Higher Education Institutions' Responses to Risk: A Critical Discourse Analysis

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Abstract

Increased concerns about students who present a risk to self or others have been documented in the literature since the 1990s. In particular, concern has been expressed about students who self-harm and students with mental health difficulties (for a thorough overview of the range of issues affecting HEIs see Rana et al., 1999; Royal College of Psychiatrists, 2003; Royal College of Psychiatrists, 2011). Much of the British research has focussed on the prevalence of different types of harmful or risky behaviour. Sector bodies have published guidance documents outlining key issues for institutions to address when responding to students who present a risk to self or others (AMOSSHE; 2000; Universities UK, 2002b; Universities UK, 2002a). Whilst the literature has provided guidance to the sector, there has been no detailed examination of the discourses which underpin concerns about risk or suggested institutional responses.

This thesis uses critical discourse analysis to identify these discourses and consider their impact. The data consists of seven national guidance documents which inform practice in the sector and eighteen semi-structured interviews with staff from five universities. Nine key discourses are identified which can be split into two groups with one additional discourse: discourses about the Higher Education context, professional discourses and an additional student accountability discourse.

Hilgartner's (1992) relational theory of risk predicts that valuing different objects will result in the identification of different risks. Integrating this model with critical discourse analysis provides a way of understanding how discourses place different value on objects resulting in the identification of different risks. It is intended that this understanding will enable practitioners to reflect on the discourses they and their colleagues are using and consider alternative positions when responding to complex situations where students present a risk to self or others.

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List of Acronyms

ADD- Attention Deficit Disorder

AMOSSHE- Association of Managers of Student Support in Higher Education

BACP- British Association for Counselling and Psychotherapy

BCS- British Crime Survey

CDA- Critical Discourse Analysis

CORE OM- Clinical Outcomes and Routine Evaluation Outcome Measure

CRHT- Crisis Resolution and Home Treatment Team

GP- General Practitioner

HE- Higher Education

HEI- Higher Education Institution

HESA- Higher Education Statistics Agency

HRA- Human Rights Act

MA- Master of Arts

MDA- Mediated Discourse Analysis

NASPA- National Association for Student Personnel Administration

NHS- National Health Service

OIA-Office of the Independent Adjudicator

QAA- Quality Assurance Agency

UCAS- University and Colleges Admissions Service

UK- United Kingdom

UKCP- UK Council for Psychotherapy

USA- United States of America

1 Introduction

This thesis has its roots in a conversation with my then line manager over six years ago when I was considering topics for my Master of Arts (MA) dissertation. We had undergone a difficult year dealing with a lot of complex situations involving students who some people within the university thought presented risks of various kinds to themselves or others. Deciding on appropriate and consistent responses seemed very difficult and conversations with colleagues in other institutions revealed that we were not alone in perceiving this issue. That initial conversation resulted in my MA dissertation which considered the responses of managers of Student Support Services to case vignettes about students who presented a risk to others. The MA dissertation was a precursor to this current thesis as, at the end of the MA research, I had generated more questions than I had answered. I wondered how participants arrived at such different proposed courses of action in response to the same scenarios. In particular, a respondent framed his response to one scenario as a welfare issue where others had seen risk issues; he recommended a very different course of action to the others (Harrison, 2007). The powerful impact of framing student behaviours differently was the starting point for this current research.

In addition to this academic interest, I, like many other researchers, continued to have a personal interest in my research area (Taylor, 2001). At the beginning of this PhD I managed a Disability Support Service in a university; I am now the Head of Student Support in a different institution. In both roles I have had to make recommendations or take decisions about how to respond to students who present a risk to self or others. Such decisions carry a lot of responsibility and

throughout my career all practitioners who have been involved in these decisions have been aware of this responsibility. Often such decisions are taken by groups of people representing different perspectives on the incident without the formality of a multi-disciplinary meeting. These meetings can be lengthy with many strong opinions. I have sometimes left these meetings frustrated that others cannot see, or possibly do not agree with, my perspective. A number of incidents illuminated that, at times, I was starting from different assumptions to others in the room but that we had not necessarily made those assumptions explicit. As a practitioner it was important to me to understand what might be happening in those conversations so that I could be more effective in them; I also wanted to improve my understanding of the basis of my own decision-making.

Schon (1992) refers to professionals who are taken up with science and evidence based practice as occupying the 'hard high ground'; up there, choices appear clear with one better than the other, variables can be manipulated and outcomes measured. This approach is tempting as difficulties then have clear solutions. However, many situations involving people actually take place in what Schon (1992) calls the 'swampy lowlands' where he claims it is not possible to produce evidence-based practice. This is the 'messy' reality of life where situations are complex, where judgements must be made and justified. This image of the 'swampy lowlands' captures the complexity I experience in dealing with students who present a risk to self or others in my daily practice. Some approaches to students who are a risk to self or others aim to categorise this risk or even measure it. However, for Higher Education (HE) practitioners, much of the work in this area is a discursive process in which issues can be framed by different, and sometimes competing, discourses. This impact has been shown in

schools; in her study of an inter-disciplinary staff team in a school for pupils with special needs Binyamini (2007) demonstrated how language expresses and reflects different professional approaches. I hoped that by looking closely at this language and identifying discourses I would be better able to describe the territory of the swampy lowlands, better able to understand others' descriptions of the territory and to explore these descriptions with colleagues. The need for this clear understanding has been identified in multi-agency settings (Salmon and Rapport, 2005); given the complex nature of Higher Education Institutions (HEIs), many of the same challenges may be present.

I therefore set out to understand better the assumptions and frameworks used by staff in HE to respond to students who present a risk to self or others; this thesis charts my explorations. I have chosen to present all of my explorations, including the dead-ends, to show how and why I made the decisions about the research which have resulted in this final document. I hope that this level of transparency will give readers greater confidence in the work and will show not only the basis of my findings, but also my development as a researcher throughout this process. This also reflects the 'messy' nature of practice based research.

Mowbray and Halse (2010) question the contemporary focus of the PhD as an acquisition of transferable skills which enhance employability and instead draw on Aristoliean theory to identify three areas of 'intellectual virtue' which are developed through doctoral level study. As a professional with an established career, and with no desire to become an academic in the traditional sense of the word, this approach appealed to me and has informed my reflection on my development as a researcher. Mowbray and Halse (2010) use the term

phronesis to mean personal resourcefulness, *sophia* to mean developing cognition and *techne* to mean developing research and other skills; I will use these definitions in my reflections on my development as a researcher.

However, it is worth taking a brief diversion at this point to note that there are alternative translations of *phronesis, sophia and techne. Phronesis* is more usually translated as 'practical wisdom' reflecting the practical nature of this intellectual virtue. In his translation of Nicomachean Ethics, Thomson translates *phronesis* as *'prudence or practical wisdom'* (Aristotle, 1976 p209). This translation highlights the importance of careful deliberation as part of practical wisdom. Responding to students who present a risk to self or others requires deliberation in an applied setting and I have explored the importance of practical wisdom in this area in previous work (Harrison, 2007). I hope that this current thesis will contribute to an increased professional understanding of the complexities of this area adding to the experience and knowledge which enable individuals to demonstrate practical wisdom in challenging circumstances. S*ophia,* is usually translated as wisdom (see for example Aristotle, 1976); Ross (1966, p144) translates this as' *philosophic wisdom'* explaining this as *'the union of intuitive reason and science',* this therefore may be seen as academic or intellectual knowledge. This distinction between practical wisdom and wisdom is useful for a practitioner-researcher. As a practitioner, I require and seek to develop *phronesis;* as a researcher I am seeking to develop *sophia.* Both roles require, and to some extent are underpinned by, *techne* or technical skills which provide the capacity to create objects for example *techne* is required to create the physical document of this thesis.

Returning to my development as a researcher, I used Mowbray and Halses' (2010) framework to reflect on my own development; the remainder of this chapter therefore uses their definitions of the terms *phronesis, sophia* and *techne*. My career so far has required the development of personal resourcefulness; a virtue which I think I have applied to my studies rather than one which has developed as a result of it. Therefore, I have concentrated here on the ways in which I have developed my cognition, research and other skills. I start with reflection on *sophia* or cognitive skills.

I started this PhD with a background in quantitative research from my undergraduate psychology degree and qualitative research in student support and management from my MA. My professional experience had also encompassed both traditions with a requirement to produce reports based on quantitative evidence and work as a Counsellor, youth worker and line manager which relied on an understanding of the qualitative information being presented by others. Despite my experience of qualitative work and my commitment to understanding meaning, I found myself returning to quantitative approaches wanting to create hypotheses or find out how much or to what extent a particular concept may exist. As a practitioner I knew that certain events were real but could be interpreted in different ways; discovering critical realism as an ontological and epistemological approach provided a theoretical underpinning to my lived experience. This has also provided a way to bridge the quantitative and qualitative divide which I will take into future work.

It is worth noting briefly here the influence of feminist theory and practice on this thesis; as a practitioner I have used feminist approaches and theories to make

sense of events. This influence is evident in the ontological and epistemological approaches within this thesis and, more pragmatically, the way in which I have chosen to write in the first person and to use both he and she throughout the text. I recognise that this mixed use of gendered pronouns when referring to generic matters, whilst consistent with feminist approaches, may influence readers' perceptions of the text; Madson and Shoda (2006) found that alternating gendered pronouns resulted in readers thinking that work was biased towards a female perspective. It is not my intention to create a bias towards one gender or another, rather I hope to demonstrate that risk is not linked specifically to either gender. For ease of reading I have chosen not to strictly alternate the pronouns, as this can create clumsy and confusing sentences, rather I have tried to ensure equal usage of both pronouns throughout the text as generic third person pronouns which should be taken to include both (or all) genders. Where an example refers to a particular student the appropriate gender pronoun is used. Feminist theory also influenced my decision to write this thesis in the first rather than the third person (Usher, 1997b). Interpretive work such as discourse analysis is interpreted by the researcher with her own experiences and it is therefore important that the researcher's position in relation to the research is clear (Van Dijk, 1993).

Philips and Pugh (2000) describe the achieving of a PhD as becoming a professional researcher with a focus on knowing how to do research as well as expertise in the content of the research. Developing my understanding of how to do research has been another key development for me as a researcher as I have developed a more lateral approach to research problems. When I started related research for my MA, I questioned my supervisor about the expected length of the

literature review claiming there was no material in my area. It remains true that there is relatively little written directly about responding to risky behaviour within HE, but there is a wealth of relevant literature in related areas; the challenge of my PhD has been when to stop reading and deciding what not to include rather than insufficient material. This ability to look more broadly will, I hope, enable me to work more effectively in future and to think creatively about the complex problems which are presented in my area of work and in future research.

I have also developed technical and research skills, or *techne,* throughout my studies. I do not want to list all of these skills here but I have undoubtedly developed confidence in using software to analyse data which I have applied to other areas of my work. I have also gained skills in information searching and in the use of software to present information in different ways to enhance my thinking. I hope that this thesis also demonstrates that I have gained the technical skills needed to analyse data and present my findings in a way which brings new understandings for the reader.

I had conducted interviews for previous research projects and regularly have 'conversations with a purpose' with students and colleagues, which although they may not be formal interviews provide opportunities to practice relevant communication skills. However, I found conducting some of the interviews for this research challenging as I wanted to ensure that I did not direct the interview too much and therefore stop the interviewee from telling me what she thought was important. At times this resulted in me feeling that the interview was out of my control as the interviewee had already begun to talk about content before I had taken off my coat or got out my dictaphone. In other cases, the interviewees

seemed to see me as an expert of some sort and asked what I would do in some of the situations they had described. Responding to such requests seemed to be a matter of professional courtesy and they generally happened at the end of the interview so did not appear to affect the data within the interview. I became more confident to address these challenges throughout the research process and hope that I will continue to develop skills in this area through future research.

More than developing skills or intellectual virtues, I think the more fundamental change has been in my understanding of myself as a practitioner and researcher. My familiarity with academic and research cultures from my work meant that I did not have to overcome some of the barriers which have been identified in relation to female doctoral students (Cumings Mansfield et al., 2010); however, I had to learn to adopt the role of student rather than manager within the process. At times this felt difficult and de-skilling as I returned to the status of relative novice. However, as I have progressed I have gained a new understanding of my practice within the literature and have begun to identify myself as a practitioner-researcher rather than someone who is 'doing a PhD.' Subsequently, I bring more 'research thinking' to my every day work, becoming one of Whitchurch's blended professionals (Whitchurch, 2008) integrating academic and professional elements in my role.

I have found the process of research to require continual movement between fine detail and the big picture, using each to inform the other. At times it has felt difficult to isolate a single idea from the much bigger picture whilst retaining its meaning; how to understand the importance of a bridge without being able to see the river it is built over and the two mountains it joins? Of course, it is not

possible to provide the whole picture at once and part of my learning has been to recognise how to draw a meaningful outline first rather than overwhelming it with detail. The remainder of this chapter is an attempt to provide a sketch of the big picture which the reader can hold in her mind whilst focusing on the detail of a chapter or section.

The challenge of responding to students who present a risk to self or others is situated in a specific HE context. Chapter two charts the significant changes to HE over the last 50 years, as the UK has moved from an elite system for the few to a system aimed at widening participation and increasing numbers of students to 50 percent of the under 25s. Whilst this target has not been achieved, the number of students in HE has increased and the student body has become more diverse. This has presented challenges for HEIs and expectations of support institutions should provide have also changed. Alongside the growth in student numbers, changes in expectations, policy and funding mechanisms have resulted in the development of the relatively new area of Student Support Services. The configuration of these services, staff entry routes into the services and the perceived purposes of the services are variable; understanding this context is important for understanding the challenges facing institutions and the discourses they use when responding to these challenges. HEIs have also had to respond to a changing legal framework in an increasingly litigious society and this has undoubtedly shaped institutional procedures. The chapter shows that HEIs operate in a complex and changing environment and that understanding of this environment is crucial to understanding the particular challenges HEIs face when responding to students who present a risk to self or others. It is also worth noting that even more significant changes are expected in the sector light of the

coalition government's policy of charging tuition fees of up to £9,000 from September 2012 onwards. However, the fieldwork for this project was completed between 2008 and early 2010 before the increase in fees had been agreed by parliament and therefore this issue is not explored in this thesis.

Chapter three considers approaches to risk and how these approaches may be seen within the HE context. It starts by considering individualist approaches to risk with their focus on the risk presented by an individual in a given situation. Cultural approaches to risk are then discussed considering how cultural context affects perception of risk and acceptability of different levels and types of risk. This discussion then moves to risk society approaches to risk, exploring the assertion that risk is the organising principle of contemporary society. Risk regulation as an approach is then discussed with its focus on actions to mitigate against specific risks. Finally, the model of risk which is used throughout the remainder of the thesis is discussed, the relational theory of risk (Hilgartner, 1992; Boholm and Corvellec, 2011). This theory integrates the approaches to risk previously discussed and recognises that the concept of risk is constructed; an approach which is compatible with critical discourse analysis.

Following this exploration of theoretical approaches to risk, chapter four considers the types of student behaviour which cause concern within HEIs and which may be considered risky. The (limited) literature on the extent and type of risks identified in the student population is examined in this chapter. There is little direct research about students as a risk to others in the UK; however, research about students as victims of crime indicates that many student victims believe other students to be perpetrators of violence and therefore they can be

viewed as presenting a risk to others; crimes include physical and sexual assault with eight and half percent of students self declaring involvement in a serious crime against another person (Selwyn, 2008). In addition to these direct physical risks, many institutions also consider behaviour which disrupts the studies of others to be a risk. Risk to self may include acts such as deliberate self-harm, suicidal behaviour or attempts, and drug or alcohol misuse. HEI staff have to make judgements about acceptable levels of risk and take decisions about how to deal with them; what influences these judgements and the subsequent decisions is the focus of this thesis.

After the review of the literature relating to the HE context and approaches to risk in chapters two to four, I began to explore potential methodological frameworks as outlined in chapter five. These frameworks also needed to be consistent with my own critical realist ontological and epistemological position. Following consideration of a number of perspectives, I investigated discourse analysis as the methodology for the study. The term discourse is used in many different ways in contemporary social science research; I have drawn on a Foucauldian understanding of the term and have used the following definition throughout my analysis:

> *'an institutionalized way of talking that regulates and reinforces action and thereby exerts power'(Link 1983 p60 cited in and translated by Jager and Maier, 2009 p34) .*

This definition recognises that discourse is about more than the use of language and that different discourses result in different actions. I have long defined myself as a feminist and been interested in the social and political inequalities; I have also worked at a one to one level with young people as a Counsellor, with

students as a Mental Health Adviser and Disability Officer and now as Head of

Student Support. A critical discourse analysis (CDA) approach, with its attempts

to relate the use of language at a micro level to wider political and philosophical

meta discourses (Fairclough, 2005a), seemed to provide a framework for relating

different levels of discourse rather than limiting me to considering just one aspect

or level of discourse. This satisfied the pragmatist in me whilst presenting

challenges; how is a manager and member of the institutional hierarchy to adopt

a critical perspective? Exploring these challenges has been part of the work of

this thesis. Following the review of the literature and establishing a clear

methodological framework, I refined my areas of interest into the following

specific research aims:

1. To determine the range of discourses which are used by HEI staff
   to construct and explain the idea of students whose behaviour
   presents difficulties to themselves and/or others;
2. To examine the relationship between discourses and professional
   roles;
3. To examine the potential outcomes of situations for these students
   in relation to different discourses.

Methods need to be consistent with methodology and suitable for the research

questions. Chapter six describes the methods used for data collection and

analysis in detail so that the reader can assess the credibility of research. Seven

guidance documents for the sector and interviews with eighteen staff, drawn

predominantly from Student Support Services staff, from five HEIs form the data

for this thesis. This chapter details the approaches to coding and the importance

of retaining flexibility within the methods adopted. Part way through the data

collection it became clear that a number of interviewees had referred to the same

students. This provided an opportunity to consider case examples from multiple

perspectives and to examine the different discourses which were used in relation to the same student and how this influenced preferred courses of action.

Chapters seven to ten document the analysis of the data and, in line with the CDA methodological framework of the study, link the data analysis to wider discourses. The analysis starts in chapter seven by considering discourses about the role and purpose of HE; I had not expected such discourses to be so prominent in the data, however, it was clear that these discourses were powerful and provided a strong framework for considering students who present a risk to self or others.

Chapter eight explores the professional discourses. It was clear that some interviewees used specific professional or theoretical discourses to frame particular behaviour and assess risk, sometimes resulting in substantially different assessments from other professionals. These professional discourses acted as an additional framework which provided clear subject positions for individuals (and to a lesser extent some of the guidance documents). This chapter also discusses a student accountability discourse and considers issues relating to students with mental health difficulties.

It is notable that the discourses identified in chapters seven and eight are not specifically about risk, but it is necessary to understand these discourses before considering how risk is defined and assessed. This is the focus of the first part of chapter nine. The role of discourses in defining risk using the relational theory of risk and identifying appropriate forms of risk assessment are explored here. Following this, three factors which were used by participants when determining or assessing risk are explored to demonstrate how these factors may be viewed

differently from different discursive positions, creating different understandings of risk.

As a practitioner-researcher I not only wish to understand how discourses create understandings of risk but also what this means for students and practitioners. Chapter ten explores some of the actions which may be taken when a student is considered to be a risk to self and/or others and considers how different discourses may make some of these responses more or less likely. The chapter concludes with two case examples from the information provided by interviewees which illustrate the importance of understanding different discursive positions.

The final chapter begins with my reflections on the research process then summarises my findings in relation to each of the research aims. Part of the emancipatory element of CDA is to examine how the research findings may impact on practice and this is addressed before considering areas for future research. The thesis ends as it began with a personal reflection on the relevance of this research to my own practice.

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2 Higher Education, Student Support and institutional frameworks

2.1 Introduction

To understand institutional responses to students who present a risk to self or others, it is first important to understand the context within which these responses are made. This chapter begins with a review of HE in the United Kingdom (UK) since the 1960s, considering the impact changes in policy have had on the size and nature of the student body. As student numbers expanded so too did Student Support Services; these developments are considered in the next part of the chapter. Finally, current legal and institutional frameworks for responding to students who present a risk to self or others are considered.

2.2 The Higher Education context

The experience of studying at university has changed since the 1960s as HE in the UK has moved from being an elite to a mass system. The increase in student numbers has been accompanied by a change in discourses surrounding the purpose of HE and supplementary discourses about the way in which HE establishments should be managed. A further change in discourse appears to be taking place at the moment, following the Browne Review (The independent review of higher education funding and student finance, 2010), with the proposed increased cap of £9,000 on tuition fees and the removal of the teaching grant for arts, humanities and social sciences. These changes are presented in the report as moving the costs as well as the benefits of education from society to the individual. However, the vote on tuition fees took place after the fieldwork for this

thesis was completed and details of the scheme had not been published at the time of writing, therefore the impact of this change is not considered in detail here.

In 1963, the year of the Robbins report (Committee on Higher Education, 1963), HE was still an elite pursuit with approximately 120,000 students in 24 universities nationally[1] and a further six universities were being built (Scott, 1995). The recommendation of the Robbins' Report that HE should be available to all who were qualified and wanted to access it represented a shift in the definition of the purpose of HE. Contemporary authors described this as a shift away from HE meeting the needs of the nation as determined by the politicians (Trow, 1963). Looking back at the implications of this report, Scott (1995) argues that it began the shift from an elite system to a mass system of HE.

Expansion continued throughout the 1970s and 1980s although not at the pace predicted by Robbins. By 1990/1 there were just fewer than 1.2 million students (Watson, 2000). The Further and Higher Education Act (1992) unified the funding system for all HEIs, removing polytechnics from local authority funding and creating a raft of 'new' universities. Following on from this, the Dearing Report (1997) marked a further significant shift in policy surrounding the purpose of HE. The Dearing agenda sought to widen participation by groups who were underrepresented in HE whilst also serving the needs of the economy. Dearing summarised the purpose of HE as:

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[1] The change in student numbers varies according to different authors, much of the differences can be accounted for by examining which students a particular author includes in student numbers e.g. full or part time students, students undertaking higher education in a non-university setting and whether postgraduate students are included in the calculations. It is not necessary for the purposes of this study to examine these differences in detail and wherever possible studies using the most inclusive definitions of HE students have been used.

"-to inspire individuals to develop their capabilities to the highest potential levels throughout life, so that they grow intellectually, are well-equipped for work, can contribute effectively to society and achieve fulfilment;
- to increase knowledge and understanding for their own sake and to foster their application to the benefit of the economy and society;
-to serve the needs of an adaptable, sustainable, knowledge-based economy at local, regional and national levels;
-to play a major role in shaping a democratic, civilized, inclusive society" (National Committee of Inquiry into Higher Education, 1997 paragraph 23)

Dearing linked Robbin's discourse about rights of access to a discourse about HE serving the national interests similar to that outlined by Trow (1963) as the pre-Robbins agenda. The Dearing agenda for a more highly educated workforce became Labour policy with a target of 50 percent of 18-25 year olds taking part in HE. These targets have not yet been met and there is debate about how much of the increase in the percentage of young people taking part in HE is due to the fall in numbers of 18-25 year olds rather than changes in recruitment patterns (McNay, 2006a). However, by 2006-7 there were approximately 2.4 million students in 157 institutions (Higher Education Statistics Agency, 2008). This growth in numbers has been accompanied by numerous initiatives to widen participation by increasing the numbers of students from lower socio-economic backgrounds, encouraging mature students to return to study and by increasing support for disabled students in HE. Whilst non-traditional students continue to be substantially under-represented (Watson, 2002; Leathwood, 2006), the student body is now significantly larger and more heterogeneous than it was even 10 years ago. At the time of writing, it is uncertain what impact new funding proposals will have on the composition of the student body.

As student numbers have increased, HEIs have also been expected to meet government expectations that the sector delivers on competing agendas including widening participation, increasing scholarship and research and engaging with employers, which Watson (2002) argues leaves little room for creativity or innovation. This increasingly instrumental approach is also identified by Evans (2004) who sees a lack of opportunity for creativity in teaching and research due to increasing demands for standardisation. She argues that increasing monitoring of teaching and research quality has resulted in more instrumental approaches amongst academics and students where both are increasingly interested in how to pass the test with a consequent reduction in opportunities for critical thinking. It is possible that increased standardisation and the need to meet targets may decrease tolerance for unusual student behaviour and sensitise institutions to risky behaviour.

Despite this requirement for HEIs to meet a number of agendas and demands for increased consistency from national bodies, such as the Quality Assurance Agency (QAA), there are clear distinctions between different types of institutions. There are many ways of categorising HEIs, categories may include the date at which HEIs were established- new universities are considered to be those established in or after the Further and Higher Education Act (1992) - or through the HEIs formal membership of national groupings such as the Russell Group of research intensive universities (The Russell Group, unknown), University Alliance for 'business engaged universities' (University Alliance, unknown) million+ (the former campaign for mainstream universities) or as red brick, plate glass and new universities. It is clear that different types of institution receive different levels of funding with Russell Group universities receiving the majority of

research funding and generally having better resources per student. These universities are also less likely to have high numbers of non-traditional students (Leathwood, 2006), possibly because these students do not think that these institutions are for 'students like them' (Bowl, 2003).

Institutional culture, rather than institutional income, may be more useful to consider in relation to HEI responses to students who present a risk to themselves or others. McNay (2006a; 2007) identifies four types of institutions - collegium, bureaucracy, corporation and enterprise- and outlines elements of their cultures. Collegial institutions have devolved structures and place value on freedom. They are diverse institutions with a wide range of products and services and have a developmental agenda. Such institutions could be seen to retain many of the characteristics of 'traditional' universities. Bureaucratic institutions are driven by systems and adopt low risk strategies. They place value on equity and social justice and seek democratic and collective decision-making alongside due process. These institutions tend to have centralised cultures where conformity and compliance is expected. Corporate institutions have a power culture and are hierarchical. These institutions place value on loyalty and decisions are concentrated at the centre. Administration is seen as a means of controlling staff rather than as a support service for academic and students as in the collegial institution. Finally, in enterprise institutions, there is a strong focus on the market and the need to ensure financial stability. Most HEIs will be a mixture of these types of institution, but it is likely that one mode will be dominant. Institutional culture is likely to impact on relationships between staff and students; there may be procedures to address student issues in all types of institution but in a collegial institution staff are likely to have more autonomy

when responding to individual students whereas in a bureaucratic institution procedures may be tighter with more strongly centralised services to address a wide range of student issues.

A further influence on the way in which staff respond to students is the amount of time they have available. Arguments about increased demands on academic staff are frequently rehearsed in the *Times Higher Educational Supplement*. Demands to provide support to students, remain research active at an appropriate level for the Research Assessment Exercise and its forthcoming replacement the Research Excellence Framework, and comply with monitoring and audit requirements place significant demands on staff. The average academic's term-time working week increased from 40.5 hours in 1960 to 54.8 hours in 1994 (Court, 1996). Staff numbers have not increased at the same rate as student numbers. In 1960 student: staff ratios were 8:1 by 2000 this had increased to 16:1 (Court, 2006). Academic staff have less time to spend with individual students and are unlikely to build close relationships with them. This may affect responses to those who present a risk.

The changes in the structure and function of HE outlined above have been mirrored by changes in descriptions of students' relationships to HEIs. Writing in the 1960s when HE was an elite, minority pursuit, Morris positions students as adults who should be treated as capable of independent thought and as responsible for their own behaviour:

> *"Students are no longer children. They must be presumed to know, as adult people, what they need and what they want, and also to know how, if given the right opportunity, to get it. In their stage of maturity this is their right. They ought no longer be conditioned or managed in any way, they should develop their academic work in accordance with their own ideas and wishes."(Morris, 1963-4 cited in, Morris, 1996 p110)*

By the end of the 1970s following the establishment of additional universities to ensure more places where available, Morgan and McDowell identified a need for closer supervision of students. There is a clear class bias in the extract below where university residence was seen as an opportunity to ensure students not from the cultural elite were monitored and supported to ensure conformity to expected standards:

> *"The York Board claims that for undergraduates of the present age often lacking in family background conducive to students' habits and cultural interests pursued in common, residence is a part of the benefits of the university education whose value can scarcely be over-stressed." (Morgan and McDowell 1979 cited in Evans, 2004 p12)*

Such support appears to be embedded in the relationships between HEIs and current students. McNay's descriptions of academic fears of too much support present a picture of young people unable to think for themselves; in stark contrast to the independent thought noted by Morris in the 1960s:

> *"73 percent [of academics surveyed] agreed that 'there is a risk of supporting students so much that it becomes spoon-feeding, not encouraging them to find their own stance' (McNay, 2006a p11)*

In short, expectations that students would be independent adults in the 1960s have moved to expectations that students will require support to enable them to adjust to the university environment and develop appropriate skills. Such a shift is perhaps unsurprising, literature about the social habitus of universities

indicates clearly that those from working class backgrounds find it more difficult to adapt to a culture based on elite codes than those from middle class backgrounds (Thomas, 2002). The adult to adult relationship assumed by Morris (Morris 1963-4 cited in Morris, 1996) has been replaced with a contractual relationship. In some cases this is a formal contract (see for example, University of Leeds, 2006) in which the responsibilities of the institution and of the student are set out in a single document. In other cases the contract is implicit based on a number of university documents and regulations. The implications of this contractual relationship will be examined more thoroughly in 2.4 below.

2.3 The development of Student Support Services

Despite the increased demands on academics and the increase in centralised specialist Student Support Services in HEIs across the UK there is relatively little research into student support needs (McInnis, 2004). However, it is clear from the limited published and grey literature that Student Support Services play a key role in responding to students who present a risk to self or others (see for example, AMOSSHE, 2000; Harris, 2003). It is therefore important to understand the scope of these services, staff entry routes and understandings of the purposes of these services.

Pastoral care has traditionally been the responsibility of academic staff within UK HEIs. In many, if not most, universities elements of this support are still retained by academics with many HEIs operating a personal tutor system. However, as student numbers and demands on academics' time have grown there has been a development in centralised Student Support Services within UK universities. This is in line with international models of Student Support Services (United

Nations Educational Scientific and Cultural Organisation (UNESCO), 2002).

Particular student support issues, namely support for disabled students and support relating to careers and employability, have been formally recognised as part of the academic standards on which HEIs are judged by their inclusion in the *QAA Code of Practice for the Assurance of Academic Standards in HE* against which HEIs are assessed (Quality Assurance Agency, 1999). QAA set out expectations of levels of support in these areas making it clear that HEIs are expected to have a Careers Service and designated contacts for disabled students' issues. The role of Student Support Services is also being increasingly linked to the retention of students (Thomas, 2002), an important outcome for HEIs who are funded for students who complete an academic year rather than those who start it.

Whilst HEIs are expected to have Careers Services these services are not usually expected to respond to students who present a risk to self or others so their role will not be examined here. HEIs are also required to have a service to support the needs of disabled students by HEFCE which set out a baseline level for provision for disabled students in 1999 (Higher Education Funding Council for England and Higher Education Funding Council for Wales, 1999). Disabled students do not present more risks than other students, however, Disability Support Services are often asked to respond to students who are perceived to present a risk to others and it is therefore worth exploring the history of such provision a little further. Many HEIs had some form of specialist support service for disabled students before the QAA set out its standards in 1999; the requirement for a service can be clearly linked to the Dearing agenda as a way of ensuring that all who are able to benefit from HE (and therefore better able to

contribute to the economy) are able to access it, and acted as a response to the Disability Discrimination Act (1995) which placed a duty on HEIs not to discriminate on the grounds of disability from 2000 onwards. As HEIs and central government have put in place increased support for disabled students, the total number of undergraduate students recorded by the Higher Education Statistics Agency (HESA) as declaring a disability has increased over six times from 26,720 in 1999/00 (Higher Education Statistic Authority, 2000) to 175,115 in 2009/10. This is an under-estimate of actual numbers because HESA only records 'home' students (i.e. those from the UK or eligible students from the European Union) who are in receipt of Disabled Students' Allowance as having declared a disability for funding purposes. In contrast to Careers Services, there are no formal qualifications for Disability Support staff. However, national agencies such as the National Association for Disability Practitioners and Skill, The National Bureau for Students with Disabilities both use the social model of disability to inform policy recommendations and practice. The social model of disability recognises that disabled people are disadvantaged in society but rather than situating the cause of this disadvantage with the disabled person, societal barriers are seen as the problem. Such barriers may be physical, such as the lack of ramped access to buildings, whilst others are attitudinal such as assuming that because a blind person is unable to read printed text she is unable to study at degree level (Oliver, 2004).

