, and being absorbed in, the ‘culture of practice’. Lave and Wenger (ibid, pp.100) argue that ‘because the place of knowledge is within a community of practice, questions of learning must be addressed within the development cycles of that community’. From this perspective significant learning is what changes our ability to engage in practice and to understand why we do it. Such learning is not just
the acquisition of memories, habits, and skills, but also the formation of an identity through participating in a new practice or community such that 'we know who we are by what is familiar, understandable, usable, negotiable; we know who we are not by what is foreign, opaque, unwieldy, unproductive' (Wenger, 1998, pp.153).

Other researchers have emphasised the need to understand dispositions to learning as part of a social process of identity formation that is sensitive to biographical narratives and cultural influences (Hodkinson and Bloomer, 2000; Osborn et al., 2003). In this scenario, being and becoming a learner is explained as the product of complex interplay amongst the social and economic structures which shape people's lives, the educational institutions which determine the processes of engagement with learning, and the learners themselves (Crossan et al., 2003, pp.58). Learners are not passive recipients of teacher knowledge but co-producers of meaning. And the identity of the learner at the heart of this new model is similarly reconfigured whereby learners are seen as complex figures whose learning biographies are fluid and subject to change.

Illeris (2004) argues that the multiplicity of complex issues affecting learning, coalesce into three dimensions, the cognitive, the social and the emotional which, he argues, are always integral to any learning experience. He suggests that education should therefore take cognizance of all three dimensions if learners are to have positive, successful experiences of learning. However, adult learning practices all too frequently foreground the cognitive at the expense of the social and emotional dimensions and focus on skills for employment rather than learning for the whole of life. Where learning is successful it is often achieved over time and is embedded within learning skills for survival – not simply for productivity. Building on the range of activities that people already engage in and feel comfortable about, by taking a responsive approach to curriculum development, is one way in which everyday culture and practices can be valued rather than denigrated.

The nature of the learning that people engage in will make a real difference to how they feel about themselves, especially when the nature of their past learning had created negative self images. As Taylor has argued (1992, pp.25):

Our identity is partly shaped by recognition or its absence, often by the misrecognition of others, so a person or a group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves.

Barton and colleagues (2007) argue that someone who has experienced a lifelong history of problems with education and who is currently living in very difficult circumstances may not be in a position to imagine any sort of long term future, and engagement in learning may therefore seem pointless. This might lead to resistance to any sort of formal learning, or ‘alternatively may lead to a “compliant” attitude whereby they go along with any choice that is offered to them with little personal investment’ (Barton et al., 2007, pp.24). So it is important that people have a positive educational experience and feel that their issues and concerns are valued, because
in valuing these, they are also valued as people. One way to do this is to build on what students already know and do because then their expertise is drawn on to make learning a mutual, rather than a unidirectional, process (Tett, 2006).

Student identity and choice

What happens when people do make the ‘choice’ to participate and how does this impact on student identities? I am now going to draw on the data from the ‘health issues in the community’ project to explore what happens when learners are able to exercise choice over the curriculum and have their voices heard. The project is a course designed to help people to make sense of the health issues that impact on their lives. It uses the ‘social model’ of health that assumes that health is a holistic concept where wider determinants such as people’s social and community networks, levels of relative income, access to housing, educational attainment and opportunities as well as the wider environmental, political and socio-economic conditions in which people live, have an impact on their physical and emotional well-being. There is a common framework of materials that are used by tutors to raise issues for discussion and investigation in relation to the geographical communities that the participants belong to. The emphasis in the course is on students sharing their own experiences about the social, emotional and physical effects of health on their lives and relating this to wider structural issues.

The findings are based on individual interviews with ten students attending one course about the difference that participation had made to their lives. The interviews were recorded and transcribed and common themes identified. The responses fell into three main categories: a comparison between their school experiences and their experience of the course; changes in how they felt about themselves; the difference they had made to their families and communities. I will illustrate each in turn.

School experiences

Many people reported that they had found school difficult and this had left them unwilling to engage in any further formal education but most were positive about the difference between what they had expected the course to be like and their actual experience. For example:

The local community worker persuaded me to come along to this class but I wasn’t keen as I thought it would be like school, which I hated. But it’s been great because the tutor is really interested in what I think and my experience of bringing up a kid with ADHD is seen as really valuable.

School was a nightmare because I didn’t do well so I was in the bottom classes with people who didn’t want to learn and it was always noisy and I couldn’t think. This is so different because everyone wants to learn and it’s focused on what we can contribute and we respect what everyone has to say.

I always thought of myself as thick but the people here are interested in what I have to say and I now feel I have something to contribute.
It appears that the valuing of the participants’ experience has led them to feel positive about what they can contribute in contrast with their earlier school experiences.