In addition to these required support services, most HEIs offer a range of additional support services. The scope of these services and whether they fall within the remit of Student Support Services managers varies substantially by institution. Grant (2005) found that counselling, services for disabled students,

financial information and support, pastoral care, chaplaincy and sports and fitness services were included within Student Support Services. Some of these services such as Counselling Services and Careers Guidance are professions in their own right with clear training and development structures, professional standards and accreditation. Others such as the provision of financial information and support, support for disabled students and pastoral care do not have clear professional pathways; staff come into these fields from a wide range of backgrounds, from entry level to those with other relevant professional backgrounds such as social work. This wide range of staffing and experience can lead to variable services and also means that staff may be drawing on a wide range of discourses.

Whilst discussing support for students on open and distance learning programmes, Tait identifies three functions of student support in all areas of HE:

> *"1. cognitive: supporting and developing learning through the mediation of the standard and uniform elements of course materials and learning resources for individual students;*
> *2. affective: providing an environment which supports students, creates commitment, and enhances self-esteem; and*
> *3. systemic: establishing administrative processes and information management systems which are effective, transparent and overall student-friendly."(Tait, 2000 p289)*

In later work he goes on to describe five models of student support (summarised below), which may be used to deliver some or all of these functions:

1. pastoral (shepherd caring for flock especially the weak);
2. social democratic (caring for vulnerable pushed aside by capitalist society);
3. patriarchal (caring for disadvantaged inferiors);
4. community (involving self help and peer support);
5. business (student as customer and delivery of customer service). (Tait, 2004)

These different models are supported by different views of the role of the individual, and the power of the institution. The first three of these models permit the student little agency and locate most of the power with the HEI. The latter two models of support increase the agency attributed to the student. Recent work has focussed on the importance that students place on the informal, interactive and relational elements of student support (Wilcox et al., 2005; Jacklin and Robinson, 2007; Jacklin and Le Riche, 2009). Jacklin and Le Riche (2009) go on to suggest that more emphasis should be placed on the community model of support (as identified by Tait, 2004). Clegg et al (2006) go further than this and suggest that many students would not consider accessing formal support mechanisms. They accept the need for individualised specialist support for a small minority of students with more complex needs but believe that many students will not access this. These authors were describing support interventions for all students and did not specifically address students who may be a risk to self or others; however, it is not clear how such a community approach to student support could work for these students, or how they would be identified as being in need of additional support. This demonstrates the challenges of supporting a heterogenous student group.

The debates outlined above, about the purpose and appropriate models of student support, suggest that current approaches to student support may be somewhat in flux. This creates challenges and uncertainties in relation to

appropriate training and preparation for roles within the sector. In the United States there are well established entry routes into student support (or as it is known there student affairs) with specific graduate level training programmes and an established literature including dedicated journals such as *The Journal of College Student Development* and the *National Association for Student Personnel Administration (NASPA) Journal*. There appear to be moves within the UK towards increasing professionalization, including accredited programmes through the Association of Managers of Student Services in Higher Education (AMOSSHE), although it is not yet clear what such qualifications will look like. This is in line with the development of 'blended professionals' within other areas of the sector who combine academic and administrative roles such as Pro Vice Chancellor Administration or Knowledge Transfer Manager (Whitchurch, 2006b; Whitchurch, 2006a). Given the relatively small numbers of HEIs in the UK compared to the United States of America (USA) it is unclear if there will be sufficient positions to justify a pre-entry training course, or if such programmes will be development opportunities for those already working in the field who wish to progress. At present, Student Support Services as a whole could be considered paraprofessional services, with a subgroup of professional services such as counselling within it. Theoretical models of Student Support Services in the UK are slowly being developed. However, current models do not appear to address risk issues directly and this is an area which may need further development.

2.4 Legal and institutional frameworks

The HE sector is increasingly regulated and operates within a complex legal framework (for a thorough overview of the range of legal issues affecting HEIs see Farrington and Palfreyman, 2006). This has been accompanied by increasing attempts to control risky behaviour in wider society, as discussed in the following chapter. This section will focus on the aspects of the legal and institutional frameworks for HEIs which may be considered when institutions respond to risky student behaviour. This section is not intended to be an exhaustive guide to the law, rather it intends to outline relevant elements of the legal framework; approaches in the UK will be contrasted with approaches in the USA to illuminate the potential impact of these frameworks. It will start by considering the following areas of law: contract, negligence, the impact of the Human Rights Act (1998b), Health and Safety legislation and Equalities legislation. This will be followed by an exploration of the disciplinary frameworks used by HEIs.

As noted in section 2.2, the changes within HE have been accompanied by a change in the relationship between students and HEIs. Reflecting the change in the age of majority from 21 to 18 in 1970, most students are now deemed to be adults and therefore HEIs are no longer *in loco parentis*. Therefore, legally HEIs cannot be held responsible for the behaviour of their students. The hierarchical relationship, in which students were expected to bow to the moral authority of the HEI, has been replaced with a contractual relationship (Hart et al., 2002). This may be a formal contract as at the University of Leeds (University of Leeds, 2006), or it may be an implicit contract based on a number of documents, such as publicity, course handbooks and institutional regulations (AMOSSHE, 2000).

This change in the nature of the relationship between HEIs and their students has also extended to students who are under 18, and therefore not legally fully adult, and most HEIs now have policies in place which indicate that under 18s will be treated as adults in an adult environment with some additional conditions to meet responsibilities for safeguarding children. This implements the principle, established in the Gillick ruling relating to young peoples' ability to give consent for medical treatment, that majority is incremental and that young people are able to make their decisions for themselves before they reach the age of legal majority (Per Lord Fraser, 1985).

Although the law may judge young people to be adults, local communities may still expect HEIs to be able to control students' behaviour in the manner parents are expected to control teenagers (Harrison, 2006). The work on the impact of studentification and the ways HEIs are working with local communities to minimise its effects are evidence of this assumed responsibility. This is an example of where legal and moral positions may be conflated by local communities and potentially by HEIs themselves. Hart et al (2002) and Swinton and Forbes (2008) state that HEIs should be wary of assuming responsibility for managing students' behaviour as this may then create a legal liability within contract law. This can create tensions for HEIs as the provision of student support, which emphasises the institution's care and support for their students, is a marketing tool to attract new students (and particularly their parents); in contrast, positioning students as autonomous adults restricts HEIs' ability to control the student body.   The need to maintain positive relationships with local communities may also put pressure on HEIs to take a more active role in managing student behaviour; however, this may result in the HEI taking on

responsibility for the actions of its students and the HEI may take on liability for the students' actions.

If HEIs are not *in loco parentis* and do not have a legal duty for the behaviour of their students, what is the extent of their duty of care? Elements of duty of care will be outlined in the contractual relationship between HEIs and their students. Where an HEI offers a particular service as part of its contract with a student it must deliver this service. It is therefore important that information about what an institution can do to manage risky behaviour is realistic. HEIs are not under a legal obligation to intervene in conflicts between students, however, where they do so they may then assume responsibility for this action being effective.

In addition to contractual obligations, HEIs may also have a responsibility under tort law which focuses on the relationship between the parties involved. Donaghue vs. Stevenson (1932) established that for a duty of care to exist there need only be a sufficiently close relationship between the institution and the individual. This care should also be of a reasonable standard namely "*the standard of an ordinary man [sic] exercising and professing to have the special skill in question*" (AMOSSHE, 2000 p5). Where individuals are undertaking professional roles they are expected to have appropriate training and to act in a manner which is consistent with an established body of opinion within the profession; Bolam vs. Friern Hospital Management Committee, (1957) established the principle that there may be more than one established body of opinion within a given profession. Within these parameters, if an institution, or individual staff members can be deemed to have acted reasonably then they are likely to have acted in a legally defensible manner (Swinton and Forbes, 2008).

This suggests that there may be multiple legally defensible courses of action in response to a student who presents a risk to themselves or others. In such cases, legal frameworks can provide parameters for action but may not help HEIs to determine which of these courses of action is most appropriate.

The conflation of moral and legal positions, discussed in relation to the community, may also occur where there is concern about the safety of a student, e.g. when a student has expressed suicidal thoughts. Staff may state that they have to do something, 'because they have a duty of care' (Harrison, 2007), there may also be pressure or expectations from parents that they are informed about any such risks (Stanley and Manthorpe, 2002; Stanley et al., 2007a). Harris (2003 p371) uses legal precedent in the USA to show that institutions are unlikely to be held liable in such instances there and argues that this can be extrapolated to the UK. He cites the case of Sciezsler v Ferrum College where the Dean received copies of three letters from a student threatening suicide and did nothing until receiving the third letter, by which time the student had committed suicide. The college was held not liable because the resident adviser had taken all appropriate steps within her authority to prevent the suicide. There is no directly comparable case in the UK, however, in the case of Keenan v. the United Kingdom heard in the European Court of Human Rights, the prison service was held not to be at fault when a prisoner known to have mental health difficulties killed himself in his cell (2001). HEIs are unable to control their environment to the same extent as the prison service and are therefore unlikely to be found liable for a student suicide. This removes the perceived legal imperative to act in such circumstances although it does not necessarily remove an individual's sense of moral imperatives to act.

HEIs must also be mindful of the Data Protection Act (1998a) when considering whether to inform parents about a student being a potential suicide risk. The Data Protection Act (1998) states that information about an individual's health is personal, sensitive data and should not be disclosed without their permission. Significant risk to self or others is a reason to share this information with those who need to know but family members are not included in the definition of those who need to know. This restricts the HEI from sharing information with parents without the explicit consent of the student.

The belief that 'something must be done' may also stem from a fear of claims of negligence. To demonstrate negligence, a complainant must demonstrate that the loss was reasonably foreseeable and that the loss was caused by an act or omission that was voluntary and negligent (AMOSSHE, 2000; JISC Legal Information Service, 2002). In the case of suicide or self-harm, the loss may be reasonably foreseeable but it is unclear what act of omission an institution could make which would be a direct cause of the suicide or self-harming behaviour.

The Human Rights Act (1998b) is a potentially pertinent element of the legal framework in relation to students who present a risk to self or others. However, at the time of writing there have been no HE cases based on the Act. There is no right to HE so this cannot be used to keep a student who presents a risk to self or others in HE. Article 2 of the Human Rights Act creates a positive duty to protect the right to life but, as outlined above, HEIs are unlikely to have the degree of control required to undertake this. More pertinent may be Article 8, which creates a right to private and family life, and Article 14, which gives a right to freedom from discrimination. The implications of these rights are starting to

become apparent for HEIs. For example, there has been much debate about the requirement for applicants through the University and College Admissions Service (UCAS) to declare criminal convictions. The Information Commissioner was uncomfortable with this requirement as he felt that it was an infringement of the right to privacy and that it was unclear what would happen with the information (Information Commissioner, 2004). In October 2008 it was suggested that answering this question should be optional (personal communication Dawson, 2008) however, this has been rejected and the parameters of the questions have been tightened and the reasons for asking it explained (Currie, 2008). The debate surrounding this question highlights the practical conflicts experienced by HEIs when trying to apply legal frameworks to decisions about students who may be a risk to self or others.

Institutions may have a relatively limited legal duty of care; however, if they are admitting individuals who are known to have committed crimes against the person into university accommodation and the circumstances provide the individual with access to potentially vulnerable students then this may be grounds for negligence (it would be hard to prove that the institution caused any subsequent offence but this could still result in an expensive court case and damage to reputation). Institutions are not responsible for the actions of individual students, but when those actions start to impact on other students (and possibly cause psychological injury) there may, in an increasingly litigious society be grounds for legal action, for example under Health and Safety legislation. Institutions may be tempted to adopt a utilitarian approach and focus on the greatest happiness of the greatest number but this could legitimate discrimination and prejudice (Hudson, 2003), which is itself illegal.

The right to freedom from discrimination has been enshrined in UK law through several equalities based acts, the Disability Discrimination Act (1995; 2005), Race Relations (Amendment) Act (2000) and the Equality Act (2006) all include a legal duty for public bodies(including HEIs) to prevent discrimination or where it does take place to take action to stop it. The most relevant act here is the Disability Discrimination Act (1995; 2005) which covers people with mental health difficulties (the removal of the requirement for these difficulties to be clinically well recognised in 2005 has extended the coverage of the Act[2]). As noted in section 4, the numbers of students declaring mental health difficulties has risen in the past 10 years. The benefits of protection from discrimination for the individual are clear; however, this can create conflicts with others who find the individual's behaviour difficult to deal with. Under the Health and Safety at Work regulations (1999), institutions must assess the risk of stress-related illness arising from work related activities, and under the Health and Safety at Work Act (1974) must put in place appropriate controls to reduce stress in the workplace. There are potential conflicts in legal responsibilities where a student's behaviour in the classroom is causing staff high levels of stress, but is a result of a mental health issue or other disability (e.g. autism). At present, there are no legal precedents in this area, the Disability Discrimination Act (1995) makes it clear that health and safety should not be used as a spurious reason for discriminating against a disabled person but it is unclear where the boundaries are.

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[2] The previous requirement for difficulties to be well recognised was an additional requirement and required people to have an agreed clinical diagnosis. Clinicians are not always able to agree on a diagnosis (see for example Large, M. M. & MB, N. (2008) 'Factors associated with agreement between experts in evidence about psychiatric injury'. *Journal of the American Academy of Psychiatry and the Law,* 36, (4) pp.515-521. and therefore this presented an additional barrier for people with mental health difficulties. The removal of this requirement means that people without a formal diagnosis but who meet the other requirements under the Act are now considered disabled.

To understand some of the conflicting legal concepts, it is necessary to explore the values which underpin different approaches to law. A thorough examination of this literature is beyond the scope of this thesis, but see Simmonds (2008) for a detailed review. It is, however, useful to consider the purpose of the law in relation to those who may be a risk to self or others. Hudson (2003) identifies two main approaches to punishment within the western liberal tradition: deontologism and utilitarianism. Deontologism is an ethical approach which emphasises following moral rules to judge whether or not an action is correct; using this approach an offender is punished for breaching the law. According to utilitarians a just society is one which promotes happiness for its members; Hudson associates this approach with consequentialism (ensuring that actions have clear consequences) resulting in punishing the individual to prevent future offending. Hudson goes on to suggest that penal discourses now focus on risk and safety rather than morality and guilt. This meeting of risk society discourse and utilitarian thought has resulted in decision-makers using perceived risks to determine an appropriate punishment rather than the nature of the offence, thus someone who is perceived as being at higher risk of reoffending is likely to get a higher sentence. Health and Safety legislation falls within the risk society paradigm, whereas anti-discrimination legislation and the Human Rights Act (1998b) draw on a deontological approach to law; conversely duty of care and the law of negligence can be viewed within the utilitarian tradition. Once this clash of paradigms becomes clear some of the conflicts between different pieces of legislation become more understandable although this does not necessarily help practitioners come to a decision in a particular situation.

These different approaches to law and punishment can be seen in the approaches to discipline within HEIs. Gehring (2001) and Baldizan (1998) identify two broad approaches to discipline in American universities: legalistic and educative. Gehring (2001) views the legalistic approach as focusing on punishment and following the rules; this is a deontological approach which, he argues, does not benefit students. Both Gehring (Gehring and Bracewell, 1992; Gehring, 2001) and Baldizan (1998) see the educative approach as being part of the moral development of students and favour this; they do not use the term utilitarian but this clearly fits with the intention of punishment (or the disciplinary process) being a deterrent from future crime. Gehring (2001) argues that too much focus on 'due process' or following procedures as befits a deontological approach can reduce the opportunities for the student's moral development. Gehring and Baldizan however, appear to be in a minority and UK literature in this field emphasises the importance of following procedures. Article 6 of the Human Rights Act (1998b) also sets out the right to a fair trial. Whilst HE disciplinary hearings are not trials, and do not fall within the scope of the Human Rights Act (1998b), the dominant approaches appear to reflect those of the court room where the 'offence' must be proved and alleged perpetrators given the opportunity to defend themselves. Hart (2002) sets out the principles of natural justice which a disciplinary hearing should follow: students should be aware of the charges against them and have time to respond; there should be full disclosure of evidence in advance; the student should have the opportunity to put their case; and the decision as to the offender's guilt should be taken by an unbiased tribunal. Hart (2002) suggests that the burden of proof should lie somewhere between civil and criminal standards namely between 'on the

balance of probabilities' and 'beyond reasonable doubt'. Hart (2002) does not provide guidance on appropriate penalties but many HEIs set out likely penalties in relation to given offences. It is unclear what role risk of reoffending plays in decisions about punishment in such disciplinary hearings.

The importance of following these principles of natural justice has also been set out in the Zellick report on student discipline (Zellick, 1994), and has now been enshrined in the procedures of the Office of the Independent Adjudicator (OIA) (2008). Part of legalistic approach to student discipline is that there should be an appeals procedure. Once the final stage of an HEI's appeals process has been reached students must be given information about the OIA. If an HEI has followed its own procedures, and those procedures are fair, the likelihood of the OIA finding in a complainant's favour is much reduced.

Whatever disciplinary system an HEI adopts it must decide the scope of potential disciplinary offences. Students may be disciplined for breaching the HEI's rules and regulations (e.g. for smoking in a non-smoking hall), such incidents are internal matters. However, there are also occasions where the alleged offence may also fall within the remit of criminal law. The Committee of Vice Chancellors and Principals of UK Universities (the predecessor of Universities UK) issued notes of guidance on student disciplinary procedures (Zellick, 1994) and is clear that HEIs are not an alternative to the criminal justice system but that they may also wish to take action, either concurrent with criminal proceedings or once the outcome of criminal proceedings is known. The guidance identifies four situations where an HEI may consider pursuing internal disciplinary procedures where there is also criminal conduct:

1. Where conduct is closely related to academic or other work of HEI (e.g. theft of library books);
2. Where conduct occurred on campus or other HEI property (E.g. fight between students on campus);
3. Where conduct involves other HEI members but was off campus (e.g. student stalking lecturer);
4. Where none of the above apply but conduct damaged HEIs reputation or threatened HEI community. (Zellick, 1994)

Hart (2002) recommends proceeding in the first two instances and considering proceeding with caution in the fourth case; in the third situation the HEI should establish whether there is a prima facie case to proceed.

HEIs do not have the resources of the criminal justice system and should not attempt to replicate or replace it in complex or unclear cases. Hart (2002) suggests this is particularly true where there are allegations of sexual assault or rape. Hart (2002) also stated that disciplinary hearings should take place after court hearings, where at all practical, and that if a case is not prosecuted or the defendant is found not guilty the HEI should not take action against the alleged perpetrator. There are also difficulties for HEIs where the alleged offences occurred off campus, how far should the HEIs jurisdiction extend? It seems unlikely that an HEI would take disciplinary action against a mature student living in their own home 30 miles from the university whose neighbour complained repeatedly about noise, yet it may take action against an 18 year old living in the residential neighbourhood next to the university. This suggests a utilitarian approach to discipline to deter future potential offenders and to be seen to be working with the community.

HEIs operate within complex and largely untested legal frameworks when responding to students who present a risk to self or others. There appear to be conflicts in the discourses on which different pieces of legislation and disciplinary

systems are based. HEIs must be clear about their own expectations, standards and procedures and ensure that they are followed. However closely procedures are followed, they are enacted by individuals; disciplinary hearings which involve concerns about risk to self or others inevitably involve an element of judgement. HEIs do not routinely use actuarial measure of risk so these judgements will be based to some extent on individual beliefs, the bases of these values and beliefs are examined in the next chapter.

2.5 Summary

This chapter has demonstrated that HE is a complex and demanding environment where multiple discourses meet and sometimes conflict. The context of HE has changed relatively rapidly over the past 50 years and is expected to change even more significantly in the next five years. The expansion in student numbers and demands has occurred alongside increased standardisation and decreased time for academic staff to offer pastoral support. This has resulted in the development of centralised Student Support Services comprising a range of services. In contrast to the USA, there are limited academic or professional routes for generic Student Support Services staff and as such no formal student support discourse. Theoretical models of student support are being developed in the sector, but do not appear to be in widespread use.

In addition to HE policy changes, HEIs are also operating in an increasingly litigious culture which appears to be risk averse. HEI disciplinary codes increasingly reflect legal procedures rather than having an educative focus.

Understanding the context within which HEI staff operate is important to understanding approaches and responses to risk.

3 Approaches to risk

3.1 Introduction

Minimising, managing and responding to risk are part of everyday life within modern HEIs, risks include: financial risks; risks presented by the use of toxic chemicals in research; risks to staff involved in animal experiments; risks from grievances; and of course risks relating to students. Risk research is interdisciplinary and, as Boholm (2008) notes, it is therefore unsurprising that the very notion of risk is contested. This chapter aims to provide an overview of key approaches to risk and how these approaches may be seen within an HE context.

Denney (2005) provides a useful categorisation of approaches to risk whilst recognising that there is substantial overlap between these different approaches. He identifies six basic theoretical orientations to risk: individualist, culturalist, phenomenological, risk society, governmentality and regulation. The phenomenological orientation is highly theoretical in its identification of factors which may influence risk perception; this does not have explanatory or predictive potential in situations in which students present a risk to self and others and has therefore been excluded from discussions in this section. Governmentality perspectives are particularly interested in surveillance and social control; while there may be increased surveillance of students (e.g. compulsory attendance registers) this perspective has limited relevance to HE and has not been examined here. The four remaining risk orientations identified by Denney (2005)

(individualist, culturalist, risk society and risk regulation) and their relationship to HE are considered this chapter.

Denney's (2005) categories provide useful distinctions however they do not clearly identify the ontological assumptions underlying risk theories. Rosa (1988) notes that, as an interdisciplinary field, the ontological and epistemological foundations of risk research are varied but most research can be identified as having either an objective (positivist, scientific) or subjective (cultural or social constructionist) ontology. This ontological distinction between risk as something 'real' which can be measured, if we can only work out how, and risk as something which depends on culture and our construction of risk is important; although these assumptions are not always clearly articulated by authors in the field. For example, work from within the individualist approach to risk may have an objective or subjective ontology. Rosa (1988) suggests a realist ontology may be more useful; this is an ontology which acknowledges risk exists and that its meaning is socially constructed. The relational theory of risk as proposed by Hilgartner (1992) and developed by Boholm and Corvellec (2011) uses a realist ontology and integrates different approaches to risk within a critical realist perspective and is therefore highly relevant to this current work. This theory is explored in the final part of this chapter.

3.2 Individualist approaches to risk

Individualist approaches consider the risks presented by a particular individual in a given situation. In this setting, a definition of risk assessment as used in social work can be applied; Manthorpe defines risk assessment as, *"the process of identifying hazards which may cause an accident, disaster or harm"* (Manthorpe,

2000 p298). The means of identifying such hazards may vary and there is much debate about whether (inevitably subjective) clinical judgement or statistically based actuarial (supposedly objective) approaches to risk assessment are most effective demonstrating the tension between positivist and constructionist ontological approaches.

A range of tools has been developed (based on actuarial approaches) for social work, psychiatric care and probation settings to measure and predict risk. Such tools can be used to calculate risk scores; these can be based on static factors, such as age and gender, and dynamic factors, such as educational history and family relationships. The risks related to static factors are calculated based on data from large samples. Static factors were originally identified to target those statistically most likely to commit crimes; however, they are increasingly being used to determine the type and length of sentence offenders receive (Hudson, 2003). Denney (2005) demonstrates how the UK probation service has abandoned risk assessments based purely on static factors, and has returned to including individual dynamic factors within assessments. This approach has been mirrored within Mental Health Services (Department of Health National Risk Management Programme, 2007).

Historically, HEIs have relied on the judgement of individuals when deciding whether a particular student presents a risk, using a subjective rather than objective approach to risk assessment.   Beach and Connolly (2005) argue that there are dangers in this approach because, where those making decisions about risk are not fully aware of probabilities within the field (as is likely to be the case for many university managers), estimates of risk are not very accurate when

compared to data about actual risk. More recently, there has been a move towards the use of actuarial measures of risk in Student Counselling Services, where clients are asked to complete some form of risk assessment tool as part of the therapeutic process.

There are a number of risk assessment tools available, but Clinical Outcomes in Routine Evaluation (CORE) appears to dominate the market at present (Mellor-Clark et al., 1999), with data from 12,000 students available to the national research database (CORE IMS, 2008). This considers a range of elements relevant to the therapeutic relationship and is designed as a management tool which demonstrates clients' progress throughout therapy; one of its sub-scales relates to risk. Individual client's scores are compared against population norms to give an indication of the degree of disturbance an individual is experiencing. As noted above, students are shown to be at slightly decreased risk of harm than the general population (Connell and Mellor-Clark, 2007). However, many students who may present a risk to themselves or others do not present to Counselling Services and therefore HEIs would not have access to this type of actuarial information in many potential risk situations.

Individualist approaches to risk assessment and risk management have clearly influenced policy in the USA. The report into the shootings at Virginia Tech (The Virginia Tech Review Panel, 2007) called for threat assessment teams on every campus in America; these have now been implemented by most HEIs (Drysdale et al., 2010). This approach suggests that it is possible to predict and prevent violence against others. Tools in use in HE such as CORE are not designed to predict homicidal intent and it appears to be very difficult to do so; Munro and

Rumgay (2000) found that of 40 homicides by people with mental health difficulties 65 percent were preventable but that only 27.5 percent had been predicted. In relation to all crime, Beaumont (1999) found that prediction of reoffending devices had an accuracy of 70-80 percent which fell to 50 percent for the most serious crimes. The Virginia Tech Review Panel (2007) recommended the American government undertake a review to identify factors specific to violent attacks on campus. The subsequent report identified characteristics of 272 attacks since 1900 reported in the American media. This report acknowledges the limitations of information drawn from the media and other open sources and provides descriptions of the characteristics of perpetrators. However, it is unable to clearly identify behaviours which are strongly predictive of an attack. This report demonstrates the challenges facing threat assessment teams; the absolute number of these attacks is relatively low and there is little 'hard' evidence about predictive factors.

Despite the development of actuarial tools, mental health staff outside HEIs appear to continue to use a mixture of formal risk assessment tools and their own clinical judgement. Godin (2004) found that mental health staff relied on their own judgement or intuition most when they felt that their own safety was at risk. Although there is no comparable research about HE staff, it seems likely that these findings can be extrapolated to HE.

3.3 Cultural approaches to risk

Douglas and Wildavsky's (1983) anthropological approach to risk considers the cultural, rather than individual, nature of risk and demonstrates how risks which are accepted in one culture may not be accepted in another based on cultural,

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social and political values. This constructionist approach may have implications

for HEIs, which may have a lower tolerance for certain sorts of behaviour than

the social institutions which are established to regulate that behaviour. HEIs may

perceive students who are making a lot of noise in Halls of Residence as

presenting a risk to others' ability to study and may wish to act on this, whereas

in another house of multiple occupation such behaviour may be deemed to be

normal and not presenting a risk to anyone. The difference in culture and risk

can be seen in the debates about studentification (see 4.2). It may also be the

case that young people, who are in a transitional stage from being children to

being adults, who are learning appropriate boundaries as they develop (Layer et

al., 2002; Parker et al., 2004), have different cultural perspectives on risk to those

in authority in HEIs.

The role of language in defining and explaining risk becomes clear in cultural

perspectives on risk. Bergmans (2008) found that experts and non-experts do

not share same language relating to risk. This lack of shared language can lead

to misconceptions by both sides. This is particularly relevant in HEIs where

some staff may be considering risk from a managerial position, considering the

needs of an entire institution, whereas others may be considering the risks to an

individual from clinically informed positions. This suggests that it is important to

create a shared language in relation to risk within institutions.

The cultural approach is apparent in the case of Majid Ahmed the medical

student who had an offer of a place withdrawn by Imperial College when he

declared a spent conviction for burglary although he was later offered a place at

the University of Manchester (Shepherd and Curtis, 2008). A panel at Imperial

College considered him to be unsuitable (a risk) following information about his conviction whilst the University of Manchester did not. The processes both institutions followed are in line with guidance for dealing with applicants' criminal convictions (Currie, 2008). The guidance uses the language of risk assessment and recommends assessments by a non-expert panel of experienced staff within HEIs. It outlines a list of questions to be considered and its non-actuarial approach requires reasoning for decisions to be outlined. Panel members are invited to make judgements about the risk posed by an individual within a narrative, rather than actuarial, framework.

The cultural approach provides some useful insights into how the same situation may be deemed to present different or acceptable and unacceptable levels of risk. However, it does not examine the reasons for these differences at an individual or micro level, which may limit the usefulness of this theory for understanding HEIs' responses to risk.

3.4 Risk society approach to risk

Beck (1992; 2000) builds on individualist and culturalist perspectives and argues that in contemporary society risk, rather than class or wealth, is the key organising principle. The risk society thesis initially focussed on the risks presented by technologies in a post traditional world. However, Beck also recognises the impact of the risk society on relationships and behaviour, particularly through his concept of individualisation. Beck recognises that risk is a construct which has some basis in reality but that definitions of acceptable risks are determined by what society, or those it elects or allows to make decisions on its behalf, finds tolerable and acceptable.

Beck uses the concept of Risk Society to examine the impact of modernization and globalization on society:

> *"Risk may be defined as a* systematic way of dealing with hazards and insecurities induced and introduced by modernization itself. *Risks, as opposed to older dangers, are consequences which relate to the threatening force of modernization and to its globalization of doubt.* They are politically reflexive." (*Beck, 1993 p21* emphasis in the original*).*

Beck views risk and responses to risk, as becoming the organising principle of contemporary society, although he recognises that the transformation from a society organised on a class basis to a society organised on a risk basis is not yet complete (Beck,1992 p20). On the surface 'risk society' and 'class society' may not appear very different; Beck acknowledge that some groups are more affected by the risks of modernization than others and that often the distribution of risks is similar to the distribution of wealth in a class society. Those with greater knowledge and cultural capital define risks and are able to protect themselves from risks more effectively than those with little knowledge and cultural capital.

For Beck, class society can be understood as a traditional society in which the family was the unit of production in which working class families were relatively immobile, remaining in the same location for generations. Families formed part of a wider community through which social norms were transmitted creating standard biographies for their members; that is, children would enter similar occupations to their parents, marry and have children. Whilst some individuals may have found these traditional patterns stifling, these normative biographies could be viewed as providing security for the individuals concerned. As part of

what Beck (1992, 2000) terms 'reflexive modernization' these structures have broken down. The impact of globalization on the employment market means that companies are no longer committed to a particular area; for example, if it is cheaper to manufacture steel in India than the UK, factories may be relocated. A consequence of this is that the labour force has also had to become more flexible, moving to gain or maintain employment. Individuals therefore have to move away from their traditional communities. Standard biographies are, therefore, replaced by what Beck terms 'reflexive biographies' in which rather than following traditional patterns individuals have to make their own choices about where and how to live.

This process of reflexive individualization may be viewed as presenting increased choices for individuals. However, Beck argues that reflexive individualization is also accompanied by standardization within institutions, meaning that the image of increased choices is often illusory. This can be seen in the changes to HE policy over the last 50 years which were examined in 2.2. Changes in government policy encourage young people from a wider range of social backgrounds to enter HE. This appears to provide greater social mobility and offers individuals increased choice. However, the challenges for non-traditional students entering HE have been well documented; for example Andrews and Wilding (2004) found that financial difficulties at university resulted in increased levels of anxiety and depression among students; students from lower income backgrounds are more likely to experience financial difficulties as their families are less able to provide additional financial support therefore these students may experience a disproportionate increase in the risks to their mental health. Additionally, students from areas with low rates of participation in HE are more

likely to drop out of HE than other students; in 2009-10, 9.9 percent of entrants under 21 from a low participation neighbourhood dropped out of HE compared to 6.9 percent of entrants under 21 from other neighbourhoods (Higher Education Statistics Agency, 2010a). Mature students, that is students who are over 21 when they enter HE, have an even higher drop-out rate at 12.2 percent (Higher Education Statistics Agency.2010b); this further demonstrates the choices individuals make throughout their lives choosing to enter and then leave higher education.

These examples demonstrate that structurally students from low income, working class backgrounds are more likely to experience risks at university. However, although there may be structural reasons for these risks they are experienced as personal failures, a feature of individualization in the risk society. A range of other social changes may also have a structural impact on the risks facing these students although the increased focus on the individual may continue to obscure these structural elements.

Critics of the risk society approach suggest that managing risk has been a feature of traditional as well as modern societies (Boholm, 2001). However, the growth of concerns about managing risk and increasing numbers of risk experts supports Beck's assertion that concern about risk is greater in contemporary society that it has been previously.

There is some debate as to whether there is a difference between risk society and risk culture. In his later writing Beck says they are the same thing, however much of his work appears to focus on industrial technologies rather than the level of human interaction which is of interest here. The concept of risk culture is more

fluid than that of risk society (Lash, 2000). This work draws on Douglas and Wildavsky's (1983) anthropological perspective and recognises the role which culture and values play in defining acceptable and unacceptable risks.

The risk society thesis provides a useful account of the pervasiveness of risk as an organising principle in contemporary society and highlights structural risk factors which have differential effects on individuals from different backgrounds. The impact of risk as an organising principle can be seen in the management of HEIs and the actions they take to minimise or mitigate against risk. Although this approach informs thinking throughout HEIs, its influence on specific decisions is likely to be indirect; HEIs will take action to minimise risk but the risk society thesis does not indicate what this action should be.

The risk society thesis may be helpful in understanding the situations of individual students and the impact of social policy on their choices and the risks which they face. This could provide a useful framework for research but it would require student participants to ensure that full biographical information could be collected. Understanding students' perspectives on their experiences is an important area for research which could be usefully considered from a risk society perspective however, that is not the focus of this study. An understanding of the different risks faced by students from different backgrounds presented by the risk society thesis may inform HEI staffs' responses to students who present a risk to self or others but it is likely that other elements will also inform this understanding therefore this approach to risk is not appropriate as the main model for this study.

3.5 Risk regulation approaches to risk

The risk regulation approach focuses on actions in relation to specific risks. In CDA terms, the risk regulation approach intends to provide a pragmatic response linking the micro level of responding to an individual with meta levels of discourse about risk society (Denney, 2005). Regulation can be seen as de-professionalising as it formalises responses to risk and removes a degree of professional freedom. It can also create a culture of fear as it can create an assumption that if all relevant risk assessments and procedures have been completed successfully 'nothing should go wrong'. This attitude can be seen in media coverage of events such as the death of Baby P (Haringey, 2009) and the kidnapping of Shannon Matthews (Wainwright, 2009). In HE, the Virginia Tech shooting was a high profile example of a situation where professionals were criticised for not acting to prevent the violent acts of an individual. This expectation can put pressure on professionals to act in a conservative manner as they fear that they may be blamed or even found legally liable for failing to prevent a violent incident (McGuire, 2004 p340). This suggests an objective approach to risk implying that all risks can be predicted and negative outcomes prevented.

The impact of regulation on public perception of risk is unclear. In America the Jean Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (1998) requires universities to publicly report their annual crime stats (Fisher and Wilkes, 2003). This attempt at regulation through naming and shaming has not been shown to have any impact on student recruitment (Janosick, 2001).

However, risk regulation does not require a risk averse approach; for example, current thinking in the National Health Service (NHS) focuses on positive risk management:

> *"The governing principle behind good approaches to choice and risk is that people have the right to live their lives to the full as long as that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted. What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways which best suit them."* (Department of Health National Risk Management Programme, 2007 p10).

The guidance above is targeted at those working with people with mental health difficulties. There are increasing numbers of students in HE with mental health difficulties and continuing with education is identified as a positive outcome for young people with substantial mental health difficulties, particularly those experiencing first episode psychosis (Department of Health, 2001 p50). However, there is little evidence that this positive approach to risk, which supports people with mental health difficulties taking measured risks, has been adopted by HE.

Power (2007) argues that organisations need to demonstrate their ability to regulate risk through risk assessment and risk management plans to demonstrate that they are responsible and legitimate. HEIs, like other large organisations, produce risk management plans and seek to demonstrate compliance with a broad variety of legislation and professional codes of practice and formal risk management plans.

3.6 Relational theory of risk

The previous sections of this chapter have briefly outlined different approaches to defining and assessing risk and demonstrated how each may have some application within HE. Given that each of these approaches may be useful when considering some aspects of risk within HE, a theory which integrates these different approaches would provide a useful framework; the relational theory of risk recognises and combines the strengths of different models.

The relational theory of risk was first proposed by Hilgartner (1992) and has been developed more recently by Boholm and Corvellec (Boholm, 2008; Boholm and Corvellec, 2011). Hilgartner (1992) argues that understanding of risk should focus on the epistemology of risk rather than its ontology; the way in which individuals understand and construct risk is more important to understanding risk than establishing whether an objective risk exists (although the theory acknowledges that objective risks do exist). The theory can be expressed schematically as shown in Figure 3.1 below.

Figure 3.1 Relational theory of risk

Boholm and Corvellec (2011) note that each of the elements within this relationship is constructed in relation to the other, that is without a risk object there is no object at risk, therefore without an object at risk there is no risk

object. Boholm and Corvellec (2011) state, that the term risk object is used to convey that something has been identified as dangerous, but that this is a construct rather than simply naming an inherent danger. By identifying an object (which includes natural phenomena, products and behaviours) as a risk object certain elements of the object are emphasised, a different emphasis may produce a different risk object. This approach is consistent with critical realist ontology (see 5.2 for further discussion of ontology and epistemology) as Boholm and Corvellec (2011) note established knowledge, including material realities, must be considered when designating something as a risk object.

Adam and van Loon (2000) point out that the positions which individuals take in relation to risks are linked to values and ethical judgement. Whilst values are culturally constrained, there are also clear elements of individual choice. The role of values was found to be important in relation to decisions about students who present a risk to self or others in my earlier work (Harrison, 2007). The importance of values is emphasised by Rosa who defines risk as:

> *"…a situation or event where something of human value
> (including humans themselves) has been put at stake and
> where the outcome is uncertain." (Rosa, 1988 p28)*

Unless the object at risk is considered to be of value, there is no relationship of risk. Designating something as an object at risk implies that the object is valuable in some way and should therefore be protected. It is clear that individuals, groups or societies value different aspects of social life. The objects which they want to protect will vary, thereby indicating different potential threats or risk objects. For example, if a householder values living in a quiet environment, positioning this as being respectable, having noisy student

neighbours may present a risk to the individual's peaceful, respectable environment. Another neighbour, in the same street, may not value peace and quiet and therefore there is no relationship of risk when noisy neighbours move in. This example demonstrates the dialectical nature of the relationship of risk as without the noisy neighbours there is no risk object but without the neighbour valuing quiet there is no object at risk. The importance of values in making decisions about complex student issues in HE has been noted by Elfrink and Coldwell (1993), who argue that identifying individual values is crucial to deciding how to respond to complex situations.

The third element of the theory is relationships of risk; these are established by an observer who identifies the risk object as threatening the value of the object at risk. This relationship is constructed by the observer and is not simply naming a pre-existing relationship. This is also consistent with a critical realist ontology, as the theory recognises that a relationship of risk may be established in a variety of ways, such as through statistical modelling, laboratory work, or narrative. For a risk relationship to be established there must be some basis for proposing a link. The relationships between the elements of the model are dynamic, discursive and representational; in earlier work Boholm likens these links to the cognitive schema identified by psychologists (Boholm, 2001). The critical realist ontology and dynamic, discursive nature of this model of risk have much to recommend it and although the literature relating to this model is limited, given its very recent resurgence, it provides an effective theoretical model of risk for the purposes of this study. The model is consistent with a discursive approach as objects of value are constructed and it is therefore possible that different discourses will

result in the identification of different risk objects and objects at risk. This definition of risk will be used throughout the remainder of this thesis.

3.7 Summary

This chapter has examined how four key models of risk may be applied to the HE setting. The individualist approach encompasses positivist and constructionist approaches and may be used when considering situations relating to individual students. Cultural approaches to risk may be useful when exploring differences in responses to risk between HEIs. The avoidance of risk as an organising principle, as set out in Beck's risk society approach, can be seen at an organisational level within HEIs; understanding the impact of individualization may be useful when exploring students' experiences particularly the varied experiences of different groups of students. Risk regulation approaches can be seen in the management of HEIs particularly in approaches to risk assessment and risk reduction. The relational theory of risk provides an integrative framework which can use expertise from each of these models, its realist ontology and recognition of the constructed nature of risk are consistent with the underlying theoretical aims of this project and therefore the relational model of risk will be used throughout this thesis.

4 Student behaviour which causes concern

4.1 Introduction

The relational model of risk discussed in the previous chapter acknowledges the situated and constructed nature of risk. Chapter two outlined the complexities of the HE system within which the behaviour of students who present a risk to self or others must be considered. This chapter considers the sorts of behaviour which cause concern to staff in HEIs and which may be considered risky, either to the student themselves or to others. This chapter explores the types of risk which have been identified in relation to student behaviour, focussing on: anti-social behaviour; violence; crime; the effects of drugs and alcohol; and the risks experienced by students with mental health difficulties. The chapter aims to demonstrate the diverse range of behaviours which may be labelled as a risk to self or others using a relational model of risk; each of these behaviours may be seen to threaten something which is of value such as: the wellbeing of the individual or of other students; the relationship between the university and the local community; or the wellbeing of staff.

The chapter begins by considering growing concerns about students' anti-social behaviour and the impact of increased numbers of students living in residential areas. This is followed by a review of the literature relating to students as victims and perpetrators of crime. The role of drugs and alcohol in risk to self and others amongst students is then considered. The chapter moves on to consider students with mental health difficulties, not because students with mental health difficulties are necessarily considered to be risky but, because this is an area

which causes concern to staff within HEIs. An understanding of the extent of students with mental health difficulties is important before considering the final two sections of the chapter: students who self-harm and students who attempt suicide.

It would have been possible to include additional areas of student behaviour in this chapter, for as Sjoberg et al (2005) note, most social issues could be presented as risks, although not all are. The areas which have been included are those which, based on the literature and my professional experience, are most commonly considered as risks by Student Support Services staff in HE. It is however, worth noting that there has been a substantial debate about responding to the threat of extremism (Universities UK et al., 2005) which uses the language of risk, however this literature will not be considered here as to understand it fully would require discussion of religion, fundamentalism and rights which are outside the remit of this study.

4.2 Anti-social behaviour

The increase in student numbers has created a change in the relationship between students and local communities. The caricature of students as lazy, thoughtless slackers was immortalised in the 1980s comedy series *The Young Ones*. Behaviour such as stealing traffic cones and road signs were seen as 'high jinks'. Issues framed as 'high jinks' encourage indulgence which may have been felt when students were a minority within a community. However, as student numbers have grown so has the impact of such behaviour. One student stealing a traffic cone may cause a minor nuisance to a community, numerous repetitions of such behaviour from large groups of students in an area is more

likely to cause distress and frustration within the community. Such behaviour may well now be termed anti-social, legitimating a law and order response. It may also be deemed risky behaviour as it may impact upon the relationship between the university and the local community. Maintaining a positive relationship with the community may be valued by many HEIs making this a potential object at risk with student anti-social behaviour being the risk object.

There is little direct evidence of levels of anti-social, or low level criminal, behaviour among students although the effects of 'studentification' (high number of students living in a residential area) have received increasing attention over the past few years and a rise in crime and anti-social behaviour in these areas has been one of the documented concerns (Universities UK, 2006; ECOTEC Research & Consulting Limited, 2008; National HMO Lobby, 2008). It is unclear to what extent students are perpetrators of anti-social behaviour, however, Selwyn (2008) found that 50 percent of students admitted to being drunk and disorderly in the previous term and 11 percent and 12 of percent students admitted to being reported as a nuisance neighbour and committing vandalism, graffiti or minor damage to property . Whilst it is difficult to draw firm conclusions based on one study, these findings, the reported experiences of communities and information from HEIs (see for example, University of Leeds, 2007) indicate that some students do present a significant difficulty to their local communities.

Such behaviour may fit descriptions of anti-social behaviour which aim to capture the impact of repetitive behaviour which causes distress in a community (Macdonald, 2006). However, critical theorists argue that the term anti-social behaviour is used to demonise young people (Squires, 2006), particularly those

who are part of already excluded communities. Whilst individual students may come from socially excluded communities or groups, student communities as a whole cannot be considered socially excluded. Flint and Nixon (2006) argue that the rhetoric of anti-social behaviour requires definitions of accepted behavioural norms within a community. This is apparent in students' descriptions of their own behaviour as 'high jinks' or 'minor mischief' rather than criminal or anti-social behaviour (Selwyn, 2008). This provides an example of the relational model of risk in action as students and local community members may hold different objects to be of value and have different expectations about acceptable behaviour potentially resulting in definition by some members of the community of certain student behaviour as risky.

Differences in standards of accepted behaviour are also apparent within the academy. Deborah Lee's (2006) book *University Students Behaving Badly* and the subsequent survey-based research report (Lee and Hopkins Burke, 2007) identify a range of behaviours from rudeness to violence as unacceptable. Lee et al (2007) reported that 22 percent of HE staff who responded to the survey had experienced unreasonable expectations or demands, 14 percent had been accused of unfairness of unprofessional conduct, 13 percent had experienced general rudeness and 3 percent had experienced public humiliation. Such behaviour is undoubtedly distressing for staff and may be deemed to be unacceptable by institutions however it is difficult to quantify the extent of harm experienced by staff as a result of this behaviour from this report.

4.3 Students as victims and perpetrators of crime

The risks of anti-social behaviour may be deemed to be relatively minor; however, students are also the victims and perpetrators of more serious crimes. There are several studies which consider students as victims of 'crimes against the person'. Each study defines 'crimes against the person' differently, but broadly this means crimes involving physical or sexual violence against another person, or the use of threats of violence. Barbaret et al (2003b) found that 9 percent of UK students in their sample reported being victims of 'crimes against the person', compared to 12 percent of UK students in Fisher and Wilkes' (2003) study in the same year. This compares to 4.1 percent of all adults, 7.6 percent of women aged 16-24 and 15.5 percent of all men aged 16-24 in the 2003/4 *British Crime Survey* (*BCS*) (Christophersen et al., 2004). Selwyn (2008) found 18 percent of students had experienced 'crimes against the person'. This compares to 3.2 percent of all adults, 6.4 percent of women aged 16-24 and 13.4 percent of men aged 16-24 in the *BCS* of that year (Kershaw et al., 2008). In 2007-8 the *BCS* included students as a separate group and found that 10.1 percent of full time students had been the victim of violent crime (Kershaw et al., 2008). Barbaret et al's (2003b) sample included students from nine universities across all years; Fisher and Wilkes' (2003) sample consisted of on-campus students from a single university, approximately half of this sample were first year students; Selwyn's (2008) sample consisted of first year students predominantly from one university with a sub sample from a different institution for comparison purposes. The *BCS* is a national survey and students are a subset of the total sample. Barbaret et al (2003b) and Fisher and Wilkes (2003) asked about experiences of crime over the past (academic) year whereas Selwyn (2008)

asked about experiences only in the last term. It is unclear whether this suggests that first year students are more likely to be victims of crime or whether the broader range of institutions in Barbaret's (2003b) work is significant. Even if the more conservative figure from the *BCS* is used, this still represents a large number of students each year who are victims of violent crime.

There are some similarities between UK and USA figures for student victims of crime; Fisher and Wilkes (2003) found that 36 percent of USA students had experienced crime in the last year compared to 38 percent of UK students. Despite this overall similarity, reports of violent crime against the person were much lower from American students in this study, 4.5 percent, compared to 12.4 percent in the UK.

The limited British work in this area contrasts with a substantial body of work in America (see Carr and Ward 2006 for a comprehensive review). However, coverage in the *Times Higher Education Supplement* (see for example,, Baty, 2005; Sanders, 2006; Wojtas, 2006) suggests that this is an area of significant concern for many university staff (a finding which is mirrored by Deborah Lee's research in this area, Lee 2005, 2006 and 2007). Whilst many students report being victims of crime most of this crime appears to be perpetrated by non-students. Barbaret (2003a) found that 23 percent of victims in their sample believed the perpetrator was a student. In the same study 12 percent of students reported knowing someone who had committed an offence against another person. This compares to 8.5 percent of students in Selwyn's (2008) study who reported committing serious crimes in the previous term (it should be noted that this also includes students who committed crimes against property). Again, it is

difficult to extrapolate from these figures but even if the most conservative figure of 8.5 percent of students being perpetrators of crime against the person is used this represents a sizeable issue for HEIs. In addition, a Freedom of Information request by the *Times Higher Education Supplement* found that staff had reported over 1,000 acts of student aggression in the academic year 2004-5 (Baty, 2005). This finding is likely to be an under –representation as many HEIs do not systematically record such incidents (Baty, 2005; Harrison, 2007). In her survey, Lee (2008) reported that two percent of staff had experienced violence and 24 percent reported threats of aggression. More recently a national survey undertaken by the National Union of Students reported that one in seven female students had experienced a serious physical or sexual assault during their time as a student, and that 47-60 percent of perpetrators were also students (National Union of Students, 2010). This suggests that some students present a substantial risk to others although further work is needed to understand these issues and the risk of violence towards male students.

The exact levels of violent crime perpetrated by students are unknown and further work is needed in this area in the UK. However, it is clear that students are perpetrators of violence and therefore present a risk to others; HEIs will need to respond to these situations. Student Support Services professionals in the USA appear to view crime prevention as part of their role and as far back as 1994 the profession's journal, *New Directions for Student Services vol 65* was dedicated to programmes for the prevention of rape and treatment of perpetrators. The impact of prevention programmes has been questioned (Earle 1992 and Scheaffer and Nelson 1993 in Berkowitz, 1994) but they continue to have a place in American Universities (Foubert, 2006; Foubert et al., 2009).

4.4 Role of drugs and alcohol

There are a number of factors which contribute to violence against others and there is no space here to consider the range of criminological literature. However, given the reported high levels of alcohol consumption among students (Gill, 2002), it is worth considering the role of drugs and alcohol in harm to others and harm to self. The role of alcohol and drugs in physical and sexual assault has been well documented (Coates and Wade, 2004; Markowitz, 2005; Hall, 2008; Krebs et al., 2009a; Krebs et al., 2009b) as has their role in mental health difficulties, suicide and self-harm (National Confidential Inquiry, 2001; Schaffer et al., 2008). Students appear to be more likely than the general population to engage in high levels of alcohol consumption, although the reported extent of this varies considerably. Gill (2002) reviewed 18 studies of student alcohol use over the past 25 years; in studies which have taken place since 2000 she found that levels of binge drinking reported in the studies varied between 27 and 50 percent of male students and 14 and 63 percent of female students. Some of this variation may be due to the differences in methodology between the studies. In the same year, Grant (2002) reported 50 per cent of male students and 25 per cent of female students had drunk more than 10 units on at least one occasion at least once a week. Such high levels of alcohol consumption are linked to increased probability of risk to self and others. Delk and Mielman (1996 cited in Gill 2002) reported that 14.5 percent of heavy drinkers had taken part in acts of violence.

The evidence in relation to students' mental health and alcohol use is mixed. Grant (2002) found no statistically significant relationship between alcohol use and mental health difficulties (with the exception of phobias and anxiety).

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However, there does seem to be a correlation between alcohol use and suicide in the general population due to the disinhibitory effects of alcohol (National Confidential Inquiry, 2001). This link was also found among college students in the USA (Schaffer et al., 2008). Whilst alcohol use does not necessarily constitute an immediate, direct risk, it contributes to other risk behaviours and should therefore be considered when discussing students who present a risk to self and others.

Whilst research evidence in the UK remains limited, it appears that there are grounds to be concerned about student behaviour towards others and that a minority of students present a physical threat to others. High levels of alcohol consumption among students appear to increase risks to self and others. In addition to clearly identifiable criminal behaviour, it is clear from Selwyn's (2008) and Lee et al's (Lee, 2006; Lee and Hopkins Burke, 2007) work that there is a range of other behaviour which can be viewed through a number of lenses as, anti-social, harassment, high jinks or risk. These differences in definition are likely to be important when deciding on appropriate responses to such behaviour.

4.5 Extent of student mental health difficulties

The most recent Royal College of Psychiatrists report on student mental health suggests that the incidence of mental health difficulties amongst students may be higher than indicated by existing research due to the changes in the demographics of the student body (Royal College of Psychiatrists, 2011); the report calls for more systematic epidemiological research to present a clearer picture of the current situation. However, reviewing the existing literature provides an indication of the extent of student mental health difficulties in the

current student population and is indicative of the difficulties faced by HEIs. Heads of Counselling Services started to express their concern over the increasing levels of student mental ill health 10 years ago (Rana et al., 1999), this increase may be due to increased willingness to access services or an increase in students experiencing difficulties (Hunt and Eisenberg, 2010). Whatever the reason for this increase, demand for HEI services appears to be high and 79 percent of universities now have Mental Health Coordinators with a remit to support students with mental health difficulties (Grant, 2011).

Grant's (2002) survey of second year students at Leicester University provided an indication of the extent of student mental health difficulties. She found that 14 percent of students were moderately distressed by symptoms of depression, 13 percent by obsessive compulsive symptoms and 3 percent by phobic or anxiety related symptoms. In contrast, Turner et al (2007) found that 72 percent of students had experienced anxious or depressed moods or personal, mental nervous or emotional problems in the last 12 months. The research was conducted in a post 1992 university which recruits above benchmark numbers of non-traditional students and the authors argue that, based on their findings, these students are more likely to have mental health difficulties. The Royal College of Psychiatrists (2003) found that overall students were slightly less likely than age matched non-students to experience clinical mental health issues but that students reported a higher level of symptoms. This has been challenged by recent work using the CORE system which provides a standardised scoring system for client symptoms and outcomes. Originally normed in the NHS, this system has been increasingly adopted by HEI Counselling Services. Connell and Barkham (2007) found that students using university Counselling Services

had a similar profile to patients using NHS primary care services. The increased

similarity between students and the general population reflects the increasing

numbers within the student population and may indicate that some elements of

widening participation are being successful. This study also found that students

were less likely to be a risk to others than patients in NHS primary care settings.

4.5.1 Students with mental health difficulties and risk to others

There have been a number of high profile cases over the past few years of

people with mental health difficulties committing acts of violence, including Cho

Seung-hui, the Virginia Tech student who shot 33 students and faculty and then

himself in April 2007. It is unclear exactly what Cho's diagnosis was as he

received a variety of diagnoses over the years and there is no confirmation of

psychosis[3] (The Virginia Tech Review Panel, 2007). However, most coverage of

violence and mental ill health relates to people with schizophrenia[4], a psychotic

illness. Jablensky (2000) found that across cultures and eras lifetime prevalence

of schizophrenia was 0.14 to 0.46 percent. The percentage of people committing

homicide in the UK who have a diagnosis of schizophrenia is 5 percent (National

Confidential Inquiry, 2001). This seems to indicate that people with

schizophrenia do present an increased risk of violence to others, a finding which

is supported by Hodgins and Müller-Isberner (2004), albeit, this risk is still

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[3] Psychosis is a term used to describe symptoms in which the individual experiences distortions of reality such as delusions and hallucinations. Psychosis may be a feature of a number of clinical conditions and it is possible for an individual to experience a single episode of psychosis Turner, T. (2009) Schizophrenia. *In* Davies, T. C. (Ed.) *ABC of mental health.* Hoboken, NJ: BMJ books, pp. 44-47..

[4] Schizophrenia is recognised as a specific mental illness. a diagnosis of schizophrenia requires evidence of multiple psychotic episodes (the active phase of the illness). Other symptoms such as low mood, limited attention span, apathy and emotional blunting occur during passive phases of the illness. Kramer, S. & France, J. (1999) Schizophrenia and other psychotic disorders. *In* Kramer, S. & France, J. (Eds.) *Communication and mental illness: theoretical and practical approaches.* London: Jessica Kingsley, pp. 42- 64.

relatively small. Despite the large amount of media coverage other factors are more likely to be linked to homicides: alcohol dependence; drug dependence or personality disorder were a factor in one third of homicides (National Confidential Inquiry 2001). Hiroeh et al (2001) demonstrated that people with mental health difficulties are more likely to be a risk to themselves than to others. Rates of schizophrenia appear to be similar in student populations to the general population (Royal College of Psychiatrists, 2003). Late teens and early twenties are the key decades for the onset of schizophrenia and therefore it is likely that a number of students will be diagnosed with schizophrenia during their time at university. HEIs do report dealing with students with psychosis (Harrison, 2007) and such incidents can be very difficult to deal with. However, there has been a national increase in provision of services for young people experiencing psychosis as part of the NHS plan (Secretary of State for Health, 2000). Specialist Early Intervention in Psychosis Teams were set up as part of the National Early Intervention programme from 2004. Teams work with people under 30 experiencing a first episode of psychosis to minimise the impact of psychosis and enable service users to live ordinary lives (Early Intervention in Psychosis Network, 2011). This model of early intervention should reduce the risk of violence as individuals will be seen more quickly.

4.6 Students who self-harm

More common than students with psychosis and major mental health disorders are students who self-harm. Estimates of the number of young people who deliberately self-harm vary from seven to fourteen percent (Hawton and James, 2005). Whilst populations of HEIs are changing they continue to contain a large number of young people and are therefore likely to have significant numbers of

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young people who deliberately self-harm. Connell and Barkham (2007) found that levels of risk to self amongst students using university Counselling Services were similar to those in primary health care settings. Students who self-harm present a direct and indirect risk to themselves. Direct harm may result from immediate injuries, such as accidentally cutting a vein, deep cutting and being unable to stop the bleeding or from students misjudging the amount of force required to self-injure and inflicting more significant injuries on themselves than they intended. Indirect harm may come from lack of care for injuries; use of dirty or jagged instruments for cutting increases the risk of infection in cuts. Many students who self-harm are aware of the potential dangers of cutting and are able to care for their injuries. Programmes for self-care are promoted by the National Self Harm Network (National Self Harm Network, unknown). Student Support Services professionals may work with these students to identify coping strategies and alternatives to self-harm. For those who are unable to use these strategies, self-care strategies may reduce the risk of infection.

Literature on the subject of self-harm refers also to deliberate self-harm, self-injury and self-mutilation; Warm et al (2003) note that many authors use these terms interchangeably, although there may be differences between people who self-poison and those who cut or burn themselves. Use of different terms implies different understandings of self-harm; for example, some user groups prefer the term self-injury to self-harm however for the purposes of this study the terms will be used interchangeably reflecting current practice in Student Support Services.

There is a substantial clinical literature about the nature and impact of self-harm on individuals, although there is currently no definitive evidence about effective

interventions. The National Inquiry into Self Harm in Young People (Camelot Foundation and Mental Health Foundation, 2006) describes self-harm, as a maladaptive coping strategy and calls for more support for young people who self-harm and for further research into effective interventions. Framing self-harm as a maladaptive behaviour acknowledges the potential risks associated with it, but focuses on the reason behind the behaviour; this approach provides opportunities for changing behaviour and for addressing underlying issues and is, therefore, a useful approach. The National Inquiry recognises that self-harm is not in itself a mental illness although it has been strongly associated with Borderline Personality Disorder[5].

Whilst self-harm can be a means of managing distressing emotions for the individual, it can result in distress for staff and students around them who have limited understanding of self-harm. This can be magnified when students are living together, particularly first year students who often live alongside others who they do not know. It has long been established that the general population find self-harm repulsive or frightening (see for example, Favazza, 1996; Alderman, 1997). There is also a substantial body of work considering the attitudes of health care professionals, often focussing on negative attitudes towards people who self-harm and the impact this may have on access to treatment (Mchale and Felton, 2010). There is little work specifically considering the impact on students

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[5] Borderline Personality Disorder- Characterised by a pattern of intense instability of emotions, interpersonal relationships and sense of identity. Frequently associated with impulsive and self harming behaviour Sansone, R., Songer, D. A. & Geither, G. A. (2001) 'Diagnostic approaches to borderline personality and their relationship to self harm behavior'. *International Journal of Psychiatry in Clinical Practice,* 5, pp.273-277, Nezu, A. M., Nezu, C. M. & Lombardo, E. (2004) Borderline personality disorder. *In* Nezu, A. M., Nezu, C. M. & Lombardo, E. (Eds.) *Cognitive-behavior case formulation to treatment design: a problem solving approach.* New York: Springer, pp. 182-204.

when peers self-harm; however, one recent study found that final year nursing students had the least anxiety in relation to people who self-harmed in comparison to medical, clinical psychology and physics students (Urquart Law et al., 2008). In the same study, physics students and medics showed a high level of anger towards people who self-harm, and high levels of support for coercive strategies for responding to this behaviour accompanied by low levels of intended helping behaviour. Although this is a relatively small study, using non-student case vignettes, the findings give some indication of likely responses of many students to peers who are self-harming, suggesting potential negative responses which may be challenging for HEIs.

4.7 Students who attempt suicide

Whilst distinct from self-harm, there are links between self-harming behaviour and suicidal ideation and attempts. As outlined by Stanley et al (2007a), it is difficult for HEIs to get a clear understanding of the prevalence of suicide; many cases are not identified as such and where they are the HEI may not be notified if the student is not on campus or in residences at the time of their death. Despite some reported concerns about increased levels of suicide among students, levels were found to be the same as the general population when open verdicts were taken into account (Hawton et al., 1995; Collins and Paykel, 2000), a finding which was confirmed by Universities UK (2002b). Connell and Barkham (2007) found levels of suicidal ideation (that is thoughts about suicide with or without an active intention to commit suicide) at lower levels among students using university Counselling Services than primary health care patients. However, Grant (2002) found that 11.5 percent of undergraduate and 8 percent of postgraduate students were very or crucially concerned with suicide. This may

suggest that students who are experiencing suicidal thoughts are not accessing services, although this may also be true of the general population. Schaeffer et al (2008) found a clear relationship between suicidal ideation, binge drinking and suicide attempts; this study highlights that numerous factors need to be considered when addressing suicide risk.

Concern about suicide is evident within the NHS (National Confidential Inquiry, 2001) and HEIs (Universities UK, 2002b; Stanley et al., 2007b). Nationally, suicide rates are falling across the whole population from 4,581 (or 19.9 per 100,000 deaths) for men and 1543 (or 6.2 per 100,000 deaths) for women in 2000 to 4,304 (or 17.5 per 100,000 deaths) for men and 1,371 (or 5.2 per 100,000 deaths) for women in 2009 (Office for National Statistics, 2010) The numbers of students are not specifically recorded, however the Royal College of Psychiatrists (2003) review of the literature on student mental health found that suicide rates for students were broadly in line with those in the general population . Therefore student suicide rates may be assumed to be falling.

Suicide is an emotive issue and Universities UK is careful to address the issue of reducing the risk of student suicide, rather than to claim that the approaches they outline can actually reduce student suicide (Universities UK, 2002b). They recognise that people often feel guilt after a student suicide and try to locate responsibility with the student for their actions whilst looking at how to provide a supportive environment with appropriate services to provide alternative for students who feel this desperate. Stanley et al's (2007) in depth study of 20 students who had committed suicide *"starts from the premise that the HEI is a community and that, as a community, it has responsibilities for the welfare of its*

members" (Stanley et al., 2007a). Stanley et al (2007) recognise that HEIs cannot force students to accept support but seek to identify risk factors for suicide in student populations and to address these risks. Stanley et al (2007) identify a number of vulnerability factors for student suicide: being in a stage of transition (e.g. close to start of academic year); close relationship with someone who was also considering suicide; having health problems or a disability, diagnosed mental health difficulties, previous suicide attempts, difficulties with alcohol, financial difficulties, academic difficulties. In most cases, several of these factors were present. Stanley et al (Stanley et al., 2007a; Stanley et al., 2007b) also note that many of the students in their study did not fully disclose the extent of their difficulties; this can present real difficulties for HEIs who want to support their students.