**Changes in self-perception**

Many students emphasised the changes in how they felt about themselves and their lives, particularly in their emotional responses to situations.

> When I started doing the Health Issues in the Community course I had no idea how much help it would be to me and for my son. I am now able to speak up for him a lot better and not get myself so upset and feel I can help others in the same situation.

> I was mentally abused by my partner and I became quite good at hiding it because I believed it was my fault. I didn’t want to speak to anyone or go out anywhere because I felt that what I had to say wasn’t worth hearing. The health visitor persuaded me to come along to the group and it has made such a difference because everyone was so friendly that I got to trust everybody and so was able to tell my story and wasn’t silenced any more.

> I needed a bit of a push at the beginning to get rid of my self-doubt but the tutor encouraged me to speak out and the other people on the course were willing to listen to me so that’s made a real difference.

Creating an atmosphere where the group trusts each other has been important and the tutor has made sure that there are agreed ground rules in relation to confidentiality, respect and cooperation at the beginning of each course.

**Making a difference**

Part of the assessment for the course is the undertaking of a group investigation of a health issue that affects the communities that its members are part of. Most of these investigations have resulted in action that has made a difference to the health of that community. For example:

> I have become part of a group that is aiming to provide support for parents whose children have ADHD.

Poverty isn’t just about not having enough money it also makes you isolated and lacking hope for the future. So when a group of us on the course got together to campaign for the play park it helped us to feel better about ourselves as well as getting better places for our children to play.

> We live in a remote area where the nearest supermarket is 30 miles away, there is only one bus each day and the local shop doesn’t keep many vegetables or fruit so providing a healthy diet for our kids was difficult. We got together with the local primary school head and suggested that a poly tunnel be set up in the school grounds so we could grow some vegetables and also encourage the children to think about what this would mean.

> We worked together to get a decent bus service out to the new hospital at the weekends. Not many people in our community can afford a car so when they
took away the bus services at the weekend it meant you couldn’t visit family and friends who were stuck in there. So we thought that this was an important health issue and investigated it and made a presentation to our local councillors and eventually persuaded the bus companies that they should start running the buses again.

So the students have found that the course has made a real difference for their communities and for themselves through the confidence that comes from working together to bring about change.

Discussion and conclusion

I have suggested that the discourses that privilege skills for earning and economic, rather than social, issues lead to assumptions in policy that participation in learning involves individuals ‘choosing’ courses that will address their individual deficits. However, those that have had a poor experience of school are unlikely to re-engage in learning that they see as repeating the problems that they experienced earlier.

The findings from the interviews with students on the ‘health issues in the community’ course show that within a supportive environment learning opportunities can be maximised through making joint decisions about content, methods, and activities and sharing experiences. The tutor’s task is to negotiate these in interaction with the group, to fine-tune them according to the individuals involved, and to be responsive to the students. Students are encouraged to learn by listening to each other talk about their home and community lives and other factors that matter to them and by sharing the problems that affect their learning. This type of participation can encourage what Barton and colleagues (2007, pp.111) call the development of ‘social confidence … that concerns not just a person’s confidence in what s/he can do, but in who s/he can be in relation to others’.

These findings also support Wenger’s (1998) claim that identities are formed in relation to our competence since, by valuing the expertise that the participants had acquired through their personal and social experience, they were able to negotiate new learning identities as people who knew and understood and could therefore take action to change things. As Bartlett (2007, pp.53) argues ‘individuals make claims about who they are by aligning and contrasting themselves with others’ and becoming part of a community of practice that is orientated towards learning has positive affects on participants’ ability to engage. This in turn brought about changes in people’s identity as capable learners, rather than school failures. They came to see themselves as familiar with learning and that this learning was usable in their everyday lives whereas before their image of learning had been that it was, to use Wenger’s (1998, pp.153) words, ‘foreign’, ‘opaque’ and ‘unwieldy’. The students had also become co-producers of meaning with the tutor and with each other particularly as they had conducted their investigations of the health issues in their communities and then taken action to bring about change.

Are there spaces in the current policy discourse that makes it possible for other provision to operate in a similarly empowering way? Ball (2007) has pointed out that
the State is concerned with the under-achievement of the working classes but only in so far as it impacts on economic participation. However, this policy does provide a small space for action since courses can be designed for working-class people that are based on an assumption that they are knowledge-rich and thus able to draw on the resources that they have acquired from managing lives under difficult circumstances. Engaging in such courses and coming to see yourself as the 'expert' in knowing what makes for positive changes in your own community is a step on the way to over-turning previous notions of failure and of recognising the wide range of outcomes from learning. Such outcomes contribute to the social and economic wellbeing of people in a much more effective way than limited ‘skills for employment’ courses and value local cultures and practices.

References