Most students with mental health difficulties manage these difficulties on their own or with support from within the HEI or from external agencies and do not present an increased risk. Where students with mental health difficulties do present a risk, despite the few high profile cases of students with mental health difficulties harming others, these risks are most likely to be to themselves.

4.8 Summary

This chapter has outlined a range of student behaviours which cause concerns to institutions which may be formulated as risks using the relational model of risk. There are, of course, many more issues which could have been discussed but the intention of this chapter has been to highlight key areas of concern based on the current literature to provide a context for this study. Studentification and associated increased levels of anti-social behaviour demonstrate the importance

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of the relationship between risk object and object at risk in defining the meaning of a particular behaviour. Students are also the victims and perpetrators of serious crimes against the person although estimates of the extent of these crimes vary. Drug and alcohol use is an issue of concern across the population particularly in relation to young people and this is also true of students. Drugs and alcohol may also be a factor in more immediate risks to self or others.

Concern about students' mental health have been growing over the past 20 years and although the majority of students with mental health difficulties do not present a risk to self or others students who self harm or who attempt suicide can present challenges for HEIs; in addition to the risk to self such behaviour also impacts on others.

5 Developing a theoretical framework for the methodology

5.1 Introduction

Chapters two to four explored the complex context in which HEIs must decide how to respond to students who may be viewed as a risk to self or others. This literature review informed the formulation of the research areas; formulating the specific research questions required an understanding of underlying theoretical and methodological issues. This chapter charts the development of my methodological approach and how specific research questions were developed from my initial broad areas of interest. It is common to describe this development as linear with no false starts. It was tempting to adopt such a 'tidy' approach, however, the process of research involves developing understanding and often includes explorations in a number of directions before refining understanding; I have tried to capture this process. For clarity the final aims of the research are set out below, numbered one to three.

1. To determine the range of discourses which are used by HEI staff to construct and explain the idea of students whose behaviour presents difficulties to themselves and/or others;
2. To examine the relationship between discourses and professional roles;
3. To examine the potential outcomes of situations for these students in relation to different discourses.

The chapter charts how these aims were formulated to enable the reader to understand the development of the research project. It sets out the areas of interest I identified at the beginning of the research and charts how these were

refined into the final aims. To avoid confusion with the final aims, these areas of interest are listed using letters rather than numbers.

The chapter begins by examining the ontological and epistemological approaches which underpin the work, establishing a critical realist position. From these assumptions, the chapter charts the development of the research aims from my initial areas of interest in understanding a range of concepts relating to students who present a risk to self or others. I demonstrate how I refined these areas of interest and note other potentially fruitful approaches to research in this area, such as decision-making theory which could also have been useful.

I then chart my exploration of constructivist approaches, briefly outlining approaches which were rejected because they were not compatible with a critical realist ontology or for other reasons. From this general discussion of constructivist approaches, the chapter moves on to consider approaches to discourse analysis, in particular considering Foucault's approach to discourse analysis. I explore the extent to which Foucault is compatible with a critical realist ontology and note some limitations in his approach from a critical realist perspective. I then explain why my consideration of the strengths of both Foucault and critical realism led me to select CDA as a methodology. Selecting CDA as the approach most suited to this study enabled me to clarify the final research aims; rather than describing individual concepts, I sought to identify discourses which link individual concepts. Thus, the development of the theoretical framework was central to defining the research questions.

5.2 Ontology and epistemology

Chapter three notes that there are many different approaches to risk underpinned by varying ontological assumptions (that is assumptions about what risk is). For some, risk is an ontological reality which needs to be measured and, where possible, action taken to reduce the risk to an acceptable level. Such positivist assumptions can be found in many approaches to risk assessment and intervention; there is evidence of these approaches being useful in many settings and they dominate the risk literature. However, there have been recent moves to recognise the importance of the meanings attached to risk in fields as diverse as critical illnesses (Cohn, 2000), mental health (Godin, 2004) and risk communication between experts and lay people (Bergmans, 2008); these approaches recognise the constructivist position that risks, or at least elements of risks, are socially constructed.

The review of the literature provided some insight into the ontological positions surrounding risk research. However, before considering potential theoretical approaches, I needed to clarify my own ontological and epistemological positions; that is I needed to articulate my own (ontological) assumptions about the nature of reality, and my (epistemological) assumptions about how reality is understood and knowledge created. My research background started in a positivist tradition within psychology where it was assumed that there was a definitive world about which hypotheses could be made and that those hypotheses could be tested by means of experiments with statistically demonstrable results (Jha, 2008). I have continued to use such statistical approaches to measuring the world in my work, particularly in my managerial roles. I have also, through my counselling training and MA developed my use

and understanding of constructivist approaches; that is, approaches which rely on understanding meaning (Lincoln and Guba, 2000). The use of both approaches could suggest a theoretical inconsistency; however, I believe that both approaches have merit and that it is not necessary to choose between them. This prompted me to consider (and discuss at length with my supervisors) why I saw merit in both approaches and what this meant in terms of my own ontological and epistemological understandings; did I choose different ontological or epistemological positions dependent on the research questions or was there a more coherent understanding which justified the use of different approaches? This area frustrated me until I found theoretical work about critical realism, a position which seemed to articulate the beliefs I held and remove the false dichotomies between qualitative and quantitative and positivist and constructivist.

I would, therefore, position myself as a critical realist, a term introduced by Bhaskar in the 1970s (Bhaskar, 1998b) in an attempt to bridge the gap between positivism and post-modern constructivist views of the world. This provides an alternative to positivist and constructivist views of the world, recognising the value and limitations of both approaches, and may be viewed as a 'third way.' Critical realism holds three basic ontological premises about social reality; intransitivity, transfactuality and stratification (Archer, 1998); I will briefly outline each of these premises. Intransitivity refers to the notion that objects can exist independently of their identification or verification (Archer, 1998; Fleetwood 2005), thus there is a real material and social world whether or not this known by individuals or society at large. In relation to students who present a risk to self or others, the act of cutting oneself can be seen as an intransitive object; this behaviour is often hidden and the meanings ascribed to it by individuals and

wider society vary. It is in the transitive domain of generating knowledge about the act of cutting oneself that meaning is ascribed to this behaviour. In some traditional societies cutting oneself to form marks on the skin may be a rite of passage; amongst young people in the UK the same act is likely to be understood as self-injury or self-harm indicating a degree of psychological distress.

The second premise of transfactuality, refers to the constancy and invariance of mechanisms (social or physical), this constancy means that it is possible to study mechanisms and be confident that these mechanisms will continue to exist (at least for a limited period) (Archer, 1998a). However, social mechanisms do change over time and therefore they should be understood to be relatively stable and enduring rather than forever fixed. This may mean that understanding of some social mechanisms requires an understanding of the specific, historical, geographic or political context. It is also worth noting that many critical realists have recognised that the speed of change of social mechanisms has increased in the past 20 years and is getting faster; Archer refers to this as morphogenesis (Archer 1998b). In relation to HEIs' responses to students who present a risk to self or others, transfactuality means that the discourses which frame HEIs' responses and the range of possible responses open to HEIs will remain relatively constant within a given time period although they may change over time.

The final premise of critical realism is stratification, this refers to Bhaskar's understanding of three domains of reality: the empirical realm in which events can be observed ; the actual realm in which events take place (whether or not

they are observed) and the real mechanisms which produce different events such as ideas or discourses (Bhaskar, 1998a). Recognition of these three layers of reality provides an ontological depth to critical realism which is not present in other approaches. Layers of understanding can be developed based on the different layers of ontological reality; enabling researchers and theorists to articulate which layer of reality they are examining provides greater clarity about the nature of the knowledge which has been generated. For example, observations of the number of people wearing seatbelts following the introduction of legislation making the use of seatbelts in cars compulsory operates in the empirical realm; a survey which asks people to report whether or not they wear a seatbelt is an attempt to generate knowledge about the actual realm by understanding what is happening whether or not it is observed; a psychological study of why people comply with legislation is an attempt to understand the real realm of the mechanisms which generate the observable behaviour.

Archer (2000) identifies another form of stratification namely a distinction between the 'parts' of society and the 'people' within it; both of which have independent properties and powers. This latter understanding of stratification is relevant to this study as it recognises that individuals operate in an agentic manner within institutional and discursive structures. Collier (1998) uses the term strata to identify different types of knowledge such as chemistry or biology and demonstrates how understandings from each of which can inform the other. This notion of strata is useful in relation to research about social structures as it recognises the contribution which can be made by different epistemological methods. In terms of this study, I aim to examine discourses as social structures

which influence how HEIs respond to students who present a risk to self or others. The complex understanding of ontology and stratification offered by critical realism recognises the complex nature of the social and natural worlds and the need for a wide variety of methods to generate knowledge depending on the object being investigated. Critical realism is not, therefore, prescriptive about epistemology or about methods of data collection and analysis.

Critical realism recognises the complexity of understanding social reality; social phenomena rarely have a single cause, therefore the concept of emergence is central to a critical realist understanding of reality. Emergence recognises that social reality is caused by relationships between individuals and social structures. This provides a link between individual explanations for behaviour such as psychology or neuroscience and explanations of behaviour which focus on structural causes. Archer (1998a) argues that individuals may not be aware of how structural factors such as government policy affect their individual behaviour but that this effect is still there. Critical realism, therefore, is interested in the role of individual agency and social structures in defining behaviour. This recognition of agency and structure offers challenges for researchers to situate work in the messy complexity of life that is Schon's swampy lowlands (Schon, 1992).

Archer has examined the role of reflexivity and agency within critical realism (Archer 1998a; Archer 2000). For Archer, reflexivity is part of what makes us human; being able to think about the world and to be aware of ourselves as agents within the world is the basis of reflexivity. This reflexivity may be more developed in some people than others but she argues that it is an element of being human (Archer, 2000). Reflexivity enables individuals to both identify their

concerns and to evaluate and prioritise these concerns. Archer provides the example of agoraphobics who identify their fears about extended spaces and their desire for more freedom of movement in the world; prioritising the latter results in some agoraphobics seeking therapy to enable them to overcome their fears (Archer, 2000, p209). This example demonstrates the close relationship between reflexivity and agency with actions following from an individual's reflections. Reflexivity enables the individual to question discourses or positions which she has previously accepted and to choose to adopt different discourses or positions. Archer argues that in a rapidly changing (morphogenic) society there is a greater role for agency. Archer agrees with Beck that individuals in western societies have an increasing array of choices about the life they want to live, that is that there is an increasing degree of individualisation. Rather than following established patterns individuals may chose from an ever-increasing range of life options. Where Archer differs from Beck is that she focuses on the role played by individual reflexivity in making these choices. She argues that rather than people being unable to make rational choices as Beck suggests (Beck, 1992) it is in fact human beings' capacity for reflexivity which enables people to react to the situations in which they find themselves and to disrupt established practices.

It is important to distinguish between ontology and epistemology although as Bhaskar explains many researchers fall for the epistemic fallacy and conflate the two believing that '*statements about being can always be transposed into statements about our knowledge of being'* (Bhaskar, 1997 p16). If a researcher holds a realist ontology she holds that there is a knowable world. The extent to which this can be known is dependent upon the approach taken to research;

positivists focus on the observable or empirical reality and aim to obtain a 'true' account of reality. However, critical realists recognise that knowledge about reality is always mediated and is therefore transitive. The transitive construction of knowledge includes ways of knowing and approaches to generating knowledge, including the researcher's own perspective and the way in which the research subject is approached. This approach aims to challenge traditional epistemologies which often privilege the supposedly neutral position of white, elite heterosexual men by foregrounding and including the perspectives of diverse and frequently marginalised groups of people (Kincheloe and McLaren, 2005).

This challenge to traditional methodologies reflects the emancipatory dimension of critical realism which demands that theories are socially useful (Bhaskar 1998b; Archer 1998). Critical realism does not prescribe a methodological approach to generating knowledge, rather it recognises that different types of knowledge will be constructed using different methods and recognises the difficulties of fully understanding the real domain. However, this is not an argument for relativism as critical realists recognise that some interpretations can be shown to be more credible than others based on the available evidence (Bhaskar, 1998b).

From a critical realist perspective I therefore need to acknowledge my own influences. I have already outlined autobiographical factors which have influenced my development as a researcher (see pp 5-6). I have also been influenced by feminist thought, particularly the notion that '*the personal is political*' first posited as part of the second wave of feminism (Hanisch, 1970). As

Hanisch notes, consciousness raising groups of second wave feminists discussed everyday experiences and considered how these could be viewed differently, an approach consistent with a critical realist ontology. My reading of feminist literature and theory has undoubtedly influenced my own understanding of the world and provided my first experiences of thinking critically about supposed 'truths' which I had previously accepted unquestioningly. In the academic arena, feminist researchers have made significant contributions to demonstrating the role of the researcher in research (see for example, Usher, 1997a; Webb, 2000). Being clear about my role in the research is important in this study, as I recognise that I am not a disinterested observer, rather these issues are part of my daily work. I recognise that the individual situations I deal with as a practitioner and which are the focus of this research relate to much broader societal debates, therefore I needed to use a theoretical framework which recognises this. For further discussion of the impact of my own experiences on this analysis see 6.5.1.

From my feminist influenced, critical realist epistemological position there is value in understanding both the meaning of an event to those involved or those watching it and realities be they material, conceptual or social (Fleetwood, 2005). Indeed it calls for an epistemological approach which integrates different forms of knowledge, and relates them to one another. As a practitioner and researcher, statistical, positivist knowledge about the likelihood of certain risks is important in understanding potential outcomes in situations. At the same time, it is important to understand what a particular behaviour means to individuals within a particular context. Understanding the statistical risk factors for suicide informs understandings of a situation, but appropriate action can only be taken if the

meaning of events for the individual is also understood. Therefore a critical

realist ontological position recognises that there are multiple ways of knowing or

epistemologies.

A critical realist approach to epistemology seeks to identify the impact of power

on understandings of reality and to identify its role in shaping ways of knowing.

Moreover it avoids the criticism of relativism which is often levelled at

constructivist approaches (namely that all views of reality are equally valid) and

recognises that some representations are more credible than others

(Carspecken, 1996). Some representations provide accounts which can be

supported by evidence and argument. By identifying the epistemological

assumptions and the ways in which knowledge was created it is possible to

assess the credibility of a particular representation of reality.

Alvesson and Skoldbery state that *"ontology and epistemology determine good

social science"* (Alvesson and Skoldberg, 2009 p8). Having explored my own

ontological and epistemological positions, and established a critical realist

approach to this research, potential methodologies could be evaluated. Any

potential methodology had to be able to integrate different approaches and

recognise empirical, actual and real events and the importance of the ways in

which such events are constructed, relating events at a micro level with macro

level approaches. Potential methodologies were considered against these

requirements.

5.3 Focus of research

Developing research questions is a key part of the research process which develops over time. Following an initial review of the literature, I identified the initial areas which I wished to explore as part of my research proposal:

a. To examine understandings of staff and students of the concepts of risk to self and risk to others;
b. To examine and compare the expectations staff and students have in relation to the extent of institutional duty of care;
c. To examine and compare staff and student expectations regarding institutional action when students present a risk to self or others;
d. To examine and compare the application of institutional policies and procedures to issues relating to duty of care where students are a risk to self or others;
e. To examine and compare the ways in which judgements are made in relation to duty of care issues where students are a risk to self or others;
f. To identify a range of effective practices with regard to meeting institutional duty of care towards students who are a risk to self or others.

Further examination of these research areas raised a number of methodological, practical and ethical issues. The literature review had already indicated multiple viewpoints among staff in HEIs and it became clear that this was a substantive area for research on its own. Therefore, although the investigation of student perspectives on these issues is relevant, and may be an area for future research, it has not been included in this study. The removal of this comparative element narrowed the potential areas for investigation. This left potentially five broad areas for investigation from the perspective of HEI staff:

a. Understanding of key concepts in relation to risk;
b. Understanding of key concepts in relation to duty of care;
c. Understanding of how decisions and judgements are made in relation to students who present a risk to self or others;
d. Application of policies and procedures relating to duty of care where students are a risk to self or others;
e. Identifying effective practice in this area.

As a practitioner and psychologist by background, I was interested in how decisions are made. There is a rich literature in this area and it provided some interesting possibilities for research. Approaches vary from cognitive behavioural (Beach and Connolly, 2005), which focuses on the link between thought and action, to the case based reasoning of casuistry which considers the moral elements of specific situations and relies on individual's experience of previous cases (Calkins, 2001; Norton et al., 2004). These approaches offered some interesting possibilities for the areas I was considering. However, much decision-making theory appears to assume that decisions are made in a rational manner and does not attempt to explain the broader social influences which influence individual decisions. It focuses on the process of decision-making rather than on the ideas or constructs which underlie particular interpretations of situations. This approach would help to understand how institutional responses to students who present a risk to self or others are arrived at but not what influences these decisions. Examining decision-making processes could undoubtedly be of interest to practitioners, particularly those responding to critical incidents, however, I believe that understanding what influences individuals is a more productive starting point as it enables a deeper theoretical exploration of the issues and creates more possibilities for practitioner reflection within decision-making. The importance of this understanding is acknowledged by Beck in his work on risk:

> "...the calculus of probability can never rule out a given event, or risk specialists may call each other's detailed results into question because they quite sensibly start from different assumptions." (Beck, 2000 p217)

Another possible area for exploration was identifying effective practice in relation to students who present a risk to self or others. However, the notion of effective practice is problematic as what is defined as effective depends on what the practitioner is trying to achieve, which in turn depends on the individual's understandings of risk and what an 'appropriate' response may be. As with decision-making, this area offers interesting possibilities for future research; however such research would be more useful if underlying conceptions of risk were clearly articulated, therefore this area was excluded from the current study. Comparing the application of institutional policies and procedures was excluded as a potential research area for similar reasons; examining how policies and procedures are implemented would be more effective with an understanding of the underlying assumptions underneath the policies and procedures.

This narrowing down of potential areas of research left two potential areas; understanding key concepts in relation to students who present a risk to themselves or others and key concepts in relation to duty of care. My previous research had demonstrated the potential overlap between the terms risk to self or others and duty of care (Harrison, 2007). To ensure a clear focus for this current research I decided to focus on just one of these terms, students who present a risk to self or others. With this area clearly identified and a commitment to a critical realist approach, I then began to consider potential theoretical frameworks for the research methods.

In previous work in this area (Harrison, 2006; Harrison, 2007), I had adopted a constructivist approach drawing on the work of Lincoln and Guba (2000 p91). This approach had provided an effective framework for thematic analysis but I

had not at that time clearly articulated a critical realist ontological position. Thematic analysis provides a useful framework for analysis of broad areas of interest but is not necessarily grounded in critical realism. Therefore, I sought to clarify my understanding of specific constructivist approaches which could be useful in this study, in particular Grounded Theory and Narrative Inquiry. There is not enough space here for a comprehensive review of these approaches; rather I provide a brief summary of how these two approaches were considered and why they were rejected as unsuitable for this particular study.

Grounded Theory (Glaser and Strauss, 1967) seeks to build theory in relation to the area of study and can be used with a range of ontological positions (Mills et al., 2006). It focuses on building an understanding of the subject from the words of participants. This approach would help to build understanding and to theorise some of the concepts which influence HEIs' responses to students who are a risk to self or others. However, Grounded Theory also requires researchers to bracket prior knowledge and build theory from the ground up. This does not allow for the use of existing knowledge in theory-building something I was unlikely to achieve given my day-to-day involvement in this area. Therefore, it would have been very difficult to conduct this study using Grounded Theory.

Narrative Inquiry appeared to offer some useful possibilities. Narrative approaches focus on the stories people tell and particularly the plot within these stories. Plots provide a way of linking events into a meaningful sequence, demonstrating how earlier events lead to subsequent events. Much of the meaning is in the relationship between these events (Polkinghorne, 1995). However, collecting narrative data requires in depth interviews (Czarniawska,

2004) with time for reflection and possibly a follow-up interview. I was concerned that the time this would require would be off putting to potential participants as I hoped to interview relatively senior people within the organisation. I then considered discourse analysis as a potential framework.

5.4 Approaches to discourse analysis

Discourse analysis encompasses a wide range of approaches from within different traditions including linguistics, social theory and psychology. Approaches to discourse analysis can be divided broadly into those which focus on the micro level of language use and interaction and those which consider broader societal discourses. Each of these approaches uses the term discourse differently. A number of key approaches to discourses analysis are considered briefly below to provide an outline of the many ways in which the term discourse can be used and to locate this project more clearly within this complex theoretical area. Following this exploration, I will set out how the term discourse will be used in this study.

Sociolinguistic approaches developed from anthropology and sociology and focus on language in use. Sociolinguistic forms of discourse analysis provide methods for analysing language and discourse at the micro level. This use of language is important in relation to individual understandings of student behaviour. However, focusing solely on the micro level does not explain the broader ideas which are being drawn upon when discussing risk issues. Fairclough (1989) criticises sociolinguistic approaches for continuing positivist approaches to language believing that there are observable truths rather than practices which are constructed by the participant and the observer; this

approach is therefore not compatible with critical realism. It also does not situate this language within broader societal structures.

Conversation analysis is a particular form of sociolinguistic discourse analysis which considers the ways in which language is used within interactions (Atkinson and Heritage, 1986). Conversation analysis has particular advantages when considering conversations happening in natural settings as it recognises that the type of language and the way in which it is used differs in formal settings such as interviews (Goodwin and Heritage, 1990). The focus of conversation analysis on the dynamics of language and the linguistic strategies individuals use could have provided a valuable tool for considering how individuals defended their decisions in relation to risk. However, as it is not possible to predict when HEI staff will have to respond to risk issues, accessing natural conversations about risk issues would have presented significant practical challenges and was not feasible. Moreover, conversation analysis does not link individual conversations and interactions to societal discourses which was something I had already established as important; therefore, I decided not to pursue this approach for this study.

Thematic discourse analysis looks at underlying themes, rather than focussing on a linguistic analysis to establish important topics for investigation (see for example, Ussher and Mooney-Somers, 2000; Mason, 2002). Some proponents of thematic analysis view this as an attempt to bridge the qualitative / quantitative divide; the extent of this depends upon the approach taken to data coding. Quantitative approaches to coding follow a pre-established coding scheme and may record the frequency of particular themes and use this to establish the

relative importance of different themes. More qualitative approaches look to the data and identify themes from the data rather than using an established coding scheme. It is possible to combine these approaches to look for evidence to confirm existing theoretical concepts and to identify new constructs. Thematic analysis could be compatible with critical realist ontology and is useful for establishing broad themes for analysis. A thematic approach can contribute towards understanding of the key areas for analysis and this aspect of the approach informed the research method.

Sociolinguistic discourse analysis and conversation analysis operate at a micro-level, helping to understand meaning and process within a relatively bounded context. They also provide a framework for examining language in detail. These approaches focus on detail rather than offering an opportunity to consider discourse in a broader context. Thematic discourse analysis does consider broad themes but still focuses more at a semantic, micro level of analysis rather than considering underlying conceptual ideas. Therefore these approaches did not meet the needs of this study. However, reviewing these approaches is a useful reminder that the term discourse has entered general usage and has multiple and sometimes opaque meanings. My interest in discourse is as a conceptual framework where there is a two way interaction between words and frameworks (Burr, 2003); where discourse is used to describe a constellation of frequently occurring ideas which have a coherent pattern, e.g. the 'neo-liberal discourse'. Discourse, then, creates understandings of realities. This usage of discourse draws heavily on the work of Foucault, which is explored below.

Foucault uses the term discursive formation to recognise the relationship between statements and ideas which create or define a discourse; a discourse contains a pattern of statements which is repeated by different people or in different genres or contexts (Foucault, 1995; Foucault, 2002; Hall, 2001). A discourse therefore frames a particular action or situation, setting boundaries as to what is acceptable or even what can be thought or perceived. Much of Foucault's work focuses on meso and meta- level discourses at a societal level with a particular focus on how these discourses change. Foucault's description of epsitemes or periods of knowledge in *The Order of Things* (Foucault, 1970) identifies four key, discontinuous discourses about knowledge. This clear identification of discrete epistemes is consistent with critical realism's premise of transfactuality as it presents dominant discourses and the related social structures as relatively stable within a given episteme. Moreover, the discontinuities between the epistemes provide a valuable example of the impact of the transitive realm on our understandings of the intransitive realm.

Foucault explores the relationship between discourse and broader social structures with a particular focus on power (Allen, 1998; Hall, 2001; Foucault, 2002; Jacob, 2009). In contrast to conversation analysis and other sociolinguistic approaches, Foucault focuses on meso and meta levels of discourse; that is he considers how language is related to social structures and hierarchies and how it can create and maintain those power structures. Foucault is particularly interested in how discourses create power structures in relation to oppressed groups such as those deemed to be mentally ill (Foucault, 2002). This concern about the use of discourse to *'produce and sustain hegemonic power'* (Sawicki, 1998 p94) is shared by many feminists and resonates with my own experiences.

Hegemonic power is the power of widely accepted discourses which are accepted as givens and policed by a population at a particular point in time; these discourses define which actions are permissible within a given society. In critical realist terms hegemonic discourses are social structures which constrain the actions of individual agents. Foucault therefore provides an approach to understanding structures although, as outlined below, his contribution towards the understanding of agency is limited.

The focus on power is relevant for this research study, as responding to students who present a risk to self or others involves the definition of power relations between HEI staff and individual students. Moreover, Beck (2000) acknowledges the importance of power structures in defining risk; in a risk society those who define acceptable and unacceptable risks hold power over others. Denney (2005) also makes this link when considering risk and the growth of modern governments. He argues that the role of modern governments is to protect their populations from risk. As bodies with close links to government, albeit not directly part of government, HEIs may also seek to protect their members. Foucault's distinction between discursive power and sovereign power is also useful within the context of risk as it distinguishes between the power which is a result of institutional structures (sovereign power) and the power which is a result of discourses constraining individuals (discursive power) (Allen, 1998). The notion of discursive or disciplinary power has been contested by critical realists as it can be read as indicating a lack of agency amongst those who comply with the discourse (Joseph, 2004) creating passive subjects rather than active agents. Indeed it is this agency which enables people to reflect upon, resist and change discourses. A critical realist reading of Foucault therefore identifies a need for

increased focus on agency to understand the complexity of the social world. Despite these difficulties with the notion of disciplinary power the term does provide a useful, albeit partial, description of the power of discourses to shape practices and the term is therefore used within this thesis.

Foucault's analysis of the language used in relation to mental health clearly demonstrates how this approach is relevant to understanding the role discourse plays in shaping the possibilities for action (Foucault, 1995; Foucault, 2002; Jacob, 2009). As the discursive construction of certain forms of behaviour moved from bad to mad, the treatment of those with mental health difficulties changed; instead of punishment they were offered treatment (albeit limited) and care. Of course, the actions of individuals within these discourses varied and were determined by their own positioning within the discourse and the choices they made as reflexive, agentic individuals. However, discourses clearly constrained the range of actions deemed to be acceptable with punishments or treatments which were once considered normal becoming seen as at worst barbaric or at best unacceptable. To avoid the risk of punishment themselves individual agents working with people who were mentally ill had to change or hide their behaviour. The mad/bad distinction continues in portrayals of people with mental health difficulties in the media today. Using a discourse analysis approach to understand responses to students who present a risk to self or others clearly presents similar possibilities for understanding different constructions of the behaviour and different potential actions as a result of this understanding; that is discourse analysis provides a way of considering social structures within which individual agents operate. As Burr notes:

> "*we both actively produce and manipulate, and are product of discourse [this] allows us the possibility of personal, and social change through our capacity to identify, understand and resist the discourses to which we are subject.*" *(Burr, 2003 p125)*

By understanding these discourses it may be possible to identify potential alternative courses of action for HEIs in these situations. Moreover, feminists have established compatibility between Foucault's work on discourse and feminist positions (Kurzweil, 1986; Sawicki, 1998); the feminist statement *'the personal is political'* (Hanisch, 1970*)* embodies the feminist understanding of the links between personal language and actions and societal discourses.

Some critics of Foucault have suggested that he does not accept the material reality of the world (for discussion of this issue see Burr, 2003). However, Hall (2001) refutes this claiming that Foucault acknowledges the material reality but recognises that meaning is only ascribed to this reality through discourse. In *The Archaeology of Knowledge.* (2002) Foucault explores how discourses operate alongside and inform other social practices; this indicates an acceptance of a material world the experience of which is, to a greater or lesser extent, mediated through discourse. This acceptance of the material, intransitive world suggests potential compatibility with critical realism however, the limitations of discourse as an explanatory mechanism need to be identified as these limits are not clear in Foucault's work. Foucault can provide a useful lens to consider social structures but other forms of investigation would be required to examine the role of agents within these structures.

The concept of emergence and the role of agency are central to understanding Bhaskar's approach to critical realism (Bhaskar, 1998b). The interplay of

individual agency and social structures creates social reality; that is social reality emerges from a number of causes and it is not possible to explain fully this reality by examining isolated aspects of experience. Individuals live in a complex social worlds which they both reproduce and transform through their agentic actions. Foucault's presentation of agency is possibly one of the more contested areas in relation to critical realism. Critics of Foucault argue that his focus on structures and power leaves no room for individual agency; for example, the notion of disciplinary power does not explore the ways in which individuals resist this power (see for example, Al Amoudi, 2007). However, as Archer (2002) notes, Foucault's later work includes greater reflections on agency. Jager (2001) also argues that some of Foucault's work recognises individual agency; Jager develops this argument to suggest that Foucault's approach to agency is inconsistent throughout his work. It is therefore possible to recognise that there is a limited role for agency in Foucault's work but to be truly congruent with a critical realist position greater focus on agency would be required.

Whilst elements of Foucault's work may acknowledge the possibility of agency, he does not investigate the reflexive experience of the individual. As noted above, the capacity for, and role of, reflexivity is important to Archer's reading of critical realism. Archer (2000; 2007) describes a new phase of critical realism which considers habitual acts which reproduce societies rather than focussing on transformational actions. She identifies reflexivity as something which can only be undertaken by agents and notes that increased reflexivity is required to meet the demands of a rapidly changing world. Reflexive subjects are able to challenge existing discourses rather than being defined by them, this provides a

mechanism by which discourses may be changed and is a useful explanatory mechanism of how discourses may be changed.

Foucault, therefore provides useful insights into social structures but makes a limited contribution to the consideration of agency and reflexivity. Critical realism requires its proponents to develop theories which are socially useful or emancipatory. Foucault certainly foregrounds the issues facing oppressed groups in his considerations of mental illness (Foucault, 2001), sexuality (Foucault, 1998), and crime and punishment (Foucault, 1995) however, this work does not directly suggest actions which can or should be taken to improve the situation of these groups. As Al-Amoudi (2007) suggests, Foucault (1995) does explore strategies of resistance in *Discipline and Punish,* however, this is an examination of other peoples' strategies rather than an attempt to develop new approaches to resistance. For this reason I concur with Pearce and Woodiwiss' (2005) argument that realist readings of Foucault are possible but truly critical realist readings are not. Therefore a purely Foucauldian approach to discourse analysis would not be suitable for this study. I therefore turned to critical discourse analysis as outlined in the next section.

In summary, this section has explored some of the meanings of discourse analysis within contemporary research. Sociolinguistic approaches, conversation analysis and thematic discourse analysis were briefly explored; these approaches are principally linguistic working at a micro level to understand particular concepts and are not suitable for this study. Foucault's approach to discourse analysis as an analysis of broad societal ideas which frame social and political agendas, creating and supporting power structures was also explored.

Foucault's approach has been shown to be compatible with a realist approach but not fully compatible with a critical realist approach. I therefore sought an approach which would draw on the strengths of Foucault whilst being compatible with a critical realist ontology and which would enable me to consider discourse at a micro level and at broader societal level; critical discourse analysis seemed to provide this possibility.

5.5 Approaches to critical discourse analysis

Critical discourse analysis (CDA) takes an explicitly critical realist position in relation to ontology an epistemology (Fairclough, 2001) with a particular focus on generating emancipatory knowledge, it therefore explicitly addresses one of the key difficulties outlined above in relation to Foucauldian approaches to discourse analysis and critical realism. CDA describes a group of approaches to discourse analysis rather than a single methodology (Fairclough, 2001; Wodak and Meyer, 2009). Indeed in the same volume, van Djik (2009) suggests that the term critical discourse studies would be more appropriate as it suggests the plurality of approaches which can be found within this grouping. The array of approaches summarised in this single text demonstrates how CDA combines a critical perspective with a number of approaches to discourse analysis and other theoretical approaches; indeed Fairclough calls for CDA to be transdisciplinary incorporating other theories and disciplines, this makes the approach suited to integrating the relational theory of risk discussed in chapter three. There is not room here to explore each approach to CDA in detail; instead I will discuss the common features of these approaches, leaving discussion of actual methods to the next chapter.

Several authors have tried to identify what CDA approaches have in common. Paltridge (2006) notes that many authors agree that four principles identified by Fairclough and Wodak (1997) underlie approaches to CDA:

> *"1. Social and political issues are constructed and reflected in discourse*
> *2. Power relations are negotiated and performed through discourse*
> *3. Discourse both reflects and reproduces social relations*
> *4. Ideologies are produced and reflected in the use of discourse"*
>
> *(Fairclough and Wodak 1997 in Paltridge, 2006 p9)*

The idea that discourse reflects and reproduces social relations is consistent with the critical realist position in relation to agency, namely that social relations are reproduced and transformed by individuals; social relations are more than the sum of discourses and can be affected by individuals. However, accepted normative forms of social relations are shaped by discourse.

A fifth, frequently cited, component of CDA is its commitment to emancipatory approaches which is consistent with a critical realist position. For CDA this means addressing issues where there are social inequalities and trying, through discourse analysis, to identify alternatives to the current understandings of these issues which may be used to alter power structures.

> *"Critical theories, thus also CDA, want to provide and convey critical knowledge that enables human beings to emancipate themselves from forms of domination through self-reflection."(Wodak and Meyer, 2009 p7)*

Whilst I value the requirement for theories to be socially useful, the emancipatory element of the approach was challenging for someone in my position. As a practitioner and manager within Student Support Services, I am conscious that I

am in a position of power over students and colleagues. Some of this power is sovereign (Foucault, 1995), accorded by the role I fulfil and functions which are set out within university policies, but much of the power is linked to the discourses which I use and the way in which I work within a number of accepted discourses within HE. I was aware at the outset that I would not always wish to champion the cause of students who are considered to be a risk to themselves or others and therefore questioned whether I could legitimately use an emancipatory, critical approach. However, as I discussed above my own feminist background and recognition of the link between personal and political, and my critical realist ontological assumptions fit well with such an approach. I therefore decided that further exploration of the approach would be beneficial and that I needed to maintain my own awareness of my position within the analysis and how this may affect it. In this way I would at least be fulfilling the requirement that critical discourse analysts:

> *"take an explicit socio-political stance: they spell out their point of view, perspective, principles and aims, both within their discipline and within society at large."(Van Dijk, 1993 p252)*

According to Fairclough (2003), CDA draws on the strengths of Foucauldian analysis whilst articulating a realist position and linking discourse to external political ideologies. However, as noted above other readings of Foucault place him closer to a realist ontology than Fairclough does. Fairclough's approach to CDA has developed over the last twenty years and draws strongly on Marxist theory, in particular in his use of the terms 'a dialectical-relational approach' (Fairclough, 2009). Fairclough also uses a Marxist lens to consider power and is particularly interested in the roles played by elites and how they exercise power.

Rather than positioning power relations as the result of discourses, Fairclough uses CDA to identify power structures and how they use particular discourses to maintain their positions.

From this starting point, Fairclough goes on to set out a clear method for working with text involving at least five stages (later works suggest more potential stages):

1. Focus on a social problem with a semiotic aspect;
2. Identify obstacles to social problem being tackled;
3. Consider whether the social order 'needs' the problem;
4. Identify possibly ways past the obstacles;
5. Reflection on the analysis. (Fairclough, 2001)

The acknowledgement of the semiotic aspect of social problems suggests that the analyst should consider the use of language at a micro level. This can include considering the performative aspects of language, that is the way in which language is used to achieve particular outcomes; this may include considering grammatical or rhetorical structures within the text. However, Fairclough's approach is tailored to working with naturally occurring text rather than research interviews and seeks a resolution to 'the problem' being addressed by the research which will, hopefully, reduce the oppression being experienced by those who are the subjects of the research. I do not share Fairclough's Marxist position which posed some difficulties with fully adopting this approach. Moreover, whilst the documentary texts which were to form part of the data were naturally occurring, I knew that I intended to interview practitioners to obtain much of the data. Fairclough's focus is on naturally occurring texts and his approach is based on this assumption therefore following Fairclough's prescriptive approach to analysis was not suitable for this research. However,

his strong linking of micro and meta levels of analysis influenced my approach. From Fairclough, I turned to other approaches from within CDA, specifically Foucauldian CDA and mediated discourse analysis.

Mediated discourse analysis (MDA) is concerned with the link between social action and discourse. Its main proponent, Roger Scollon, notes that the links between social actions and discourses may not be direct and may be mediated by non-discursive elements within society. *"The central problem of MDA is to examine and to theoretically elucidate the often indirect and always complex linkages between discourse and action"* (Scollon, 2001 p145). This recognition that the link between action and discourse is not always direct seems important for this current work as it is unclear to what extent HEIs' responses to students who present a risk to self or others are as a result of a discourse or multiple discourses and to what extent other, non-discursive elements, including individual agency, may influence these responses. The role of non-discursive elements in social practice is also recognised within a Foucauldian approach to CDA. Jager and Maier explicitly recognise non-discursive elements of practice through the notion of the dispositive, a *"constantly evolving synthesis of knowledge that is built into language, action and materializations"* (Jager and Maier, 2009 p56). This notion of the dispositive provides a link between discourse, events or actions and objects. These relationships are not fixed, rather they are interdependent, and a change in one may be linked to a change in the other although Jager and Maier are unable to identify the mechanisms through which these relationships work. This recognition of the complexity of social relations demonstrates the critical realist concept of emergence. The

recognition of an inter-dependent relationship is also consistent with the relational theory of risk.

The Foucauldian CDA approach outlined by Jager and Maier uses the following definition of discourse: "*an institutionalized way of talking that regulates and reinforces action and thereby exerts power*" (Link 1980 p60 cited in and translated by Jager and Maier, 2009 p34). This definition recognises discourses as being linked to institutions and can reasonably be extended to professional bodies. This definition of discourse will be used throughout the remainder of this study. The definition recognises that actions, structures or practices may also be considered to be part of the discourse. It is worth noting that discourses regulate ways of talking and behaving; individuals may use such organisationally approved discourses without necessarily subscribing personally to the discourse; Fairclough terms such use of discourses 'rhetorical deployment' as people use the discourse in an instrumental manner (Fairclough, 2005a).

This approach to CDA builds on the Foucauldian approach to discourse analysis identified above and meets the requirement of critical realism that theories should be socially useful or emancipatory. CDA also requires the author to clearly articulate her own position, providing a level of reflexivity which is not present in a purely Foucauldian approach to discourse analysis. It recognises that the researcher does not sit outside of discourses and indeed may perpetuate them, a reflection that is particularly pertinent to a practitioner-researcher. As with other critical approaches there is no set method for working from this perspective but some suggestions as to what should be included in such an analysis. These are explored further in the next chapter. This approach also seeks to link the micro

levels of language use in texts to broader societal discourses and so provides a framework from within which to consider texts from different genres. However, the detailed semiotic analysis suggested by Fairclough (2001; 2003; 2009) is not necessarily a feature of this approach. Moreover, this approach to discourse analysis recognises that actions and practice may form part of the discourse.

5.6 Methodology for this study

This chapter has outlined a number of potential theoretical or methodological frameworks for this study, many of which may have been useful for this study. I have established that my ontological perspective is that of a critical realist and any potential methodologies had to encompass this perspective. After exploring a number of constructivist approaches briefly, I examined the possibility of Discourse Analysis more closely, particularly the work of Foucault. I considered Foucault from a critical realist perspective and concluded that whilst Foucault had much to offer in the analysis of social structures, his limited comment on agency and focus on theoretical concepts rather than emancipatory or socially useful theories meant that a straightforward Foucauldian analysis would not be sufficient for my purposes.

I therefore explored a number of CDA approaches. These approaches have strongly influenced me; however, as a practitioner within this field who could potentially be viewed as one of the 'powerful elite' I cannot wholly fulfil the emancipatory requirement of this approach. Despite this, I think this framework has a lot to offer this study and therefore have positioned my analysis within a critical realist framework, drawing on Foucauldian approaches to CDA and

mediated discourse analysis to consider the discursive and non-discursive

elements of how HEIs respond to students who present a risk to self and others.

5.7 Research aims

I had already narrowed my area of research interest from the initial six areas of

interest to understanding key concepts in relation to students who present a risk

to self or others. Having decided to use CDA as the methodology through which

I would investigate this area, my aims needed to be focused using its theoretical

ideas. Rather than looking at concepts in isolation I decided to examine

discourses in which a number of concepts may be linked to form an

institutionalised way of talking. Different discourses make certain ideas

unsayable (Jager and Maier, 2009) and therefore actions 'undoable'. Identifying

discourses and then examining the outcomes for students in particular cases

may demonstrate the impact of different discourses. Thus my final research

aims are:

1. To determine the range of discourses which are used by HEI staff to construct and explain students whose behaviour presents difficulties to themselves and/or others;
2. To examine the relationship between discourses and professional roles;
3. To examine the potential outcomes of situations for these students in relation to different discourses.

5.8 Summary

I started this work with ontological and epistemological assumptions which I

came to identify as critical realist. I had also identified a number of areas I was

interested in researching. Refining these general areas of interest into specific

research aims involved both focussing my interest and developing a theoretical

framework which shaped how I phrased my research aims. This chapter has shown how I selected CDA as an approach and set out the specific methodology for this study. It started and ended by stating the final research aims of the project.

6 Method

6.1 Introduction

The previous chapter reviewed a range of potential theoretical frameworks or methodologies for this study and concluded that a CDA drawing on Foucauldian ideas provided a suitable framework to explore the issues. This framework was also used to refine the research aims to focus on discourse and the impact of discourses. CDA does not prescribe fixed methods (Meyer, 2001) but does require clarity about the process of data collection and analysis; this chapter explores this process in detail. As with the previous chapter, I aim to give an accurate account of this process reflecting the winding road from aims to analysis rather than the linear progression which is often portrayed. The chapter begins by reiterating the research aims, then moves on to explore different approaches to data gathering including piloted approaches of email interviews and focus groups, which were not used in the main study, interviews and the identification of policy statement and guidance from professional bodies. The rationale for collecting each type of data (or not) is explored.

The process of preparing data, including transcribing interviews, is a key part of the analysis and this is explored next. This is followed by a detailed description of the data analysis process outlining how initial themes were identified and how these were refined to identify specific discourses within the themes. The iterative processes involved in the analysis are described in detail, showing how ideas about discourses developed through the analytic stages. As advocated by Bringer et al (2004), description of the use of software is integrated into this

discussion to provide a clear picture of the mechanics of the analysis. The

chapter concludes with a discussion of ethical issues in the research and issues

of authenticity and trustworthiness.

6.2 Research aims

As noted in the previous chapter the final research aims of this study are as

follows:

1. To determine the range of discourses which are used by HEI staff to construct and explain the idea of students whose behaviour presents difficulties to themselves and/or others;
2. To examine the relationship between discourses and professional roles;
3. To examine the potential outcomes of situations for these students in relation to different discourses.

Approaches to data gathering and analysis were all designed to meet these

research aims.

6.3 Data gathering

CDA recognises that language use varies in different settings and between

written and spoken language. Different types of language use such as

interviews, naturally occurring speech and newspaper reports are described as

genres (Fairclough, 2003); discourses exist across genres and so it was

important to identify potential data sources from different genres. Much CDA has

focussed on the use of existing sources (see for example, Fairclough, 2003) but

it has also been used to analyse the outcomes of data collected specifically for

the research (see for example, Salmon and Rapport, 2005).

Having established a need for multiple genres, I considered potential data

sources which would provide insight into HEI professionals' responses to

students who present a risk to self or others. I considered using reports of specific student cases in the media, but excluded this possibility as the reports would also reflect media and wider societal discourses used in the reporting of such events rather than those of HEI staff. Two key potential sources of data were identified: guidance and policy statements from professional bodies and the reflections of HEI staff involved in responding to situations in which students presented a risk to self or others.

6.3.1 Piloting data collection approaches

I wanted to collect data from HEI staff involved in responding to students who present a risk to self or others. Face to face interviews are a traditional format for doing this but I was concerned that, given the demands on potential participants time and my own professional obligations, organising a sufficient number of interviews might prove difficult. I therefore considered alternative interview formats. Telephone interviews have been found to be as effective as face to face interviews in some settings, providing the same depth of data (Sturges and Hanrahan, 2004). However, these interviews still require synchronous availability something which I was concerned might be difficult. I therefore decided to pilot email interviews as this approach appeared to have a number of practical advantages.

James and Busher (2006) found that the asynchronous nature of email interviews allowed participants time to reflect on their answers and that often interviews developed in unexpected directions; I anticipated that these factors could be useful in CDA as they would enable participants rather than the

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researcher to determine the agenda which may highlight hidden or unexpected discourses.

For email interviews to be effective questions need to be delivered in small numbers either one or two at a time. West and Hanley (2006) sent all their questions to participants at the beginning of the study and found that this resulted in only two useful responses from a sample of thirteen; follow up emails resulted in only one further response. It is important that participants and researchers are aware of the expectations of an email interview as this remains a relatively novel form. It is therefore important that expectations about the numbers of questions and response times are set out clearly at the beginning of the process. To enable this, a research protocol was sent to pilot participants when asking them for their consent to take part in the project. This protocol included information about secure storage of information; this is a particular concern when conducting email interviews and can be done in a number of ways. McCoyd (2006) describes transferring each individual email to a word document and removing any identifying details from it before deleting it from her computer. This approach is time consuming and also means that the participant may not have a record of what has been said in previous emails. Keeping the emails as a conversation, as described by James and Busher (2006), means that participant and researcher can review the whole conversation at any time. This encourages reflective discussion. The latter approach was adopted in this pilot.

The pilot email interviews used case vignettes which related to students who presented a risk to self or others. I hoped that using case scenarios followed by four standard questions would elicit relatively detailed responses from

participants. The case scenarios were based on publicly reported cases or

cases which have been discussed with me informally by colleagues from the

sector. Identifying details of the cases were changed. Each scenario was

followed by four standard questions:

1. What are the issues in this situation?
2. What do you think should happen in this situation?
3. Please explain why you think this.
4. What would be your role in this situation?

I hoped that avoiding the use of terms such as risk would encourage participants

to use their own words allowing me access to their personal discourses. This

has advantages over asking direct questions which may more strongly influence

the answers. Asking what should happen allows all participants to express an

opinion about actions which should be taken in a given situation and asking why

should provide an insight into underlying discourses. Asking about the

participant's role in the situation was intended to provide an insight into the links

between discourses and roles.

I conducted two pilot email interviews in the manner described above.

Participants were asked to respond to each email within three working days,

there were to be four scenarios and therefore, based on the literature, I had

envisaged that each full interview would take approximately 20 days. However,

in practice it took approximately 16 days with one participant and 40 days with

the other participant to complete just two scenarios. There were various reasons

for this delay, notably the way in which I had constructed the scenarios resulted

in participants asking for further information. Participants also took part in the

email interviews during work time which meant that work demands often took

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priority over the interview. Participants were asked to reflect on the process and one said that the time demands of the email interview meant that she would not take part in one again. Overall the email interview was more time consuming than a face to face interview.

To consider the effectiveness of email interviews I used case scenarios, it quickly became apparent that these scenarios were not as effective via email. These difficulties were exacerbated by two typographical errors which caused some confusion. It may have been possible to overcome these difficulties in future interviews but using scenarios which had already been effective in a face to face setting highlighted the challenges of email interviews. Moreover, I had not anticipated that I would seek clarification of responses from participants in relation to each scenario, sometimes on several occasions; this slowed down the process. The lack of immediacy with email interviews meant that it was not possible to seek clarification from participants as they went along and I found the process of clarifying several points from one email cumbersome. This also made the transcripts more difficult to follow. This lack of interaction was, for me, the greatest disincentive to pursuing email interviews further; although there was a dialogue it felt stilted and I was concerned that it would not reflect the type of language which participants would use when actually discussing similar situations.

Despite these difficulties, it is worth noting that one unexpected benefit of the email interview format was that it offered greater opportunity for capturing the reflections of participants than a traditional format.

> *"I've spent the weekend worrying about Clare and the way I treated her!*
>
> *I've decided to have another go, starting from the assumption that she has an ongoing mental health problem. I'm quite shocked at the difference in my responses and the prejudice that emerged in my first attempt." Pilot interviewee 1*

This reflection was interesting and the benefits of this approach may be worthy of further study. However, in this instance this advantage did not outweigh my other concerns about the method and I chose to opt for more traditional face to face interviews.

My second research aim was to examine the relationship between discourses and professional roles. Pujol (1999) suggests that in contrast to the stereotyped answers produced in heterogeneous groups, homogenous groups are likely to explore the complexities of their shared perspectives; I therefore trialled data collection from focus groups hoping for additional insights and a point of triangulation for the interview data. In contrast to the individual interviews, I wanted to ensure that time in focus groups was used to discuss relevant issues rather than on deciding whose story to examine. Dalton (2002) suggests that using practice examples as discussion tools when considering complex student support issues provides a focus for learning.

One HEI agreed to allow me to run focus groups with staff as part of staff training in relation to students who present a risk to self or others. Case scenarios were developed in conjunction with the line manager to address issues which were relevant to the institution; two of the scenarios were the same as those used in the email interviews and two were specific to the institution. Staff were asked to discuss each scenario with colleagues from the same team or professional

background. The discussions were recorded and transcribed in a similar manner to the interviews (see 6.3.2 below for further detail) with the addition of the identification of individual speakers wherever possible. All group members were asked to identify themselves at the beginning of the focus group and were then referred to as Speaker 1, Speaker 2 etc throughout the rest of the transcript.

Analysis of the pilot focus groups did not provide the expected increased detail in answers and differences between professional groupings were not exaggerated in the way described by Pujol (1999). As focus group findings did not add to the analysis, no further focus groups were undertaken and the findings have not been included in the final description of the analysis.

6.3.2 Interviews

Following my decision to abandon the idea of using email interviews, I moved jobs and had to seek ethical approval again to use my professional identity to recruit interview participants (see 6.6). This resulted in a substantial delay between the pilot phase and starting the substantive phase of the research. During this time I reflected further on the literature and what I wanted to achieve from the interviews. Case scenarios had proved a useful stimulus in my previous work in this area (Harrison, 2007); however, I became increasingly aware that the vignettes could lead participants in a particular direction and that I could be shaping the discourses they used more than I intended. Following discussions with my supervisors, I decided instead to adopt a semi structured interview schedule asking open questions of participants to encourage them to tell me about student situations in their own words. I decided to try three initial prompt questions (shown below) and I made a note of a number of prompt areas which I

hoped to cover as part of the interview (see Appendix One for full set of prompts).

The interview started by asking for biographical information and was followed by three key questions:

1. Can you tell me about a time when a student's behaviour was difficult for others to manage?
2. Can you tell me about a time when you identified a student as a risk to themselves?
3. Can you tell me about a time when you identified a student as a risk to others?

The first question about students whose behaviour was difficult to manage was included as an attempt to stimulate interviewees to talk about student situations which were difficult but did not necessarily involve risk. I hoped that by including this question I would be able to compare the language used to describe 'difficult' and 'risky' behaviour and the outcomes of these situations. This was to see whether different discourses were used when behaviour was seen as difficult rather than risky.

The interviews were recorded using a digital recorder and then transcribed. Most interviews were transcribed by the researcher with a small number being transcribed by a professional audio-typist. Most transcripts were made directly into NVIVO 8 which means that the original audio can be linked to the written transcript making it easy to listen to specific parts of the interview again.

6.3.3 Sampling strategy

I decided to use my professional identity when approaching potential participants for this study as I thought that this would increase my chance of gaining access to relatively senior figures with extensive demands on their time. I believed that

potential participants were more likely to want to support and help a colleague, rather than an unknown researcher. This appeared to be validated as the number of responses to a personal email was much higher than a general request to a list.

An email was sent out to all members of an AMOSSHE regional network asking for participants in the study (see Appendix Two). This generated three responses, two of which were from close colleagues and therefore were not taken up. This low response rate may have been because the approach was seen as general rather than specific. Given the low response rate, direct email approaches were made to a number of members of the network who were aware of the study and to other relevant individuals within those institutions. This was a much more successful strategy generating six interviews. A further 17 potential interviewees were suggested by participants either via email contact or during the interviews giving a total of 23 potential interviewees, some of whom declined to be interviewed. In total 18 interviews were conducted.

As noted in 5.5, organisational structures and practices may be viewed as part of particular discourses; this was notable in the job titles of interviewees where people conducting apparently similar roles have very different job titles. An internet search of some of these job titles enabled me to identify individual participants within seconds. Therefore, to ensure the anonymity of participants I have established generic job titles, based on common practice in the sector, which I have used throughout the research. These titles reflect the broad position of individuals but ensure that they cannot be identified. Table 6.1 overleaf sets out the job titles which will be throughout this thesis.

Table 6.1 Job titles used throughout analysis

Job Title	Description
Senior Manager	Part of the senior management structure of the institution. Usually with strategic rather than operational management responsibility.
Student Support Manager	Middle manager responsible for operational and strategic management of a range of Student Support Services.
Head of Service	Manager responsible for service provision of generic support.
Head of Counselling	Senior Counsellor or Counsellor with management responsibility for the university Counselling Service.
Nurse	Responsible for providing basic health care and emotional support to students.
Mental Health Adviser	Responsible for supporting students with mental health difficulties.
Disability Officer	Senior Disability Adviser usually has responsibility for managing Disability Support Service.
Health and Safety Adviser	Responsible for providing health and safety advice to staff and students.

All interviewees are either professionals and/or managers who have a direct involvement in deciding how to respond to students who present a risk to self or others. This study considers how HEIs respond to students who present a risk to self or others; these decisions are usually made by senior staff and this is reflected in the sample. Other staff are undoubtedly affected by these students' behaviour, but are less likely to deal with it on a frequent basis or to be regularly involved in making decisions about how to respond to such situations. Frontline

support staff, such as security staff and cleaners, are often affected by the issues

discussed in this thesis but are not usually involved in decision-making about

how to respond to these situations. Similarly, whilst academics may be involved

in case conference style meetings to discuss specific student cases it is unlikely

that many individual academics would have been involved in multiple student

cases, given the relatively low number of such cases within each HEI. I therefore

decided not to interview academics, as I wanted interviewees who could reflect

on a range of situations including how the HEI as a whole had responded.

Further research may wish to consider academic staff and non-professional

support staff, such as security guards and cleaners, and to consider similarities

and differences between the discourses used by those who make decisions

about how to respond to students who present a risk to self or others and

discourses used by frontline staff. Table 6.2 overleaf summarises the staff who

were interviewed at each institution. The smallest number of staff interviewed at

an individual institution was two, the largest number was six. This reflects the

staff recommended for interview by early participants and responses for requests

for interviews. Data analysis took place alongside interviews and after the 18th

interview no new discourses were identified and therefore it was not deemed

necessary to conduct any further interviews.

Table 6.2 Summary of staff interviewed at each institution

Institution	Type	Interviewees
University A	Large post 1992	Student Support Services Manager Mental Health Adviser Head of Counselling
University B	Large civic, redbrick, research intensive	Senior Manager Student Support Manager Head of Service Head of Counselling Mental Health Adviser Accommodation Officer
University C	Small faith based new university	Head of Counselling Counsellor Disability Officer Senior Manager
University D	Large, new university	Head of Counselling Senior Manager
University E	Medium, new university	Student Support Services Manager Mental Health Adviser Health and Safety Adviser

6.3.4 Policy statements and guidance from professional bodies and national guidance

Policy statements are a useful form of data, as they are documents which occur independently of this research, providing examples of the discourses used on a daily basis in relation to the research area. These documents are used as guidance by individual professionals and by institutions, and are therefore likely to influence the discourses of individuals.

Relevant professional bodies within the UK were identified using professional contacts and existing networks; relevant bodies were deemed to be those which represent the interests of HEIs or to particular professions / staff groupings such

as Counsellors or disability practitioners. As this study is located in the UK it was decided only to consider documents from UK based organisations; however, comparing discourses in international documents may provide a fruitful area for future study. In addition, guidance documents, which were identified by those working in the field as relevant, were also considered (e.g. guidance relating specifically to international students).

Table 6.3 below lists the organisations which were contacted, the documents which were identified as relevant to the research and the short name given to the document in the analysis. Initially a web based search was undertaken to identify policy and guidance statements in relation to students who are a risk to self or others. If documents were not readily available online then the organisations were contacted and asked to identify relevant documents and provide a copy. Where no relevant documents were identified the organisation is still included in the table to indicate the breadth of the search.

A search of these organisations revealed a number of documents from a number of different genres, notably there were a number of documents which reported on conference proceedings or summarised research and issues. These documents were interesting in their own right but could not be considered guidance for the sector and therefore were excluded from this analysis. Only documents which named themselves as guidance or guidelines were included in the analysis. These documents form a clear genre setting out expectations of institutions or individual professionals. To ensure currency, only documents published after 1995 were included.

Table 6.3 Professional organisations consulted for policy statements

Type of staff represented	Organisation	Document reference	Short name
Senior Managers	Universities UK	COMMITTEE OF VICE CHANCELLORS AND PRINCIPALS (2000) Guidelines on student mental health policies and procedures for higher education. *CVCP management guidance.* London.[6]	**Guidelines on student mental health policies**
		UNIVERSITIES UK (2002) Reducing the Risk of Student Suicide: Issues and Responses for Higher Education Institutions. *Universities UK Management Guidance* London, Universities UK.	**Reducing the risk of student suicide**
		UNIVERSITIES UK, EQUALITY CHALLENGE UNIT & STANDING CONFERENCE OF PRINCIPALS (2005) Promoting good campus relations: dealing with hate crimes and intolerance. London, Universities UK.	**Promoting good campus relations**
		EQUALITY CHALLENGE UNIT (2007) Promoting good campus relations- an institutional imperative. London, Equality Challenge Unit.	**Promoting good campus relations update**

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[6] The Committee for Vice Chancellors and Principals (CVCP) has now become Universities UK

Type of staff represented	Organisation	Document reference	Short name
Heads of Student Support Services	Association of Managers of Student Support in Higher Education	ASSOCIATION OF MANAGERS OF STUDENT SUPPORT SERVICES IN HIGHER EDUCATION (2000) AMOSSHE Good practice guide. Responding to student mental health issues: 'duty of care' responsibilities for student services in higher education. London, AMOSSHE.	**Responding to student mental health issues**
Heads of Student Support Services	Association of Managers of Student Support in Higher Education	ASSOCIATION OF MANAGERS OF STUDENT SUPPORT SERVICES IN HIGHER EDUCATION, STANDING CONFERENCE OF PRINCIPALS & COMMITTEE OF VICE CHANCELLORS AND PRINCIPALS (1997) Guidelines on drugs and alcohol policies for higher education. *CVCP Management Guidance.* London.	**Guidelines on drugs and alcohol policies**
Counsellors	Association of University and College Counselling	No current policy documents available	
Security staff	Association of University Chief Security Officers	No current policy documents available	
Staff supporting international students	UK Council for International Student Affairs	GASKIN, N. (2002) International students in crisis: a guide for institutions. London, UKCOSA.[7]	**International students in crisis**

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[7] UKCOSA the UK Council for Overseas Student Affairs has now become UKCISA the UK Council for International Student Affairs

6.4 Transcription and data preparation

The first stage of data analysis is collating data in one place. NVIVO 8 was chosen as the platform for data collation and analysis as it supports the use of multiple sources. Version 8 also includes increased multimedia options which allow for direct coding of data from audio or video sources. NVIVO is an accessible tool for new researchers (Gibbs, 2002) which I had used previously.

Policy documents were imported into NVIVO 8 in PDF form where this was available. Two documents were only available as hard copies so these were transcribed into Word and then imported into NVIVO 8 (page references in the final thesis refer to the original document). The majority of interviews were transcribed within NVIVO 8 linked to the original digital audio file enabling direct cross referencing between the two files. There are a number of established transcription conventions (see for example, Atkinson and Heritage, 1986) aimed at providing a rich picture of the interviewee's speech. However, such approaches require a degree of interpretation by the transcriber which can lead to variation both between transcribers and within transcriptions by the same transcriber (Bucholtz, 2007). Transcription is a process of recontexualisation; by providing the capacity to listen directly to a participant's words NVIVO 8 overcomes many of these difficulties and requires only the transcription of an individual's words in the first instance as additional layers of meaning can be identified by repeated re-listening to the relevant audio extract.

Two of the later interviews were transcribed in a similar manner by an experienced audio typist and then imported into NVIVO 8. It was not then

possible to provide a direct link to the audio file but clear time marking on the transcript made it easy to find the relevant part of the audio file as required.

To enable comparison between different types of interviewees each interview was set up as a case with biographical details about the interviewees attached to it. Table 6.4 below sets out the biographical details which were recorded

Table 6.4 Summary of case attributes recorded in NVIVO 8 for each interviewee

Heading	Categories
Professional Background 1	Counselling; health related profession; advice work; academic; disability related profession; social work; other
Professional Background 2	Counselling; health related profession; advice work; academic; disability related profession; social work; other
HEI	Allocated code letter of HEI
Role	Counsellor; Disability Officer; Senior Manager; Student Support Manager; Service Manager; Head of Counselling, Mental Health Adviser; Health and Safety Adviser;
Length of service in HE	<2 years; 2-5 years, 6-10 years; > 10 years

Case attributes were not recorded for the documents as most were produced by multiple authors.

6.5 Data analysis

As with other qualitative research approaches, CDA is an iterative process, so whilst the process described below appears to be sequential, data analysis was taking place whilst data collection was ongoing. Bringer et al (2004) note the difficulty of describing the data analysis process and use of NVIVO in a doctoral

thesis and recommend detailed description of the process to enable the reader to understand how the analysis has been conducted. Discussion of the features of NVIVO and the technical tools used for data analysis runs throughout this section. Interview data and documentary data were analysed together therefore the term data should be taken to refer to all data sources. Where reference is being made to one type of data this is specified in the text.

The research questions are clearly inter-related and analysis was iterative, rather than sequential, however, the analysis in relation to each question is addressed in turn. Identifying the discourses used by HEI staff was the foundation of the analysis, as the other research questions were dependent upon this; therefore, the analysis for this question is described in most detail. It is hoped that the process is described in sufficient detail that the reader can have confidence that the analysis in subsequent chapters is based on a sound approach; this does not necessarily mean that a different researcher would have reached the same conclusions.

6.5.1 Identifying discourses

To identify discourses it is important to have a clear understanding of what a discourse is. As noted in the previous chapter, the following is used as the basic definition of a discourse throughout this study:

> *'an institutionalized way of talking that regulates and reinforces action and thereby exerts power' (Link 1983 p60 cited in and translated by Jager and Maier, 2009 p34)*

This institutionalized way of talking may be reflected in the content of the discourse, (what is said, the positions taken in relation to particular issues) and how it is said (particular words used, style). In addition, discourses may be seen

in practices or institutional structures. Discourses are frequently complex and include a number of related ideas, Jager and Maier (2009) use the term 'discourse strands' to indicate that an idea from a particular discourse may be found in a particular piece of text; they recognise that multiple 'discourse strands' may be present in a single piece of text creating a 'discourse knot' which may need to be unpicked. Identifying individual discourse strands and unpicking 'discourse knots' is a key part of discourse analysis. The analysis process aimed to identify 'discourse knots' and strands as a way of clarifying different discourses. This can be a complex process particularly with a substantial amount of data; therefore the starting point for the analysis was to break the text down into manageable sections or themes.

I had considered an etic approach to this analysis defined by Silverman (1993) as *"using an imposed frame of reference"* and had identified potential themes for further analysis from the literature review and from my own experience. I was concerned that using an *'imposed frame of reference'* might lead me to overlook important elements within the data, I therefore tried to maintain an awareness of the impact of my experiences whilst identifying themes and discourses within the data.

It is impossible to explore all of the elements of my autobiography which influenced my approach to the data analysis; here I outline some key experiences and explore how they have influenced my approach to data analysis. Prior to commencing university I worked in a secure mental health unit for a year and became familiar with the language of psychiatry. This influenced me to study psychology as preparation for a career in Clinical Psychology.

However, I found the strong positivist focus of the undergraduate clinical programme did not explore the meaning of mental health difficulties for individuals in the way I believed was necessary for real understanding (based on my experiences in the secure unit). This led me to develop an interest in counselling psychology. My initial training was eclectic based on Carl Rogers' person-centred approach (Rogers, 1967) and Egan's problem solving model (Egan, 1994). I worked as a Counsellor for eight years using an increasingly Rogerian approach focussing on the relationship with the client and the meaning of events for the individual. During this time I also explored a number of other approaches to counselling and therapeutic support and I therefore expected to be sensitised to differences between therapeutic approaches in the data and possibly recognised therapeutic discourses more readily than some of the other discourses.

During the same period I also worked part-time as a youth worker in an emancipatory young peoples' project. I developed an awareness of the structural barriers facing young people and the sorts of behaviour even very emancipatory institutions found challenging. This work sensitised me to the challenges faced by young people and the different ways in which society positions young people. As a Mental Health Adviser in a university I began to move away from a purely Rogerian approach to supporting people, which considers the core conditions of unconditional positive regard, empathy and congruence to be necessary and sufficient for individual therapeutic change; instead I considered these changes to be necessary but not always sufficient. I began to synthesise this knowledge with my practical knowledge from the mental health unit and became increasingly aware of the discourses used by mental health workers. I had therefore

expected, drawing on this historical experience, to be sensitised to nuances between discourses relating to mental health. However, I have not worked as a frontline practitioner with people with mental health difficulties for several years. As the manager of a Disability Service within a university and then as the Head of Student Support I have increasingly had to consider the needs of the student body as a whole as well as the needs of individual students. Given the increasing pressures on HEIs to meet targets and follow business models I have increasingly operated from within a managerial discourse and currently this is probably the strongest influence on my own positioning. I therefore expected to be sensitised to a number of professional discourses having worked as a Youth Worker, Counsellor, Mental Health Adviser and Student Support Manager, this is discussed further in Chapter 8. In addition to these work roles I continue to position myself as a feminist with a strong interest in equality for people from disadvantaged groups. This influences my approach to considering both individual student cases and my beliefs about equity including equality of access to HE. I had not expected discourses about the HE context to be so prominent in the findings of this research; as I identified the powerful impact of these discourses on shaping how HEIs respond to risk I reflected on my reactions to these discourses and how this influenced my analysis of the data and my own practice (see Chapter 7 for further discussion).

I began my analysis by reading each of the texts multiple times to familiarise myself with the data, annotating each text to identify potential areas of interest or themes. Themes could be clearly identified in some of the guidance documents as they specified particular areas of interest, however, close reading revealed additional themes in each document.

Following familiarisation with the data and annotation, I returned to the data and began coding. I used both semantic and conceptual coding, during the initial data coding process, to try to ensure that I had considered the data as fully as possible. Conceptual coding was based on my reading of the data and identification of themes and similar conceptual ideas or practices. Initially these were coded as Free Nodes (that is independent categories). Semantic coding, that is focussing on the words used, was undertaken using the automated query and word frequency features of NVIVO 8. Queries ensure that all examples of a key word have been identified and word frequency searches identify words which are used most frequently throughout the text potentially highlighting words or themes which the analyst has missed. Viewing the text extracts surrounding these words provided a different way of considering potential themes and, where I identified a potential theme, I then returned to reading the full data set to identify further examples and clarify the conceptual definition of each theme. Once I had clarified the conceptual definition, data was coded at this node. If it was not possible to identify a clear conceptual definition, the code was not used. As similarities between nodes became apparent I organised them as hierarchical Tree Nodes, with more detailed Sub Nodes sitting underneath.

The following example may demonstrate the benefits of this approach. Reading through the data I noticed that the term 'duty of care' occurred frequently. I conducted a query to identify all instances of this term and the text immediately surrounding it. My initial thoughts were that this represented a discourse in its own right. However, upon further reading of the text, it became clear that this was a term that was used in multiple contexts and that, rather than being a discourse in its own right, it was both a legal term and a rhetorical device used to

support the speaker's preferred course of action. The combination of conceptual and semantic coding enabled me to look at sections of the data, clarify my understanding of the data and refine my conceptual understanding and the coding of the data.

Figure 6.1 Tree nodes relating to duty of care
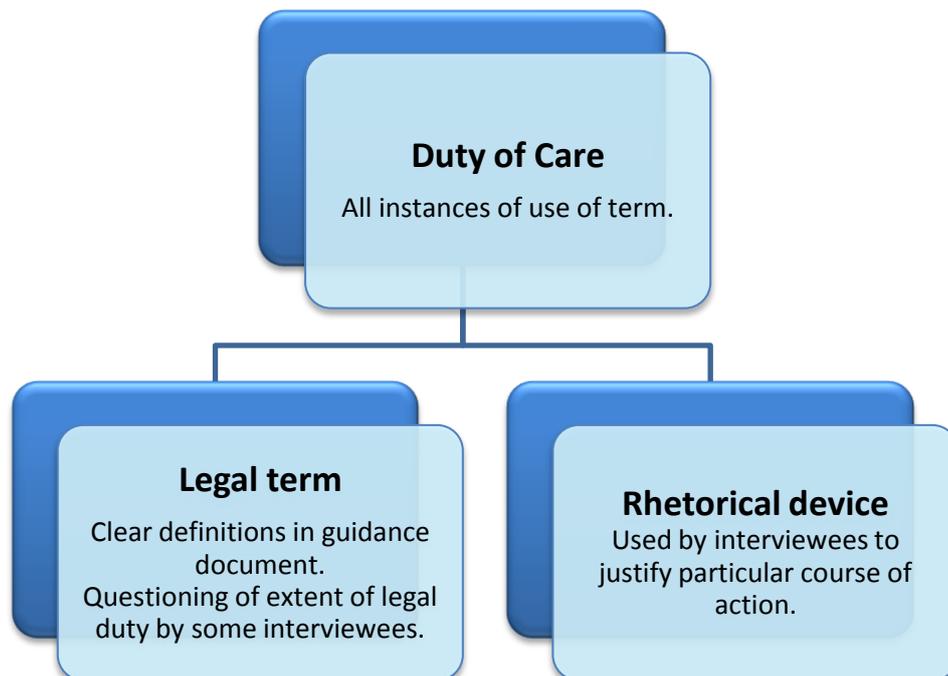
Clarifying conceptual understandings of themes and distinguishing between types of language use as shown in Figure 6.1 enabled me to create broad categories (some of which did not constitute discourses as shown above). Once data had been organised into broad themes through the use of tree nodes, I then examined each node in detail to consider whether an institutionalized way of talking or writing could be identified within the theme.

When looking for an institutionalised way of talking within a particular theme I looked for evidence of one or more of the following:

1. Consistent subject positions;
2. Use of particular language or specialist terms;
3. Use of particular grammar, syntax or style of language.

These indicators were noted in memos attached to each node and then summarised in tabular form to provide a summary of the discourse. The definition of discourse emphasises the need for repetition of the way of talking rather than isolated incidents and discourses were only identified where multiple instances could be found in the data. However, no minimum number of instances was required as this would have introduced a quantitative approach, as in content analysis, to an otherwise qualitative piece of work.

Table 6.5 Example of indicators used to identify a discourse

Discourse	Indicators
Managerial	Protect university (staff, students and reputation) Legislative compliance Record keeping Follow own processes Use of resources- who is responsible for providing services? Balancing viewpoints and demands of different groups Identification and description of relevant university processes Coordinate; liaise; procedure; HEI responsibility

As I worked with the data I reconsidered each node to identify similarities with other nodes. In some instances I identified that the two nodes were examples of the same discourse and collapsed the nodes together. The 'models' feature in NVIVO 8 is designed to help with this process however, I found this difficult to use and instead relied on diagram features within Microsoft Word and Inspiration mindmapping software (with which I was more familiar) to create diagrams and

visual representations of the discourses and their relationships to each other. I worked between visual representations of my analysis and nodes, coding and recoding text into increasingly coherent understandings of discourses. The power of symbols became apparent whilst working in this way, as the use of symbols and visual representations clarified my understanding of the texts but I also found the visual model started to dictate what I could and could not 'see' in the data. This emphasises the need for an iterative process checking different potential interpretations of the data. Discourses limit what is considered 'sayable' therefore it was also important as part of the analysis to consider what had not been said and what I had maybe expected to find and had not. This was documented through memos and use of my research diary throughout the process.

6.5.2 Examining the relationship between discourses and professional roles

Interview data only was used to examine the relationship between discourses and professional roles, as it was possible to clearly identify the role and professional background of interviewees. Most of the guidance documents included in the study had been written by groups of professionals and therefore it was not possible to identify confidently distinct professional roles. Examining the relationship between discourse and professional roles required a systematic way of viewing these elements against one another. The matrix query feature of NVIVO was a useful tool in this process. Matrix queries plot identified case attributes against text coded at particular nodes, enabling the researcher to consider whether there are patterns in the data e.g. people with a particular attribute using text which is coded at one particular node more frequently than

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others. In this instance, the case attributes were role and professional background (one and two) and the nodes were the nine discourses which had been identified in the previous stage of the analysis.

The biographical attributes of role and professional background were considered separately as interviewees' current job role did not necessarily reflect all of their professional history e.g. a Counsellor who had originally trained as a social worker had worked in two distinct professional settings. By conducting both sets of analysis I hoped to ensure that current job role did not obscure the influence of previous job roles and any associated discourses.

Each query resulted in a matrix which plotted job role or professional background against instances of a particular discourse. These tables were then transformed into graphical representations (radar charts) to aid the identification of patterns in the data.

6.5.3 Examining potential outcomes for students in relation to different discourses

The first stage of this part of the analysis was to identify the outcomes for students who present a risk to self or others; these responses were coded using tree nodes. As part of this process it became clear that the process of determining and assessing risk and the factors involved in this assessment were key to understanding the outcomes for students. Therefore an additional set of codes were developed to examine this area. Part of CDA is understanding how discourses and language inform actions, therefore examining this area provided an opportunity for critical reflection on the role of discourses in influencing outcomes for students. Jager and Maeir (2009) recognise the importance of the

relationship between non-discursive elements of the world and discourses and see analysis of this interaction as a key part of CDA. Examining the ways in which risk is defined and assessed and factors which are considered as part of this assessment provided an opportunity to consider this element of the interaction between discursive and non-discursive factors. The relational model of risk was used to clarify this analysis by considering how different discourses create different risk objects and objects at risk. Queries were used to identify text coded at outcome nodes and discourse nodes to examine the relationship between approaches to risk assessment or outcomes for students and particular discourses.

In addition to this approach, it quickly became apparent during interviews and coding that in a number of the institutions the same students were described by more than one interviewee. These real examples provided by interviewees provided an excellent opportunity to compare the impact of different discourses on understandings of and positioning of subjects in the same situation and the resulting HEI responses. To ensure that these unexpected examples were the same student, I tabulated features of each account to identify sufficient similar features (see Appendix Three for an example). Following this exercise, it became apparent that in one example there was insufficient information to establish whether the student being talked about was the same or not, and so this example was excluded from the final eight case examples. All text relating to each student was then coded at a single node and a pseudonym allocated to the student. These case examples provided an opportunity to examine some of the findings based on coding queries against real examples of people using different

discourses to describe the same student and the responses they deemed to be appropriate. Two of the case examples are presented in chapter ten.

6.6 Ethical issues

The proposal for this research was approved by the School Research Degree Committee in the School of Education and Professional Development in February 2008. The importance of maintaining confidentiality and anonymity were noted as part of the research proposal. All participants (including participants in the pilot study) were provided with an information sheet about the project which included details of how anonymity and confidentiality would be maintained and asked to give written consent for data to be used for the purposes of the research (see Appendix Four for a copy of this information sheet). Participants were able to withdraw consent from participation in the project at any time. Participants were also given the opportunity to view the transcript of their interview and request amendments to it. Two participants asked to see their transcripts although no amendments were made to the emailed transcripts.

 I have noted that my role as a practitioner was central to this research and I decided to use my professional identity when I contacted potential participants rather than approaching them simply as a research student. This decision had a number of consequences for the research. The first was practical; using my professional identity meant that I needed ethical approval from my workplace, in addition to the approval I had already received from the University of Huddersfield. I had to seek this approval twice as I moved jobs (and institutions) before the main period of fieldwork. In my first institution, the request for ethical approval was dealt with informally; I contacted the senior manager with

responsibility for my area about how best to seek ethical approval as I was not part of a faculty. He did not identify any ethical issues with the study and thought that no formal approval was needed. In contrast, in the second institution the proposal had to go through a formal ethical approval process which resulted in a delay of six months to the start of field work; this process did not identify any ethical issues.

Whilst no formal ethical issues were identified in the use of my professional identity, it undoubtedly affected the research. Use of my professional identity set up expectations about appropriate discourses. There was evidence that I was seen as a colleague by a number of interviewees who asked about my experiences and how I had dealt with situations.

6.7 Research credibility

Critical realist perspectives acknowledge that there are multiple ways of understanding reality. However, this does not mean that all possible understandings of reality are equally credible. Credible research relies on methodological rigour much of which has been outlined in the previous section.

Within qualitative approaches concepts of authenticity and trustworthiness replace those of validity and reliability used within positivist frameworks to judge the credibility of research (Onwuegbuzie and Johnson, 2004). Trustworthiness of research can be determined by demonstrating methodological rigour and interpretive rigour (Lincoln and Guba, 2000). A key element of trustworthiness is the rigour with which data have been analysed. This chapter has described the analytical process and demonstrated how rigour has been maintained. A

rigorous approach to analysis is, however, only one part of establishing the credibility and trustworthiness of the analysis.

As noted above there are many potential interpretations of my data and, whilst I was able to discuss my interpretation of the data with my supervisors, I was the sole analyst. This presented a particular challenge for this type of research, as there was no one else coding the data or considering it in the same detail, who was able to provide an alternative perspective. Burr (2003) suggests that one way of countering this difficulty is to ask participants to comment on the analysis. This requires a significant time commitment from the participants, particularly for a piece of research of this size. Many participants had busy roles and had already been generous with their time, so I decided to ask colleagues working within the field to act as critical friends and comment on my analysis.

Two colleagues were asked to read drafts of the analysis chapters and provide comments on them. These comments confirmed that my account appeared to be credible and consistent with practitioners' experiences. In addition, regular discussion with my supervisors provided an opportunity to discuss theoretical issues and to clarify my thinking in relation to theoretical concepts and elements of my analysis. Together these measures aimed to ensure theoretical and practical credibility for this research.

6.8 Summary

The detailed explanation of the approaches to data collection, preparation and analysis, including avenues which were not pursued, provided in this chapter are intended to provide a clear picture of the process of conducting this research and thereby confirm its trustworthiness to the reader. Qualitative research such as

this cannot simply be replicated but a clear understanding of the research

methods will enable other researchers to consider how the findings from this

research may relate to other work.

7 Discourses about the Higher Education context

7.1 Introduction

This chapter and the following chapter address the first two research aims by exploring the discourses identified in the data and examining the relationship between these discourses and professional roles. The discourses were grouped into two groups: discourses about the HE context; and professional discourses; with an additional discourse of student accountability. Within each group there are a number of discourses, reflecting the complexity of the discourses which are used when responding to students who may present a risk to self or others. Each of the discourses is explored and related to wider literature. This is consistent with the CDA approach of linking meso or mid level discourses found in organisations, or used by individuals, with meta level discourses which influence wider society. Each chapter ends with a table summarising the key features of the discourses which have been discussed to provide the reader with an overview.

It was clear from early readings of the data that discourses about the HE context played a key role in shaping guidance and interviewees' responses to students who present a risk to self or others. Prior to commencing the analysis I had not expected these discourses to be so prominent, possibly because I work within HE and have generally worked in institutions, and with colleagues, where the discourse of HE as a right is dominant. The right to education has been central to much of my own work; a central part of being a youth worker was to encourage young people to access further and higher education; as a worker and

manager within Student Support Services the focus of much of my work has been enabling students who may have had difficulties accessing or remaining in HE to participate fully in, and benefit from, university life. Reading through the data I became more aware of my commitment to the rights of students to participate in HE and my strong antipathy to the discourse which positions HE as a privilege.

These discourses were articulated most explicitly in the guidance documents. They were also clearly evident in the interview data both explicitly and through examples of institutional practices which embodied or resulted from particular discourses. Discourses about the HE context are important because they create different versions of 'the student' as a subject. These different student subjects are accorded different rights or privileges, creating a framework from within which specific student behaviour is considered.

Discourses about access to HE create polarities in which access is either a right or a privilege; discourses about the nature of HEIs can be seen on a continuum from university as a community where members gain privileges and responsibilities, to HEI as provider of education (the student contract can be seen as a hybrid of these two discourses). The final section explores the use of the term 'duty of care' and discusses whether or not this is a discourse in its own right or part of other discourses.

7.2 Higher education: right or privilege?

The first two discourses in this group consider access to HE. I have termed these discourses HE as a right and HE as a privilege to emphasise that I perceive them as polar opposites and to distinguish the discourse of HE as a

right from the government policy of widening participation.   However, it is worth

noting that widening participation is a widely used term within HEIs and occurred

frequently in interviews. As noted in chapter two, following government policies

to widen participation there has been a substantial expansion in numbers of

students entering HE. Whilst there is debate about the effectiveness of widening

access policies (Leathwood, 2006), it appears that as more people go to

university, the student population is becoming more diverse (Equality Challenge

Unit, 2010) and more closely resembles the general population.

Within widening participation policies is a discourse which identifies HE as a right

for all (eligible UK) students. This discourse builds on the Dearing agenda

discussed in 2.2 and has been reinforced at a national level by the recent

Browne review of HE which states as one of its principles that *"Everyone who*

has the potential should be able to benefit from higher education" (The

independent review of higher education funding and student finance, 2010 p4).

This discourse of HE as a right was dominant in the documents reviewed for this

study, a number of which explicitly stated this commitment, for example the

Universities UK *guidelines on student mental health policies* state:

> *"The guidelines aim to promote ethical and responsible*
> *attitudes to the provision of higher education (HE)*
> *opportunities and to encourage an inclusive approach to*
> *the process of planning policies and procedures. The*
> *document is predicated on a belief that HE should be*
> *available to all who have the ability to benefit from*
> *it…."(Universities UK, 2002a para 1.5)*

Interviewees tended to use the common terminology of widening participation

rather than HE as a right. The discourse of HE as a right was also dominant in

interviews where the implications of the discourse were explored by a several

interviewees. A number of interviewees explicitly identified their institution as a 'widening participation university', positioning the HEI within the discourse of HE as a right. Several interviewees noted the implications of this discourse for service delivery. The Head of Counselling in the extract below claims that the effectiveness of the institution's widening participation policies (that is the actions resulting from accepting HE as a right) has resulted in a student population which is both more diverse, *'a broader group of students who reflect the issues that [sic] the population at large'* and which has more severe difficulties. The implication of this is that there are greater demands on the Counselling Service as a result of operating within a discourse of HE as a right.

> *"…very few people come here who are actually, in CORE terms you know aren't in a group that would benefit from some kind of therapeutic intervention and I suppose I think in the time I've been here, I think we are seeing more people with more severe problems. I think you know this university has a good reputation or a good record rather of um attracting students from a wide range of non-traditional backgrounds so the widening participation kind of scheme if you like or policy here probably means that we've got a broader group of students who reflect the issues that the population at large." Head of Counselling, University B (253-260)*

These increased demands are not limited to Counselling Services. In the extract below the interviewee refers to her HEI as '*a widening participation institution*' (that is one which sees HE as a right) and explains that this has implications for the support offered to students:

> *"… because we're a widening participation institution we place a lot of emphasis on supporting students you know to the maximum that we can…" Senior Manager University D (100-101)*

This extract demonstrates how the discourse shapes practice, as the HEI not only supports students but supports them to '*the maximum we can'*. This emphasis on support from the HE as a right discourse suggests that enabling students to remain in HE is as important as securing initial access to HE. Recent guidance relating to disabled students uses the discourse of HE as a right by using the term 'student entitlements' when referring to support required by individual students (Quality Assurance Agency for Higher Education, 2010). The discourse of HE as a right positions students as people with rights to remain in HE. It follows from this that HEIs may need to act to enable students to fulfil this right by providing services and support which enable students to remain in HE. This can be seen in the expansion of Student Support Services and the increase in specialist services designed for 'non-traditional' students such as mature students or care leavers.

Specifically, for students who may be perceived as presenting a risk to self or others, such a discourse may be used to support arguments to keep the student at the university as they have a 'right' to be there; this can strengthen an individual student's position. This discourse creates the student as a powerful subject who is entitled to remain in university and to have access to whatever support is required to enable her to stay there. The threshold for removing a right from a student is likely to be higher than that for removing a privilege.

Despite the current dominance of the HE as a right discourse, HE has traditionally been seen as a privilege and there was evidence that a few interviewees continued to use this discourse, particularly in relation to their own institutions. Moreover, interviewees who did not subscribe to the discourse of HE

as a privilege also identified it as being used by other people. The discourse of HE as a privilege can be identified either through explicit use of the term privilege, as in the first extract below or through an implication of privilege. In the example below, the interviewee first emphasised what made his HEI different from others and then went on to explain that living in the institution's accommodation is a privilege:

> *"I mean we, we certainly see ourselves as different from the [other local university] um because of our mission and [the other local university] is different to um. We are um we are very upfront about our mission and people know before they ever get here that um there are certain values that we espouse and they underpin the way we operate…" Senior Manager, University C (173-176)*

> *"yeah I mean we we can generally push this line that living in our halls of residence, that we are not offering hostels um where people doss down for the night, living in our halls of residence is a privilege and it's a privilege that'll be withdrawn if people don't want to abide by our er expectations" Senior Manager, University C (176-182)*

This discourse appeared to be closely related to the position within the student accountability discourse of students as young people in transition; both share an authoritarian 'I know best' tone. This relationship can be seen in the extract below where the interviewee has been talking about discussions with a student and her family about what would be required of her to enable her to return to the institution:

> *"The ones I have dealt with are grateful that we are considering having the student back" Senior Manager, University C (115-116)*

This entire extract is discussed in more detail in 9.3.3 as an example of the factors HEIs consider when responding to students who present a risk to self or others and the ways in which discourses impact on understanding of these

factors. However, for now, it is worth noting that where a discourse of HE as a privilege is used, students may be expected to be grateful for being allowed to participate in HE at all. A privilege is something which is granted (or removed) by a powerful body, in this instance the HEI. By positioning access to HE as a privilege, students are constructed as subjects with limited power and from whom the privilege of HE can be withdrawn by the institution. In practice, this discourse is tempered by legal rights and protections that students acquire; however, it is clear that this is a powerful discursive position which is likely to result in a lower degree of tolerance for student behaviour which is disruptive and/ or risky. This can be seen in the approach to managing student behaviour in the USA, where students who are considered to be a risk are mandated to take part in counselling or other activities if they wish to remain at the HEI (Berkowitz, 1994; The Virginia Tech Review Panel, 2007; Jablonski et al., 2008).

The discourse of HE as a privilege may be used to exclude students whose behaviour is deemed unacceptable within the institution. In contrast, it may also be used to justify or excuse inappropriate behaviour. One interviewee explained how, although she did not subscribe to this position, for many attaining student status resulted in entry into a privileged group and that for many people this meant that the student acquired a special (more valued) status not given to non-students, which meant that they required special treatment.

> *"…it's just inherent in the system… oh yeah university it's still got that thing you must be a good academic person so we gotta make sure we look after because these are the people of the future. So I think it's something that just it's there whatever it is it's there the word, you know certain words like a red flag words 'university' special you need special treatment, not special needs special treatment." Head of Counselling, University A (595-601)*

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In this instance the interviewee, whilst distancing herself from the discourse of HE as a privilege, identifies the privilege of attending university as being used as a marker of acceptability; if you are good enough to be accorded the privilege of going to university, then you are good enough to stay there. The use of the word 'special' in this extract indicates that students are accorded special or additional rights in comparison to non-students. This discourse can also be seen in Selwyn's (2008) discussion of student criminal behaviour; he notes that certain forms of criminal behaviour such as being drunk and disorderly, vandalism, graffiti and drug taking were seen by his student respondents as part of an undergraduate student habitus and acceptable within the context of university. It appeared that students in this instance felt that the status of student meant that taking part in certain forms of minor criminal behaviour was expected and accepted. Therefore the use of a discourse of HE as a privilege which can confer other privileges appears to be used by staff (and based on Selwyn's work students) within the academy to justify behaviour which may not be accepted elsewhere.

It would be possible to view these two elements of the discourse of HE as a privilege as separate discourses. However, both elements of this discourse rely on those with power within the HEI to confer or withdraw the privilege of access to HE whether this is used to protect students and excuse behaviour which would not be tolerated elsewhere or to set tight limits on student behaviour.

As noted above, the impact of the discourses of HE as a right and HE as a privilege is limited by other factors such as the legal framework, or the institution's protocols. These discourses can be conceived as a continuum with

HE as a right with no concomitant responsibilities at one end of the spectrum, and HE as a privilege with no requirement to demonstrate equity at the other. In practice, neither HEIs nor their staff are able to operate at either extreme of the spectrum. Following the Dearing Report (National Committee of Inquiry into Higher Education, 1997), current national policy is built on a discourse which emphasises a right to HE, this became even more explicit in the recent Browne report (The independent review of higher education funding and student finance, 2010). In line with this current national discourse and associated policies about widening participation, the discourse of HE as a right was more prevalent than that of HE as a privilege; this was apparent in all of the documents considered and was the case with most of the interviewees. Positioning towards this end of the discursive continuum suggests that staff are likely to consider how it is possible to keep a student who may be a risk to self or others at university.

Once the discourses had been identified, I searched for a relationship between professional backgrounds and use of a particular discourse; there was no clear link. This may be because most of the interviewees used the HE as a right discourse. This is a discourse which I share and which I am aware influences many of my decisions and dilemmas when deciding how to respond to students who present a risk to self or others. I was also struck by how strongly I reacted against the notion of HE as a privilege. I was aware of this particularly during one interview and again on re-reading the transcript. As I noted in the introduction to this chapter, most of my working life has been based on enabling people to achieve their potential whether in further or higher education. This has undoubtedly influenced my analysis of the data both by enabling me to identify discourses with which I concur and also discourses which oppose my own

position. Recognising my own position as someone who believes in HE as a right and my frustration that others do not share this position, enabled me to identify the discourses and consider their implications whilst also recognising that the notion of HE as a privilege created in me, an emotional as well as an intellectual response.

7.3 Higher education institutions: communities or providers of education?

The next two discourses in this group focus on the nature of HEIs. The first discourse is the university[8] as a community in which students and staff are members; membership implies responsibilities to one another and the university community as a whole, access to facilities which others outside the community do not have, and a shared identity where the actions of one member of the community reflect on all members. The second discourse positions the HEI[9] simply as an organisation which provides education in a similar way to that in which other businesses deliver services. The student contract is discussed as an approach which draws on both of these discourses to set out a contractual relationship between HEIs and their students, where each has rights and responsibilities.

Most of the sector guidance documents examined in this study described HEIs as communities. The term seems to be used to emphasise similarities between

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[8] I have used the term university rather than HEI to name this discourse to emphasise its roots in traditional university structures.

[9] I have used the term HEI here to reflect the changing nature of HE which may be delivered by a number of providers and the focus is on education rather than the institution.

students and staff who have a shared identity as part of the university community:

> " 'University or college community' should be taken to mean the students and staff of the institution. Institutions should be aware that issues of substance use and misuse are relevant to both staff and students and this should be reflected in policies and procedures.' Guidelines on drugs and alcohol policies (p11 paragraph 2.4)

In this example, the term community appears to be used to emphasise that students and staff may experience similar difficulties and that institutions need to consider both when developing policies and procedures. In this instance, membership of the community means being subject to the policies and procedures of that community. Later in the same document the term 'members of the institution' is also used to define students and staff, which seems to emphasise the importance of belonging to a particular HEI and that the HEI may also exercise some control over its members. No differentiation is made between staff and student members, emphasising shared identity and responsibility. This emphasis on similarity diminishes the different rights and responsibilities of staff and student members of the community.

There is recognition in the guidance documents that communities may require support to develop. Many HEIs try to build communities within their institutions, either through academic departments, residential halls or colleges. This may help to reinforce a sense of belonging as demonstrated in the guidance extract below:

"Many institutions with residential accommodation have well-trained hall wardens, or sub-wardens living on site and offering front line pastoral support. Some respondents to the questionnaire saw hall wardens as very important in creating a small community and in promoting positive feelings and counteracting negative factors." Reducing the risk of student suicide (p14 paragraph 9)

McNay (2005) identifies university communities as being based on the idea of a shared commitment to knowledge and a shared physical space. This shared physical space, as in the extract above, appeared to be key to the discourse of university as a community identified in the data. The physical boundaries of the university community can be seen in the description below, in which a student's behaviour is only seen as relevant to the HEI if it impacts on the community's physical space:

"If we know about it and it becomes difficult or complex or you know they become a risk to themselves on campus or in the halls or with other people then of course it becomes our, our, our affair." Senior Manager, University B (95-97)

The importance of physical community seemed to be emphasised in campus universities or those that have residential accommodation.   The Senior Manager at University C talked about the '*impact on our residential community',* this definition of community emphasises that institutions have more responsibility for – and control over - students who live in university residences than those who live in other accommodation. The difference in levels of control is explored further in the extract below:

> *"…well yeah I think the university itself has a sense that…
> if they're resident students the expectations are far higher
> than if it's. I mean we have had sometimes we do get
> students who are living in a house with their housemates
> and they're very concerned about somebody and that is
> very much more difficult, it's difficult because we don't
> really have any control over what's happening in the
> house or who's living there of if they are drinking or
> smoking pot or whatever or. I mean there's nothing we
> can do really, well nothing I can do, but I think it's more
> difficult in terms of the disciplinary process whereas in
> halls it's much easier I mean you you can set rules you
> can move people around but," Head of Counselling,
> University C (342-350)*

Communities can exercise control, which is linked to power, in a variety of ways. In the extract, above it appears that some members of 'the community' are more powerful than others as they set the rules and can move people around within the community. The interviewee is not explicit about who the '*we'* in this extract refers to although the setting of rules and moving people around is usually undertaken by staff. The extract distinguishes between HEI communities, and a key part of this distinction is the level of control 'the university' has over students on campus, suggesting that part of a community is to exercise power and that not all members of the community are equal, as some members of 'the university' (presumably staff) are able to exercise power over other (student) members. The university is personified in the phrase *'the university itself has a sense',* suggesting that the university community, whilst an abstract idea, may also be granted agency by some of its members, which obscures the role of individuals. The university cannot be an active agent as it is made up of individuals and it is those individuals who act. A discourse of the university as a community may imply a degree of equality, but it is clear that some members of this community have more power than others.

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In addition to control of members' behaviour, communities also offer protection and support to their members. Stanley et al's (2009) work on preventing student suicide used a discourse of the university as a community and explored how to build and utilise the protective and supportive elements of the university community and there appear to be clear expectations from people within and outside HEIs that universities will fulfil this role:

> *"I think there was an expectation that the university because they are one of our students that we will rush in and take the student and bring them into our halls or something like that" Service Manager, University B (39-41)*

This interviewee was describing a student who had become aggressive in private halls and the accommodation provider wanted the student to be offered university accommodation instead. This positions the student as primarily a member of the university community and therefore the university's responsibility rather than as a member of the wider society with the same rights and access to support as other members of society. It appears that there are higher expectations of universities as communities than of other groups to which a student may belong, although membership of other communities was not explored in this research.

If senior staff use a discourse in which students are primarily members of the university community, it can result in the need for senior management involvement in any decision to involve external services. The extract below demonstrates this from the point of view of a senior manager:

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"Well no security wouldn't have the ability to call in the police security would call the coordinator of the er what you call the wardens we call the resident tutors the coordinator then would call me and we would agree and on one occasion I I came and viewed the situation before I sanctioned the bringing in of the police." Senior Manager, University C (64-67)

In this extract, the norms of the HEI override those of wider society and therefore community members cannot take action that citizens may take in everyday life without the sanction of a senior member of the community. This suggests that individuals are firstly members of the university and then members of wider society. The university as a community discourse reinforces the university's disciplinary power in the Foucauldian sense of the term (Foucault, 1995) that is, it controls what can happen in the physical space of the university and use of the discourse by key members of the university reinforces the notion of community and the requirement for control within it. This disciplinary power is supported by the university's sovereign power to enforce its own rules to control student behaviour and/or to exclude those who breach these rules. Once sovereign power has been passed to an external agency it may be difficult for the university to control the outcome.

The dangers of using the university as a community discourse to manage behaviour within the university were outlined by another interviewee:

"It's like there's somethin' worrying about the fear of, we've had this before, the fear of actually bringing an external thing into the university, so it becomes this little like Vatican type of thing. Let's keep it all contained keep everyone out and we'll sort it ourself, but you're actually putting other people at risk. Cos as I've said in the past if you were with your neighbour and you were just mowing the lawn on a Sunday and [ ] someone starts being a bit erratic along the road you would ring the police what's stops you doing that? What goes on within [ ] humans this allegiance to the institution that you're working in that you will not allow it out of the door?" Head of Counselling, University A (311-319)

For this interviewee, the inward facing nature of this aspect of the university as a community discourse restricts access to wider societal systems and could place members of the community in danger. University communities can be a place of support but also of control. The extent to which the university community is 'policed' internally or externally varies between HEIs. Where HEIs undertake much of the regulation internally, as outlined above, the communities may become insular and could increase the risk to students and staff by trying to deal with difficult situations in house rather than involving the appropriate specialist agencies.

In contrast to the discourse of university as community, a number of authors have noted a move towards HEIs as service delivery units (see for example, Rowland 2004 cited in McNay, 2005 p41). This discourse, which I have named HEI as provider of education, could also be seen in the data and seemed to be, at least in part, linked to size, supporting McNay's (2002) findings that the culture in small HEIs relies more on relationships and is more familial. The following quote from an interviewee in a large institution demonstrates recognition of this difference:

> *" …so what we need to do is to ensure that we have robust policies and practices in place that ensure that any student gets consistency of treatment across the board. And that's the only way we can operate because we we you know have so many students here but your smaller institutions you know they'll say ah Peter in flat two he knows all about they have a very different approach and they're able to do that and maybe I both systems have their benefits and their downsides."* Student Support Manager, University A (476-481)

As this interviewee indicates, in this approach, it is important to follow procedures to *'ensure that any student gets consistency of treatment'*. This is a more formal approach focussed on procedures and obligations rather than relationships with students. The interviewee links this explicitly to the size of the institution giving the example of a smaller institution, which may be able to name *'Peter in flat two',* something which is impossible for staff in larger institutions to do. Within this discourse, the focus is on appropriate provision of service whether that is within the institution or external to it. This discourse can be linked to McNay's (2006b; 2007) notion of a bureaucratic culture within an HEI. In contrast with the university as a community discourse, this discourse emphasised the importance of external services and students' rights to access these services.

The discourses of university as a community and HEI as provider of education were identified throughout the data but seem to have been drawn together in many instances. Community members have to abide by rules of the community and providers of education can set out rules and procedures by which students are expected to abide. Increasingly, as recognised in the guidance documents, HEIs have introduced codes of conduct which formalise these rules. This could be seen as a contractual rather than community relationship, but as the following

extract shows there remains a notion of allegiance to the institution consistent

with the university as a community discourse within these codes of conduct:

> *"…we have a code of conduct which is contained within*
> *the student handbook and we expect students to abide by*
> *that um there is a clause at the bottom that says*
> *something about bringing the university into disrepute*
> *which is the all encompassing a bit like any other duties*
> *isn't it at the end of an employment contract and we we*
> *have used that on occasion you know when students*
> *have been I suppose in breach of expected standards of*
> *behaviour…" Student Support Manager, University A*
> *(353-358)*

The idea of bringing the institution into disrepute is common across HE and

suggests that members of the university are also seen as representatives of its

community and therefore their actions may have a bearing on the institution.

Students are seen as members of the university community and ambassadors for

the HEI. The actions of a single member of the community are seen to reflect on

the whole. There are echoes of the notion of shaming your community within the

phrase *'bringing the university into disrepute'*. Some of these contracts also set

out what students can expect from the HEI, drawing on the discourse of the HEI

as provider of education. It appears that a hybrid discourse has been created

which draws on both of these discourses, recognising the changing relationship

between HEIs and their students. The HEI as provider of education discourse

creates a more formal relationship with students which legitimises the use of a

formal 'contract', whilst the discourse of the university as a community is used to

articulate expectations of students within this contract.

In summary, the discourse of the university as a community was by far the most

prominent in the data collected for this study, although in some instances this

discourse and the discourse of HEI as provider of education were identified in the

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same text, often brought together as a contract. The university as a community discourse accords responsibility to the HEI for looking after students in its care, often to a higher degree than similar individuals could expect in the broader community. It seemed to be particularly strong where students lived in university accommodation and were, therefore, part of the university residential community. In contrast, the discourse of the HEI as provider of education seemed to be linked more strongly to large institutions, often with limited or no accommodation; this discourse focussed on procedures and demonstrating that students had been treated fairly. It will be interesting to see how these discourses develop following the introduction of higher tuition fees in 2012.

Positioning myself in relation to these two discourses was more difficult, and more uncomfortable, than those about the HE context. I am conscious of the benefits of constructing universities as communities and was a student when this discourse appeared to be dominant. However, as a practitioner who has trained and developed in an increasingly managerial culture I find myself wanting to draw clear lines between the responsibilities of the services I manage and those which externally based services should provide. I have worked in HEIs where both the university as a community and HEI as provider of education discourses are dominant and am conscious of having used both within my own practice. Whilst reflecting on this I found an article about the long term impact of discourses within a changing professional context; in this article Hargreaves (2010) notes that discourses are slow to change within institutions, even when new practices or approaches are introduced. This appears to be pertinent in relation to these discourses where remnants of the university as a community discourse still appeal, whilst the demands of working in a growing institution draw me towards

the discourse of HEI as provider of education. Despite this latter inclination, I think that without some sense of the university as a community my own role would seem irrelevant. I therefore share the hybrid position I identified in some of the interviews; a position which can at times result in confusion and challenges.

7.4 Duty of care

My previous work about HEIs' responses to students who present a risk to others had identified 'duty of care' as a term which was frequently used and about which there was substantial confusion (Harrison, 2006; Harrison, 2007) it had also been an area of interest when I started this current work. I therefore coded for this term in the data using semantic coding to try to identify whether it was linked to a specific discourse, or could be identified as a discourse in its own right. Semantic coding proved very useful in this instance as, by identifying all uses of the specific term, it was possible to consider the context in which the term was used and to look at potential similarities in the surrounding text. From this analysis it became clear that there is no single duty of care discourse. Despite this, the frequency of the use of the term indicated that it formed an important part of discussions about how HEIs should respond to students who present a risk to self or others, justifying further analysis and the inclusion of the findings in this thesis.

Two clear uses of the term 'duty of care' were identified, firstly as a rhetorical device to legitimate a particular course of action and secondly as a reference to legal obligations. The latter use of the term can be seen as part of the managerial discourse (see 8.2), namely ensuring that the institution complies

with relevant legislation. Although this can be considered part of the managerial

discourse this use of 'duty of care' is considered briefly in this section as it helps

to provide a contrast for the other use of the term as a rhetorical device.

The term 'duty of care' forms part of the legal framework within which HEIs

operate (see 2.4 for further detail about the legal framework). Details of the legal

meaning of the term 'duty of care' can be found in the two guidance documents

relating to students' mental health. It is not relevant to review the full legal

debate about this term here, but the extract below demonstrates how the term is

used in formal guidance documents aimed at HE managers:

> *"There are a number of areas in which HEIs may*
> *potentially owe a duty of care to students and to staff*
> *whose work brings them into contact with students. Much*
> *of the legal environment in this area is still evolving and is*
> *subject to amendments. However, in defining duty of care*
> *responsibilities to students with mental health difficulties*
> *and to the wider university/college community, institutions*
> *will need to take into account the following legal*
> *framework as it applies to England and Wales. The legal*
> *context will vary for HEIs in Scotland and Northern*
> *Ireland." Guidelines on student mental health policies*
> *(p12 paragraph 3.1)*

This extract outlines that there is a legal obligation to exercise a duty of care

whilst recognising that the extent of this duty is evolving. A second guidance

document explains that an institution is expected to take reasonable care with the

standard for reasonable being that of *"an ordinary man [sic] exercising and*

professing to have the special skill in question." Responding to student mental

health issues (AMOSSHE, 2000). Martineau Johnson, a legal firm with expertise

in this area, suggest that institutions have limited responsibility and that HEIs

should limit the services they offer to limit liability as offering a service may create

a duty of care to ensure the service is operated to a reasonable standard

(Martineau Johnson, 2007). Therefore, the legal duty of care does not create a requirement to offer a specific service or type of support to students; rather it is a requirement to ensure that services which are offered meet appropriate standards. As ensuring compliance with expected standards is part of the managerial discourse, duty of care as part of the legal framework does not constitute a discourse.

Based on my data, I could not identify a discourse of duty of care based on the first use of the term. However, there were many other uses of the term in the data, particularly the interviews, which appeared to be worth closer investigation. Close reading of the extracts where the term 'duty of care' was used demonstrated that the term was used to justify a broad range of actions from employing a progression officer who would knock on the doors of students who were not attending (Head of Counselling University A), to meeting the institution's duty of care under the Health and Safety Act (1974), overriding obligations under the Disability Discrimination Act (1995) (Health and Safety Officer, University E). It appeared that the term was used as a rhetorical device to justify actions which the interviewee had either already decided upon or taken. It was used by interviewees in relation to individual students and also to the wider student (and in a few cases staff) body. It was used both to justify actions which either benefitted the individual or which could be seen as punitive to the individual as demonstrated in the extracts below:

> *"Fortunately she is now no longer in our accommodation although that has been quite a trauma to actually, because on one hand there is the difficult situation where she is upsetting fellow students um but on the other hand you have a duty of care to her and we can't be seen to discriminate against somebody who has a mental health problem. So you are walking this very fine line all of the time to make sure that she has rights that are respected and protected but equally the other residents have a right to quiet enjoyment themselves of their accommodation and it is a very difficult path to steer." Head of Accommodation University B (228-235)*

> *"Yes absolutely, um and again we acknowledge that er we can't cope with people who are too far out of the mainstream er and we've got a duty of care to the whole student group so it's a it's a fine judgement call to know when um you get the student in and say you know really this, this is unacceptable…" Senior Manager, University C (243-246)*

In the first extract, the duty of care to the student and the need to not discriminate against her are emphasised, in the second extract the focus is on duty of care to other students. In the first extract the emphasis was on support for the student whose behaviour was causing concern, in the second the emphasis was on protecting other students. This does not indicate a unified discourse, rather it suggests that the term 'duty of care' is seen to be powerful and that using it to justify a particular course of action may be a way of minimising opposition; duty of care in these instances therefore appears to be a rhetorical device which may be used in conjunction with a number of different discourses. The power of duty of care as a rhetorical device appears to come from the strength of the legal use of this term; although the implied duty may not actually exist in law, expressions such as 'we have a duty of care' suggest a legal obligation which may strengthen an individual's argument for a particular course of action.

In summary, the term 'duty of care' appeared frequently within the data and given my previous work in this area and the identification of the term as being vague, it was important to consider whether or not it formed part of a specific discourse. My analysis suggests that rather than being a specific discourse references to 'duty of care' may be part of the managerial discourse or a powerful rhetorical device which is used to justify a particular course of action. The identification of 'duty of care' as a rhetorical device demonstrates the importance of considering the micro and macro levels of discourse as part of the analysis. As I had not identified a discourse of duty of care I did not examine the relationship between duty of care and professional roles.

Although I had previously questioned the meaning of 'duty of care' in case discussions in my own practice, I was surprised not to be able to identify a clear discourse of duty of care. Identifying the use of the term as a rhetorical device has heightened my awareness of this in my own practice and lead me to question what others mean by this term in case discussions. Recognising and challenging this rhetorical device provides a potential avenue for clarifying understanding with other practitioners when discussing complex cases.

7.5 Summary

This chapter has discussed four key discourses through which individuals construct their understandings of the role and purpose of HEIs: HE as a right; HE as a privilege; university as a community; HEI as a provider of education. The relationship between these discourses is complex and not linear, however, all involve the exercise of power. The features of these four discourses are summarised in Table 7.1 overleaf. The prominence of some of these discourses

when considering students who present a risk to self or others is perhaps surprising and indicates the importance of the HE context when considering how to respond to students who present a risk to self or others.

The discourse of HE as a privilege locates power with university staff to withdraw the privilege at any time should expected norms be breached, but can also be used to justify inappropriate behaviour by students. The discourse of HE as a right posits a more equal relationship between staff and students (although ultimately power remains with staff) and is likely to result in the provision of services to enable students to remain in HE (thus linking it to the support discourse discussed in 8.5). There was no clear relationship between professional roles and either of these discourses.

The university as a community discourse constructs HEIs as communities which are responsible for their student and staff members and the regulation of members' behaviour. HEI communities make provision for their students which may result in expectations that the HEI can meet all needs. In contrast the HEI as provider of education discourse emphasises that students are members of the wider society first and should be able to access generic services. In practice, there is often a hybrid discourse where there is a limited sense of community located within broader societal structures, often expressed through a contract. Again there was no clear relationship between professional roles and either of these discourses.

A fifth potential discourse of duty of care was explored. However, although this term appeared frequently and is clearly identified in the literature, I could not identify a single duty of care discourse in the data, rather the term was used by

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interviewees as a rhetorical device to justify actions. The term has a specific

meaning within the legal framework, but current usage in HE seems to have

extended this meaning in inconsistent ways. When considering how individuals

respond to students who present a risk to self or others, practitioners need to

consider carefully the basis for someone stating, "we have a duty of care to…"

Table 7.1 Summary of features of discourses relating to role and purpose of HE

Discourse	Indicators	Relationship to professional roles
HE as a right	Government policy of widening participation; Need to meet the needs of a changing student body ; Available to all who can benefit from it; Access; inclusion; diversity.	There was no clear relationship between any of these discourses about the role and purpose of HE.
HE as a privilege	People at university are better than other people; Students are not affected by the same issues as other young people; HEIs should not have to deal with difficult student behaviour; Privilege; Grateful for opportunity.	
University as a community	Responsibility for wellbeing and behaviour of members; Degree of commonality between students and staff, some rules apply to both; Physical community (campus based); Individuals belonging to HEI and their behaviour reflects on it; Some degree of self governance; Staff and student members; Community or communities.	
HEI as provider of education	Formal contractual relationship with students; Don't provide services which are available in the community; Importance of consistency; HEI is service provider.	

8 Framing behaviour: professional discourses and student accountability

8.1 Introduction

The previous chapter addressed the first two research aims by examining four discourses about the HE context which influence how HEIs respond to students who present a risk to self or others and considering the relationship between these discourses and professional roles. This chapter continues to address these aims by considering what I have termed professional discourses and a student accountability discourse, and the relationship of these discourses to professional roles. There has been debate about who is or is not a professional and the impact of professionalism on those working in different fields for the past 20 years (for examples of this debate see Alaszwecki and Manthorpe, 1990; House and Gopfert, 1997; Furlong, 2005; Davies, 2009). The term paraprofessional has been coined for those delivering specific services without formal professional training (Feehan and Wade, 1998). However, the distinctions between professionals and paraprofessionals are not necessarily clear and therefore, for the purposes of this study, I have chosen to use the word professional to mean staff engaged in working with students in a one to one capacity whether or not they have formal training.

The interviewees in this study broadly reflected the diverse professional backgrounds found among Student Support Services staff in the sector and therefore a range of professional discourses were to be expected in the interviews. The guidance documents considered came primarily from cross

professional bodies so were also expected to reflect a range of professional discourses. Four professional discourses were identified: managerial, clinical, therapeutic and support. As discussed in 6.5.1, I had expected to be sensitised to some of the professional discourses based on my own previous experiences of working in different professional settings. This was evident during the analysis when considering the differences between the clinical, therapeutic and support discourses. I was aware that I could be more sensitised to the differences between these discourses than analysts with a different professional background. My understanding of these areas enabled me to consider the subtle differences between these discourses; understanding these subtle distinctions is important for understanding the way in which apparently similar discourses affect responses to students who present a risk to self or others.

The managerial discourse is prevalent throughout the data, possibly reflecting the level of staff interviewed and the guidance documents, many of which were aimed at senior staff or managers. A key element of this discourse is compliance with the legal framework, but the focus is on operational and practical elements such as balancing competing demands from staff and students or particular legislation.

The remaining three discourses are also closely related but have important distinctions. All three have a concern with the intra personal and the well-being of the individual. However, there are clear distinctions between these discourses in the ways in which specific behaviours are constructed. As a practitioner with a background as a Counsellor and in mental health, it is possible that I am more sensitised to these differences than others. For example, established authors in

the field of education such as Furedi (2004b), Ecclestone (2004b) and Hayes (2004) may term all of these therapeutic discourses or therapeutic education. However, I will examine the similarities and differences and explain why I believe it is important to retain the distinctions between them.

A fifth discourse focuses on students' accountability for their own behaviour. Within this discourse are a number of discursive positions, specifically those which emphasise accountability and those which emphasise mitigating factors. These discursive positions are examined in the penultimate section of this chapter, demonstrating the complex inter-relationship between different discourses when discussing students who present a risk to self or others. This is followed by a brief discussion of the relationship between the concept of risk and students with mental health difficulties.

8.2 Managerial discourse

The rise in managerial discourses in the HE sector can be seen in the growing number of texts addressed to managers who wish to improve their practice (see for example, McNay, 2006b; McCaffery, 2010) and those which criticise managerial discourses as damaging to the academy (Pritchard, 2000; Fairclough, 2005b). The terms management and manager have multiple meanings and can be used to encompass a range of discursive positions. My understanding of the managerial discourse in this study focuses on the following key features: ensuring compliance with the legal framework; developing and ensuring compliance with appropriate institutional policies and procedures; and protecting the institution's interests. In addition to these individual features, the overarching characteristic of this discourse is balancing different viewpoints

and/or resources to meet a range of demands. This systemic and institutional

focus contrasts - and sometimes conflicts - with the individual focus of the

clinical, therapeutic and support discourses which are explored later, although

examples of managerial and other professional discourses were often seen in the

same text, demonstrating the tensions which exist when positioning responses to

these difficult situations. The managerial discourse is prevalent throughout the

data in this study and could be considered to be the dominant professional

discourse, both in terms of the frequency with which it is used and the impact it

has when deciding how to respond to students.

The importance of legal compliance is a starting point in many of the guidance

documents which clearly set out HEIs responsibilities and it is a useful starting

point for this section. However, it is worth noting that, for most interviewees,

ensuring legal compliance was not their first concern when considering how to

respond to students who present a risk to self or others. This distinction between

guidance documents and interviewees' comments highlights the difference

between guidance documents aimed at addressing abstract concerns and the

description of real students presented by interviewees. It is notable that despite

the substantial difference between the genres, the managerial discourse is clear

throughout all the data.

As discussed in 2.4, there is a clear legal framework in the UK which governs

many aspects of HE provision. This legal framework is a form of sovereign

power exercised by the state through a range of laws and statutory instruments.

HEIs, like other organisations, must operate within this legal framework.

Relevant aspects of the legal framework are outlined in the guidance documents

and some of the interviewees referred to specific parts of this framework such as the Data Protection Act (1998a) or a range of housing legislation. It was noticeable, however, that within this framework there was the possibility of different interpretations. Whilst guidance documents outline the legal framework, they are not prescriptive as to how this should be enacted in particular institutions. Many of the documents acknowledge this explicitly and emphasise the need for specific legal advice to ensure compliance, another key element of the managerial discourse:

> *"Instead of advocating a 'one size fits all' approach, the guidance outlines good principles of practice that HEIs should consider in their particular context. As a general rule, it is recommended that HEIs should consider incidents of hate crimes and intolerance on a case-by-case basis within the framework of an agreed policy, seeking specific legal advice where necessary."*
> *Promoting good campus relations (Equality Challenge Unit, 2007 p7)*

Although some of the documents, including the one cited above, include case examples, they inevitably provide general rather than specific guidance. Interviewees, therefore, used these documents and other legal guidance as a framework against which to test possible responses to situations, but this appeared to be after possible solutions had been identified.

As noted above, part of the managerial discourse includes checking whether proposed actions are compliant with the legal framework. It could also be seen in interviewees' references to internal policy and procedures. The managerial discourse emphasises the need to follow procedures as a means of reducing the potential for challenge later on; this was clear in a number of interviews, particularly when there were serious concerns about a student's behaviour:

> *" I mean there are obviously um cases where students are um students are being processed through the criminal um system and um they may become or they are, we would view them as being risk to other people and we do have the facility, the Dean of Faculty has the power pending any criminal convictions or pending any further investigation to suspend the student you know pending investigation, but normally where, well in all cases where there's a criminal case and a criminal investigation and trial that would that would have to run its course before we look at the implications of that for the student themselves and for the rest of the university community." Senior Manager, University B (120-128)*

In this instance, not only is the interviewee clarifying that internal procedures are followed, she also demonstrates that these procedures follow accepted best practice guidance for the sector as the process she describes is in line with the Zellick report into student discipline which recommends suspending students whilst criminal proceedings are ongoing (Zellick, 1994). This protects the institution from claims of unfair treatment.

Protecting the university is another key element of the managerial discourse; this also extends to protecting individuals within the university, and protecting the institution's reputation. The interviewee below summarises this perspective clearly:

> *"…for me it's just I want protection I'm not a doctor, I'm not a psychiatrist, I'm not a Counsellor um I will take advice from all my colleagues but I want protection against a claim later on from the student that we broke their confidentiality or from students who were injured or hurt that we didn't protect them and I don't feel that I have the expertise on my own to make that judgement um so I I'm doing it from a straightforward defensive, defensive point of view that I feel that you can get into trouble, the university can get into trouble" Student Support Manager, University B (235-241)*

This interviewee emphasises the need to protect the university and particularly individuals within the university, including herself. This element of the managerial discourse is perhaps particularly important in a 'blame culture' in which it is assumed that it is possible to prevent all harms. The use of the term '*defensive point of view'* indicates a potential fear of being blamed which was stated overtly by some interviewees. There is clear evidence too of a blame culture when looking at the report following the Virginia Tech shootings in America in 2007 . The recommendations of the report make it clear that more could have been done to prevent the shootings and that, in future, universities in the United States should set up systems to identify potentially risky students. The fear of a 'Virginia Tech style' incident and the impact on students and the institution was mentioned by several interviewees. Where an institution has a particularly strong blame culture this need for self-protection and institutional protection may dominate decision-making. This may also alter an individual's practice to ensure compliance with university procedures, or to protect the university by demonstrating that risks had been minimised as much as possible. In the example below, the interviewee discusses the point at which he would disclose concerns about a student to a third party:

> *"…yes I think from that point of view I am more inclined to disclose a bit sooner than if I were in private practice because I think I am aware that I am an employee of the university and I am not totally independent working in private practice." Head of Counselling, University C (418-420)*

Maintaining confidentiality is a key part of the therapeutic discourse (as can be seen in 8.4 below) and decisions to breach this confidentiality would usually be based on the professional opinion of the Counsellor. However in this extract the

interviewee appears to place the requirements of the institution for protection before his professional opinion by '*disclosing a bit sooner than if I were in private practice.*' This shows how the different discourses create different subjects; the subject position of 'employee of the university' appears to dominate that of 'Counsellor' in this extract, resulting in actions congruent with being an employee of the university, that is earlier disclosure of concerns about a student.

The subject position of manager also requires the subject to balance multiple perspectives and resources in complex situations. In the extract below, the interviewee explores possible actions and tries to evaluate the potential impact on the university. It is consistent with McWilliam's (2007) finding that deciding how to act in risky situations was difficult for managers, as acting and not acting both presented risk a position demonstrated by the following interviewee:

> *"… now what we would perhaps look to do now is to see whether we can get proof that she's got an air ticket to go when she says she's going and if so make a judgement with legal advice as to whether she's better staying where she is where everyone knows her or if we should at least move her to somewhere more private where she's not actually among the young students…" Student Support Manager, University B (116-119)*

It is in this area of balancing viewpoints and resources that the intersection between the managerial discourse, other discourses and non-discursive elements can be seen. On the one hand, the legal framework may make one set of assumptions about a student, whereas a therapeutic discourse may frame the issue differently. Part of the function of the managerial discourse is to acknowledge the role of each of these elements in considering responses to students who are a risk to self or others. The managerial discourse, then, involves integrating strands from different discourses and non-discursive

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elements or prioritising one discourse over another in the decision- making process. Implementing outcomes arrived at in this way demands substantial interpersonal skills to persuade others that actions based on a particular combination of discourses are appropriate, or possibly even the best course of action. The processes of influence are outside the remit of this study, but the processes of influencing others are addressed in several works on management in HE including (Pritchard, 2000; McNay, 2006b; McCaffery, 2010).

The version of managerial discourse identified here is what Marsden and Townley (1996) refer to as a normal view of management, namely one which accepts that management within HE is required or 'good'. It is perhaps inevitable that someone who is working as an HE manager would identify this discourse and accept that it has value. I am certainly conscious in my own role of the requirements to ensure compliance with regulations and legislation and to balance multiple perspectives. Despite this personal investment in this discourse, I am aware that other, more critical, discourses about management can be found in the literature, Marsden and Townley (1996) term these 'contra discourses'. I share some of the concerns identified in these discourses about excessive managerialism; however, to maintain my critical approach I have to acknowledge my own position as someone who operates within the managerial discourse identified in this section.

Although interviewees came from a variety of professional backgrounds, examples of this discourse could be found in all of the interviews; this suggests that a managerial discourse is the dominant professional discourse regardless of professional background. This may reflect the relatively senior roles of

interviewees and further work with frontline staff would be beneficial to identify whether this discourse is prevalent across HEI staff groups.

8.3 Clinical discourse

What I have termed the clinical discourse is characterised by a focus on symptoms and treatments and was, perhaps unsurprisingly, particularly evident when interviewees were discussing students with mental health difficulties. This discourse could be identified most clearly and consistently in interviewees who worked, or had trained, as mental health specialists as either social workers or nurses.

Naming this a clinical discourse should not be taken to imply that those using this discourse were uncritical of medical models, rather that they used medical language and presented information using formal descriptions rather than emotional language; this includes the vocabulary used to describe symptoms, the use of diagnostic categories and use and understanding of procedural terms in relation to legal processes and the mental health system. The following extended extract contains all these key characteristics of the clinical discourse; it is contrasted with other extracts to demonstrate the difference between clinical and other discourses.

> *"The following morning I got the Hall Manager to speak to the student and said he needs to come and see me. He came over to see me um, I had security on alert because I still wasn't very clear about what was happening with this young guy um and I sat in, I set the room up so that he was sort of in the room and I was near the door and he was really um quite ill really it was quite obvious talking to him. He was very suspicious, very paranoid, responding to auditory hallucinations um you know he got quite irate really with my asking him questions. So I curtailed the interview, and said that's fine you can go but I had managed to get his father's mobile number off him at some point. So then I got onto my manager saying is it alright if I ring this this lad's father because I need to find out. I did, his father confirmed that he had a diagnosis of paranoid schizophrenia, he'd recently moved from one team to another and had also not wanted the university to know that he did have a mental health problem you know that he'd been sectioned you know so he did have a fairly long history and so that point I triggered a Mental Health Act assessment because obviously he had, he was not taking his medication and he was frightening everybody else really. But also his mental state was, was had rapidly deteriorated. So it was like that whole area of his him but also the impact he was having on everybody else in that flat."* Mental Health Adviser, University A (150-167)

The first indication of the clinical discourse here is in the description of student's behaviour as a clinical symptom; *"He was very suspicious, very paranoid, responding to auditory hallucinations"* a non-clinical discourse may have referred to 'hearing voices.' This is followed by the fairly formal phrase, "*So I curtailed the interview'*; this contrasts with the interviewee's more informal language in most of the interview and is reminiscent of the sort of language used in a formal report. The phrase "*his father confirmed that he had a diagnosis of paranoid schizophrenia''*" is further use of clinical, diagnostic language.

The next section of the extract shows familiarity with mental health systems and the location of the interviewee within these systems. She explains that the student *"recently moved from one team to another",* the implication here is that

the student's care had been moved from one mental health team to another, although this is not specified, suggesting someone who is located within that system and therefore does not need to be explicit that it is the mental health system she is referring to. She goes on to state that *'he'd been sectioned'* apparently meaning that he had been detained under a section of the Mental Health Act (1983) and had a *"fairly long history,"* again the implication is that this history is with mental health services, but the interviewee does not make this explicit. The interviewee's role within the mental health system is then indicated, *"I triggered a Mental Health Act assessment."* The interviewee had previously worked in a setting where she had undertaken such assessments, and her language suggests that she could initiate such an assessment, even though her role in a university formally places her outside the system which decides whether or not such an assessment is needed. She positions herself as active within this process rather than the more passive positioning within a similar process of another interviewee:

> *"…we got the Crisis Team[10] out to him. Um the Crisis Team had been out before but this was more they came then you know with the social worker and with the you know the psychiatrist and they assessed and said this, yeah he needed to be detained under the mental health act umm and went off to hospital." Head of Counselling, University D (141-145)*

In the extract above, the interviewee uses the collective noun *'we'* rather than *'I'*, locating the process more with the institution or at least a group of people within the institution rather than the act of an individual. This extract also locates the

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[10] Crisis Teams or Crisis Resolution and Home Treatment Teams are mental health teams who respond to people experiencing acute mental health difficulties who do not require hospitalisation.

decision to assess with the Crisis Team, rather than with the interviewee as in the first extract. This locates the interviewee outside of the system although familiar and able to engage with it.

In the first extract the Mental Health Adviser explains that *"obviously he had, he was not taking his medication"*, this implies knowledge of the benefits and impact of medication, or its absence, locating the interviewee within a clinical discourse. An even stronger version of this positioning can be seen in another Mental Health Adviser's interview *"… he wasn't concordant with the medication and soon started to show signs of relapse"* (Mental Health Adviser, University E 291-292) where knowledge of the effects of medication and not taking medication are clear, as well as a technical approach to this in the use of the phrase '*wasn't concordant.*' The Mental Health Adviser at University A goes on to state that, "*his mental state was, was had rapidly deteriorated"* a clear judgement about the student's mental health, which implies an understanding of patterns of change.

The final statement in the extract moves into a more managerial discourse as the interviewee recognises not only the changes in the student but also the impact of his behaviour on others within the institutional context, *"So it was like that whole area of his him but also the impact he was having on everybody else in that flat."* This 'discursive knot' demonstrates how whilst one discursive position may be dominant, individuals may occupy more than one position at once, or may move between positions within the same sentence. In this situation the Mental Health Adviser has dual responsibilities within her role, responsibility to the individual for which she uses the clinical discourse and responsibility to the HEI, including other students, for which she uses the managerial discourse.

The clinical discourse has a clear basis in professional training and has a range of associated practices such as risk assessment tools. This is a powerful discourse within external systems, particularly where there are concerns about a student's mental health and use of this discourse may facilitate access to external services:

> *"Now there was a suspicion there was a mental health issue alongside medical problems which is, it is a little bit of a complicated case but suffice to say um I was lucky to speak to, sometimes you don't get people cooperative but I've never been blocked. I talk as if I have the right to speak to a supportive GP and I have the right to speak to them as soon as they're free." Nurse, University C (145-149)*

The clinical discourse focuses on medical (or biological) rather than social aspects of mental health issues and is powerful within our society, in Foucauldian terms it has both disciplinary and sovereign power. Disciplinary power is exerted when people internalise the normative expectations of those in power and regulate (or discipline) their own behaviour. In terms of mental health, medical professionals identify norms of acceptable behaviour and reinforce these through medical and psychiatric practices (Foucault, 1995; Jacob, 2009), often supported by popular media figures. These expectations then become internalised in the general population, most of whom demonstrate appropriate behaviour. When these norms are breached the clinical discourse is supported by sovereign power, because certain mental health practitioners who use the clinical discourse also have power invested in them by the state to detain others under the Mental Health Act (1983; 2007), force them to take medication or to comply with societal norms. This association with sovereign power may mean that this discourse is accorded greater importance by staff external to HEIs than

some of the other discourses. This may also explain the rise in the number of

Mental Health Advisers in HEIs over the last few years. These staff share a

discourse with colleagues in the health service and may be more likely to be able

to access services on students' behalf. As a former Mental Health Adviser in an

HEI (although not one with formal, clinical mental health training) the benefits of a

shared clinical discourse were familiar to me. I would not position myself fully

within this discourse, although I find many of its elements useful. Moreover, I

recognised elements of this discourse which can be learnt, particularly the use of

formal, clinical language. In my own practice I have found that such 'rhetorical

deployment' (Fairclough, 2005a) of particular discourses, that is adopting this

language in an instrumental manner, can be an effective tool to improve

communication with mental health professionals.

8.4 Therapeutic discourse

The discourse I have identified as therapeutic is allied to, but separate from, the

clinical discourse. I argue that this discourse is distinct from 'therapy culture'

(Furedi, 2004b) and 'therapeutic education' (Ecclestone, 2004a), although

proponents of these theories may disagree, and I discuss these distinctions

further in 8.5. I use the term therapeutic discourse for a professional way of

talking allied to professional bodies such as the British Association for

Counselling and Psychotherapy (BACP) and the UK Council for Psychotherapy

(UKCP) to represent ways of talking which draw on theories of counselling and

psychotherapy. Therapeutic discourse is characterised by: reference to

therapeutic orientations and specific technical terms; emphasising the

distinctiveness of confidentiality in a counselling relationship compared to other

support services; identification of boundaries and an ethical framework as important; and its focus on behaviour is explanatory rather than diagnostic. Most examples of therapeutic discourse within the data came from Counsellors or Mental Health Advisers. Clinical and therapeutic discourses could be identified in the same interview, showing the close relationship between these discourses, but it was possible to distinguish between the two positions. Clinical discourse focuses on symptoms and diagnostic categories, whereas therapeutic discourse focuses on the experiences of individuals (individual process) describing rather than diagnosing or labelling individual's behaviour.

> *"…I think the most recent example I can think of was a student who had a diagnosed chronic mental health problem um and um at times didn't I think find the medication very helpful so didn't always take it and behaved a little bit erratically…"Head of Counselling, University B (59-62)*

This extract demonstrates some of the key differences between the clinical discourse and the therapeutic discourse. The interviewee uses the term '*chronic mental health problem*', which is descriptive and is not a diagnostic category. When discussing the students use of medication the interviewee states *'at times didn't I think find the medication very helpful so didn't always take it.'* The use of a number of qualifiers in this statement indicates a suggestion rather than a clear opinion or position about the student's use of medication; there is also a focus on the student's perception of the usefulness of the medication. This contrasts with the earlier examples from the clinical discourse where students who were not taking their medication were described using much more definitive statements. The language used in the clinical discourse is more objective and focused on the

action of not taking medication rather than the reasons for this focused on by the Head of Counselling above.

In the extract above, the interviewee tries to understand the meaning of the student not taking her medication; seeking understanding of the meaning of behaviour from the client's perspective is a feature of the therapeutic discourse. In the extract below, the interviewee is talking about a meeting with the housemates of a student who was self-harming. The interviewee is making meaning out of the student's self-harming behaviour and describes trying to share that understanding with the other students to enable them to view the behaviour differently and maybe as a result respond to the student differently:

> *"I said no, I see loads of students who self-harm and they were like, [intake of breath] Yeah it's very common, you know, it's very common, it's what gets people through. You may go out and get drunk you know and other people may you know, it may be seen as a negative behaviour but for lots of people it's a positive thing because it gets them through their lives, it gets them through difficult times." Mental Health Adviser, University A (497-501)*

The importance of confidentiality is a prominent feature of the therapeutic discourse, with a particular emphasis on the need for confidentiality within Counselling Services to be stricter than in other Student Support Services:

> *"…I know we have probably special privileges that others don't have in terms of not having to report back and confidentiality…""Head of Counselling, University C (412-414)*

> *"…I think one of the issues for us is maintaining the confidentiality once they become clients of the service and we are not just consultants advising colleagues and sharing with colleagues thoughts about how to manage a situation and you know having to say well actually we can't feed back information about what's going on because it's confidential" Head of Counselling, University B (121-125)*

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The importance of confidentiality, even when risks had been identified, was also highlighted by Reeves and Mintz (2001) in their study of Counsellors working with suicidal clients . At times this requirement appeared to cause conflict with staff in other Student Support Services:

> *"Because something about confidentiality seems to rub people up the wrong way, they think you're being quite powerful or arsey… you're thinking I'm just protecting my client." Head of Counselling, University A (186-188)*

The requirement for Counsellors to maintain confidentiality is clearly stated in professional codes of conduct (British Association for Counselling and Psychotherapy, 2007). The extract above demonstrates the impact of this particular 'institutional way of talking' or discourse. The interviewee notes that other people '*think you're being powerful or arsey',* apparently acknowledging the impact that withholding information about a student may have. However she goes on to deny there is any element of power involved as '*I'm just protecting my client'.* Despite her protestations, there does seem to be some exercise of power here as BACP guidelines do allow for Counsellors to share concerns about others where there is concern about risk, indeed Counsellors are required to do so; however, it seems that the level of risk at which Counsellors share concerns with colleagues outside the service may be higher than for other Student Support Services staff. Maintaining a strong confidentiality boundary separates Counsellors from other professionals and may be viewed as a way of demarcating the profession from other 'helping professions'.

References to particular therapeutic schools of thought are another indicator of therapeutic discourse; interviewees referred to a range of therapeutic approaches including Rogerian, psychodynamic, cognitive behavioural, brief

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therapy and hypnotherapy and used terms associated with these approaches. Interviewees used theoretical terms from these approaches such as: '*parallel processes*' (Head of Counselling, University A), '*pushing boundaries of social living*' (Mental Health Adviser University A) and '*trying to contain that*' (Head of Counselling, University D). The purpose of this study is not to compare different therapeutic approaches, but it is useful to note that most of the Counsellors appeared to draw on a number of therapeutic perspectives. This basis in psychological rather than medical theory differentiates this discourse from the clinical discourse.

Despite some differences between therapeutic traditions, Counsellors interviewed in this study shared a discourse focused on meaning making, explanation and a need for confidentiality. This is consistent with the discourse found in material published by their professional bodies. This discourse emphasises the rights of the client and within this discourse stronger evidence of risk appears to be needed before action would be taken.

My initial professional training and practice was as a Counsellor and the elements of this discourse were familiar to me, as were some of the debates about the need to maintain confidentiality, and how this differs from the confidentiality of other elements of Student Support Services. The close examination of language required for this study provided an opportunity to think about which elements of this discourse I continue to integrate into my own practice. I continue to place great importance on meaning making for individuals and recognise the need for maintaining confidentiality. However, this analysis highlights some of the dilemmas I can face as a professional who values the

therapeutic discourse and yet also operates within the managerial discourse where perspectives have to be balanced and the institution protected. Distinguishing between the clinical and therapeutic discourses enabled me to reflect again on how I may choose rhetorical deployment of these discourses in my own practice.

8.5 Support discourse

The previous sections have identified differences between clinical and therapeutic discourses and their association with particular professional backgrounds. A third discourse was also identified, which may initially appear to be either therapeutic or clinical but is actually distinct in its own right; a support discourse. This discourse draws on some of the elements of clinical and therapeutic discourses, but does not have clear theoretical underpinnings. This discourse seems to emphasise that there is likely to be an explanation (either psychological or medical) for a student's behaviour, and that, if this is the case, suggests that the student will require specialist support and may merit different treatment.

This discourse has many of the features referred to by Furedi (2004a; 2004b) Ecclesteone (2004a; 2004b) and Evans (2004) in their notions of therapy culture or therapeutic education. The discourse emphasises vulnerability and the need for support, but the language used in this discourse is less specific than that used in clinical or medical discourses. It was identified in guidance documents i.e. *Responding to student mental health issues* (AMOSSHE, 2000), and in many of the interviews; it was used particularly (although not exclusively) by interviewees who did not have a counselling or mental health background. In this way it

appears to draw on elements from the clinical and therapeutic discourses without the same theoretical underpinning.

Users of this discourse appear to seek, and expect to find, causal explanations for a student's behaviour, even when there is no clear evidence such explanations exist. Explanations may focus on the impact of previous experience, such as abuse in childhood, the student's current psychological state, or possible presence of a mental health difficulty. In the extract below, the interviewee describes a student who had been making lots of demands of staff:

> "Apart from you know when she started talking about other students and sometimes some inappropriate comments about members of staff that she had been dealing with who she'd now decided were you know, didn't understand her properly. But hers, the thing that was difficult for me about that as well was that in discussion with er the Director of Student Services, that that, she'd been advised to go for counselling and had sought not to take that option. And you know how would one des, you could say that that behaviour was unacceptable which it clearly was, did that student have mental health problems? I don't know, again it was very much on the borders of what was, it certainly isn't normal behaviour but equally you wouldn't go so far as to say it was abnormal. Do you know what I mean?" Senior Manager, University D (66-75)

The student in the extract above was advised to go for counselling, this is an example of a further feature of the support discourse, namely that students who are experiencing difficulties in some way require support from professionals. In some cases where a student's behaviour had been inappropriate, interviewees would stop disciplinary proceedings and seek out psychological explanations of the student's behaviour and the student was then offered support rather than punishment.

As outlined above, users of the clinical discourse locate themselves predominantly within the mental health system; users of the therapeutic discourse position themselves as having distinctive and special relationships with clients compared to other forms of support. Using the support discourse locates people outside of specialist systems, but values those systems and may also identify a need for less specialist support. This discourse appears to suggest that professional support is needed, or at least should be offered, in all instances where students may experience distress. This is consistent with Furedi's (2004b) notion of a therapy culture, in which vulnerability is emphasised and ideas drawn from therapy and counselling are used in other relationships.

Ecclestone (2004a; 2004b) extends this notion and suggests that the purpose of education is being redefined, with a focus on building esteem rather than challenging individuals. Her concerns about the diminished sense of agency this approach accords to students can be seen within this support discourse, which may position (some) students as less responsible for their own decisions and requiring further information and explanation of ideas. There are strong linkages between the support discourse and the positions within the student accountability discourse, which focus on mitigation for student behaviour (see 8.6 for further discussion). In the extract below, the interviewee discusses passing information on to a disciplinary hearing. She is concerned that, although the student had given consent for information to be shared, he may not have understood what that meant; the implication is that he needs some form of additional explanation or support before the information can be passed on, although he had already consented to this.

> *"Our students' learning support plan, the way we do it,
> when they sign it really they are signing that we can talk to
> absolutely anybody if it's to do with their support or duty
> of care and everything so really he could argue that that
> was what that was about and everything we wrote was
> supportive um but I'm not quite sure when students sign
> that thing that they realise what it really means." Disability
> Officer, University C (97-101)*

Emphasising the student's need for support to understand the implications of

signing the learning support plan, and giving consent to share information

positions the student as not fully responsible for his actions. Such positioning

may have implications for decisions made about an appropriate response to their

behaviour; can someone who is not fully responsible for her own actions be

punished for them? This issue is considered further in the next section.

The support discourse is not only used by specialist staff within HEIs. The

extract from the *University of Lancaster's Mental Health Policy and Guidelines*

quoted in AMOSSHE's *Responding to student mental health issues* uses the

support discourse, in which a student is likely to require specialist help to resolve

their difficulties:

> *"If the student does talk about their problem with you, try
> not to give advice that is not within the boundaries of your
> role, but rather listen and encourage the student to seek
> the appropriate help (see directory of services). Try to
> recognise what you can realistically do and whether there
> is a more appropriate person to deal with this. It is not
> always possible to identify which source of help would be
> most appropriate. However, it is important in the first
> instance to refer the student to somewhere that is
> acceptable to them. A further referral can always be made
> later." Responding to student mental health issues
> (AMOSSHE, 2000 p34 bullet point four)*

In summary, the support discourse uses more general terminology than the more

specialist therapeutic and clinical discourses and they promote the importance of

specialists in helping students to address difficulties. It shares many of the features identified by Furedi (Furedi, 2004a; Furedi, 2004b) and Ecclestone (Ecclestone, 2004a; Ecclestone, 2004b) in their work on therapy culture and therapeutic education. However, whereas therapy culture and therapeutic education argue that the focus of education has become building student self-esteem, the support discourse seeks explanations for behaviour and tries to identify support which will enable students to cope and succeed academically.

As a practitioner, the language of the support discourse was familiar to me and yet I had not previously seen it articulated as a specific discourse. It was important for me to distinguish it from some of the more critical work on therapeutic culture and therapeutic education, as I can see value in this discourse. However, it is a discourse which I think would benefit from closer academic and practitioner scrutiny to consolidate and challenge its foundations.

8.6 Student accountability

The final key discourse identified in the data was student accountability. The extent to which a student could be considered accountable for her behaviour appeared to be important in deciding how to respond to perceived risk. Issues of accountability were raised in a number of ways and I considered whether this was evidence of multiple discourses. However, repeated readings of the data convinced me that all of the text shared an overarching concern with accountability and that the different presentations of issues surrounding accountability should be considered as positions within a single discourse of student accountability.

Positions within this discourse can be viewed as being on a continuum with two extremes: one identifies the student as fully accountable for her own behaviour whatever the circumstances; the other identifies and emphasises mitigating factors which reduce the individual's responsibility for her actions. Positions can be taken along this continuum, but perceived accountability appears to be a key discourse when considering how to respond to a student who presents a risk to self or others, with greater perceived responsibility being linked to more punitive outcomes (see chapter ten for further discussion). Concerns about accountability were also presented by positioning students as young people in transition (to adulthood) who are unable to take on the full range of adult responsibilities (and therefore less accountable for their own behaviour) or as adults fully accountable for their own behaviour mirroring the debates outlined in 2.2.

The first discursive position emphasises students' responsibilities for their own behaviour including informing others of their needs:

> *"Students should be encouraged to take an active part in, and take responsibility for, communicating their needs and seeking support within the University / College environment" Responding to student mental health issues (AMOSSHE, 2000 p8 paragraph 3)*

This position emphasises responsibility and accountability as an activity and may be seen as an example of the individualism of the contemporary world, in which responsibility for actions is considered to lie with the individual rather than with broader social structures; resulting in an apolitical understanding of situations. The importance of assigning accountability can be seen in the extract below, in which the interviewee had described a range of behaviour such as shouting abusive comments in class and being generally disruptive. She goes on to

explain how, because other staff thought this was as a result of the student's

Attention Deficit Disorder[11] (ADD), little action had been taken and the

interviewee had been expected to speak to the student about his behaviour.

> "…he was someone who every aspect of his behaviour he
> would say he couldn't control and well you could say who
> am I to say yes or no but I think he could control some
> aspects of it he had just been allowed to get away with a
> lot of it.." Disability Officer, University C (38-41)

By asking 'who am I to say yes or no', the interviewee indicates the importance of

identifying whether the student is accountable for his own behaviour and

indicates that there may be someone who can determine this. The use of the

phrase 'get away with a lot of it' suggests that the Disability Officer thought that

the student was able to control his behaviour, even though others had not held

him accountable for it. The phrase possibly suggests that the interviewee felt

that the student was avoiding taking responsibility for his behaviour, using his

ADD as an excuse.   Whilst it is impossible to know from the description given in

the interview how much control over (and therefore responsibility for) his

behaviour the student had, the importance of accountability is clear as it

determines what may be deemed to be appropriate responses from staff.

Where students were seen to be accountable for their own behaviour they were

more likely to be dealt with under disciplinary procedures:

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[11] Attention Deficit Disorder is a disorder involving impairments in focus, organisation, motivation, emotional modulation and memory Brown, T. (2005) *Attention deficit disorder.* New Haven: Yale University Press.. It may also be accompanied by hyperactivity to give attention deficit hyperactivity disorder.

> *"As I say the other risk is, is it's always through the situations when a student might threaten somebody whether it's physically or verbally actually assault somebody um yeah harass somebody that's the other sort of thing as well depending on what sort of evidence you're got they would be clear disciplinary"* Student Support Manager, University E (515-519)

Student responsibility for their own behaviour is also recognised in the guidance documents which deal directly with students' mental health. However, the guidance documents and many of the interviewees' comments demonstrate an alternative position within this discourse, 'mitigation for behaviour', which focuses on factors which reduce the student's responsibility. This may be for reasons relating to the student's mental health, disability or previous life circumstances. From this position a student may be identified as vulnerable in some way and needing additional support. Interviewees also used this position to explain behaviour which would otherwise be outside of social norms. In the extract below, the interviewee is describing a situation in which a young man, who was later identified as having mental health difficulties, had been hit by another student after inappropriate sexual talk and possibly behaviour:

> *"And also um there was an issue, somehow with this young man who was terrified, a lot of his behaviour was the product of terror, you know he didn't harm anybody , he made some you know he talked sexual, I don't even know if he tried to expose himself a bit to this guy, I just don't know, but I do know that whilst again the young man who hit him, I wouldn't wanna say you horrible bastard for doing such a thing it wouldn't be like that, but I would try and present that this is the behaviour of someone who is not well . You know this is not um, it must be very obvious, it is not fair to judge him in a way that you know…"* Nurse, University C (307-314)

This interviewee acknowledges that the second student *'the young man who hit him'*, had been disturbed by the first student's behaviour but does not feel that

this justified the behaviour as the first student was, in her view, clearly unwell. She uses this to position the student with mental health difficulties as not being responsible for his behaviour and appears to think that other people should have seen this too. In contrast, she describes the senior manager in the same institution as taking no action against the second student for hitting the first student with mental health difficulties, because the senior manager appeared to view this as a reasonable reaction to the inappropriate sexual talk. In many instances in HEIs, hitting someone would be considered serious misconduct, but in this case it appears that the senior manager viewed the student's action as mitigated by the preceding inappropriate sexual behaviour. Both interviewees used the discourse of student accountability to provide justification for behaviour which is usually considered unacceptable, but differed on the relative unacceptability of the behaviours and which provocations are considered valid.

In some instances, interviewees described checking whether or not there may be a reason for a student's behaviour even when the student had not identified such a reason:

> "…we have a reporting procedure from from the private
> halls where any incidents whether they are of a welfare
> nature or a disciplinary nature come through a reporting
> process now. They come through separately but there's a
> lot of interaction because in a lot of cases there will be
> welfare factors in disciplinary issues and vice versa so we
> do work very closely together and I think we manage it
> very well, we're getting there do you know it's taken a
> while to have an effective system in place that means we
> are able to pull out the students that we don't think should
> be going through the disciplinary procedure…"Student
> Support Manager, University A (121-128)

As this extract shows, discursive positions within the student accountability discourse have a substantial impact when deciding what action to take; where a

student is viewed as fully accountable for his behaviour disciplinary action is more likely to result.

Within the student accountability discourse, positioning students as young people in transition or adults appeared to be another way of indicating the extent to which a student could be considered responsible for his behaviour. Despite the increasing number of mature students, most of the examples of risk given by interviewees described students in the traditional age group, possibly reflecting the increased likelihood of these students relying on university rather than external services for support. In a variation on the positions discussed above, describing traditional age students as young people in transition, rather than adults, positions them as not fully accountable for their own behaviour whereas positioning them as adults reinforces accountability for behaviour. These positions were identified in relation to students who were seen as a risk to self or others and when discussing the impact these students had on their peers.

Legally, most students are considered to be adults, as most are over the age of 18 when full adult rights are acquired in the UK, something which is explicitly acknowledged in guidance documents and by a number of interviewees. There is a small group of students who are under 18 and guidance documents recognise that institutions may have a particular legal duty of care to these students, as noted in *Responding to student mental health issues* (AMOSSHE, 2000). However, none of the interviewees identified any of the students they were talking about as being under 18 so this issue was not explored in the interviews.

A number of interviewees identified the changes which many 18-19 year old students undergo, as they move from their parent's home to university accommodation and the requirement for the student to take on more responsibility for their own day to day living. Some provided examples of students seeking the intervention of university staff as 'adults' in situations the students were finding difficult, such as undertaking daily chores such as using the launderette or negotiating with housemates over shared living spaces. If students are positioned as young people who are unable to take on full adult responsibilities, then HEI staff are more likely to be positioned as adults or even quasi-parental figures. A number of examples were given of parents or external agencies using the notion of students as young people in transition to request high levels of support from HEI staff such as expecting staff to contact a student who had not phoned home for a few days, to expectations that staff would resolve apparently minor issues between housemates such as who had taken food from the fridge.

Some interviewees saw helping students to make these transitions as the university's role, in the extract below the interviewee explores the link between academic progress and the support offered in university accommodation:

> *"However, why have we got university accommodation if it's not because we feel that we ought to be supporting people in their first year in that transition period because some students do find transition very difficult and therefore shouldn't we have something that is more joined up. Because otherwise why are we bothering spending huge amounts of money on having university accommodation? Why don't we just farm it all out to the private sector?" Head of Accommodation, University B (60-66)*

This suggests that the provision of university accommodation is a discursive practice based on positioning students as young people in transition, who are not yet fully responsible for their own behaviour, and the university as able to support them in making that transition. A number of HEIs have outsourced their accommodation provision, although it was interesting to note that one of the interviewees working in an HEI where accommodation is outsourced still wanted to ensure that students had access to out of hours support, mirroring to some extent the provision of university accommodation in supporting students during transition and positioning students (especially first years) as young people in transition.

Another interviewee emphasised how transitions may be even more difficult for young people with identified mental health difficulties:

> *"Yeah cos its a big lifestyle change as well [interviewer]*
> *"Huge especially if they've not lived away from home*
> *before and taken responsibility because in a lot of cases*
> *you've had mum or dad say to them take your medication*
> *you know make sure you get enough sleep and don't, you*
> *know, eat junk and it all, it all has an impact on how they*
> *react to things" Student Support Manager, University A*
> *(290-294)*

Positioning students as young people in transition also positions them as less able to deal with difficult situations than 'adults', providing some mitigation for behaviour which would be unacceptable in an adult. In the extract below the interviewee is describing a situation in which a female student was required to move out of university accommodation following frequent threats of suicide:

> *"Mmm and again the, the sort of the impact on others when that happens. You know they're young people and they feel then very frightened really and again in that case we moved the student or she went home originally but she was told that when she came back she couldn't live in halls because its unfair to have that to to sort of burden young people with that responsibility." Head of Counselling, University C (174-178)*

Rather than focussing on the perceived unfairness or difficulty of living with someone who is suicidal, the interviewee focuses on the age of the students and uses this to magnify the perceived unfairness of the situation. This implies that the situation would be less unfair and less of a '*burden of responsibility*' for older students.

Some interviewees contrasted positioning students as young people who need help to make the transition to adulthood with expectations of young people who are not students. One interviewee describes a student coming into the Counselling Service who had been arguing with a housemate about food:

> *"I need to move my accommodation I've been fighting with this girl, … the Accomodation Officer gets you out your contract great. You can't get out of your contract if you live in the real world, just because somebody keeps eating two pieces of bread." Head of Counselling University A (560-563)*

This interviewee recognises the emphasis others place on students as young people who cannot be held fully accountable for their own behaviour, however, she questions the utility of this position and identifies an alternative position, namely that of students as adults who need to deal with (minor) difficulties on their own. References to students as adults are evident both in guidelines and in the interviews, but even where this was drawn upon it appeared to be contested

with interviewees not being entirely comfortable placing full adult responsibilities on students:

> *"I think there is that perception and you know um it's one of those debates you always have you know how much you can actually help especially students in private houses say who have chosen and they're adults and they're all living together its quite difficult to sort of um I don't know to intervene almost isn't it?" Head of Service, University B (194-198)*

The interviewee appears to find the positioning of students as adults limiting, as it is not seen to be appropriate to intervene in domestic disputes between adults. The interviewee appears uncomfortable not offering anything to these students, suggesting that although she is overtly positioning students as adults responsible for their own behaviour, which appeared to be the institutional position in this situation, she may personally position students as young people in transition, which would suggest that young people may need some help to address difficult situations. This conflict between official and personal positions within a discourse may cause individual practitioners difficulties and may result in differences between the espoused position and the position from which actions are actually taken.

Positioning students as adults appears to draw mainly on the legal framework which gives adults rights e.g. it stops HEIs sharing information with parents under the Data Protection Act (1998a). This gives students rights, however, the dominant position based upon frequency of use appears to be a psychologically based positioning of students as young people in transition. This latter position suggests that students will require support or intervention from HEI staff to enable them to address situations effectively. This approach can be viewed as

developmental, supporting learning outside the academic area, with a 'whole person' approach to university education, or as infantilising students.

Discursive positions within the discourse of student accountability may emphasise students' accountability or mitigating factors. Factors such as mental health difficulties health conditions or previous expereinces have all been identified as mitigating factors, as has inappropriate behaviour by others. Accountability is emphasised when students are positioned as adults and mitigating fators are emphasised when students are positioned as young people in transition who are not fully accountable for their own behaviour. This position may also mean that students who are affected by others' behaviour are deemed to be less able to cope with difficulties than if they are viewed as adults. There was no clear relationship between professional background and positions taken within this discourse, or between most of the professional discourses and positions taken within the student accountability discourse. However, there did appear to be a relationship between the support discourse and positions emphasising the mitigating factors which reduced a student's accountability for her own behaviour. I recognise the importance of this discourse in my own practice. It is a discourse which I think is always present and plays a role in decision-making, although I adopt different positions within the discourse in different situations. In particular, I have reflected on my position in relation to students as young people in transition and students as adults and recognised that I adopt both of these positions. It is an area on which I continue to reflect.

8.7 Students' mental health

It has already been noted that mental health difficulties were identified as mitigating factors for unacceptable behaviour in some of the data. Semantic coding identified the frequency of the term 'mental health difficulties' and of examples of specific mental health conditions; I therefore investigated whether there was a specific discourse in relation to mental health difficulties. The guidance documents I considered for this project included guidance about mental health difficulties, but I had also included documents dealing with the risks from drug and alcohol use and hate crimes. Several interviewees noted the increase in the number of students with mental health difficulties and a substantial majority of the incidents described by interviewees involved a student with mental health difficulties. Indeed some interviewees appeared to believe my work was concerned only with students with mental health difficulties:

> *"Just before I begin in terms of, your interest is in student mental health is that right?" Health and Safety Adviser, University E (1)*

I clarified that I was interested in all students, but this interviewee, like several others, only provided examples of students with mental health difficulties. This suggests a strong association between people with mental health difficulties and risk. Guidance documents and many of the interviewees explicitly stated that most people with mental health difficulties did not present a risk to themselves or to others; however, the prevalence of examples of students with mental health difficulties suggests a relationship which should be explored.

There is undoubtedly a perception within society in general that people with

mental health difficulties are a risk in some way. One interviewee explained how

this perception is also present among HEI staff:

> *"I think the institution's very naive when it comes to mental*
> *health generally so I think um the academics and people*
> *who are there to, who are probably in the first line when*
> *people disclose struggle, totally struggle with somebody*
> *disclosising a mental health issue of any description and*
> *then they keep if you've got young men who may be you*
> *know physically big and intimidating then I think people*
> *there put another set of preconceptions onto it. So I do*
> *think it's that notion of dangerousness around mental*
> *health which is in society as well so why shouldn't it be*
> *here, it's going to be here isn't it?" Mental Health Adviser,*
> *University A (335-342)*

The Mental Health Adviser acknowledges the association others make between

mental health difficulties and risk. Her use of the term naive suggests that there

are also people, like the Mental Health Adviser, who have an accurate

understanding of the issues, but that this is not shared across the whole

institution. It would be possible to read from the data that these '*preconceptions'*

and the *'notion or dangerousness around mental health'* are indications that there

is a specific discourse that people with mental health issues are dangerous.

However, the relationship appears to be more complex than that.

At the same time that mental health difficulties are associated with risk, they are

also seen as mitigation against punishment. It may be that the word risk is

associated with support, whereas bad behaviour is associated with discipline.

This reflects Sjoberg's assertion that almost all things can be expressed as risks

but only some are (Sjoberg, 2002). A number of interviewees indicated that bad

behaviour was dealt with at a lower level through fairly standard procedures and

that it was only where cases were complex, such as where it was suspected that the student had mental health difficulties, that they went to more senior staff.

The suggestion that students who may be a risk to self or others, are likely to have mental health difficulties appears to exclude a whole range of other behaviour from definitions of risk e.g. students who are involved in fights or violence seem to be positioned as bad rather than risky. The extract below starts by describing other risks, but these are situations in which a threat has been made rather than situations where there is concern about what may happen. The interviewee goes on to explain that these situations are relatively easy to deal with:

> *'Well they are really because they're fairly clear cut if you've got an incident in halls where someone's assaulted somebody the police are involved um into a straight suspension while the police investigate obviously support for the victim um then the student is suspension is a holding mechanism not a punishment at that point um but you know we're not a substitute for the law and the students are not above the law because they're with us which is something that we say, but you know they're quite clearly told that in induction you know just because you're at university or in a hall of residence that doesn't mean that you are able to misbehave in a way that wouldn't be acceptable in any community anyway. They they're much more straight forward it's the ones where you know or you suspect that there's an underpinning issue that someone needs to deal with whether it's a mental health issue or whether it's an emotional issue thats caused the um kind of episode or the threat or whatever or the erratic behaviour where they won't engage where you are only left with the disciplinary and that's quite frustrating sometimes you can't you can only do you know you can lead a horse to water but you know it's their choice I can ask you to go and see a GP I can't you know I can't make you go you know whether you are under 18 or over 18' Head of Student Support, University E (521-537)*

This extract suggests that it is only complex cases where issues of risk are considered and that these cases may involve students with mental health difficulties. It seems then, that the association between mental health difficulties and risk remains strong, but that the direction of this relationship is not clear. There may be a specific discourse which associates mental health difficulties with risk, but as many of the interviewees denied this direct link it does not appear to be appropriate to name this as a discrete discourse here, rather it appears that the presence of identified mental health difficulties can be used in other discourses as a way of explaining behaviour and a basis for deciding on an appropriate response to a situation. Students who are experiencing significant mental health difficulties are judged as being less accountable for their own behaviour and so are more likely to be offered support than punishment within contemporary HEIs. The relationship between risk and mental health difficulties is complex and it may be fruitful for future work to concentrate on unpicking the 'discursive knot' surrounding this relationship.

8.8 Summary

Four professional discourses have been outlined: managerial, clinical, therapeutic, and support. These discourses are not mutually exclusive and there were frequent examples of interviewees and guidance documents using multiple discourses when discussing a particular student or scenario. An overt balancing of perspectives was an overarching feature of the managerial discourse, which emphasised the need to comply with legislation and the needs of the whole institution and all its members rather than the needs of the individual student. This discourse appeared to be the dominant professional discourse.

In contrast, clinical, therapeutic and support discourses focus on the needs of the individual. At first glance these discourses appear indistinguishable but there are clear differences between them: the clinical discourse uses diagnostic categories, formal language and locates the speaker within psychiatric and legal systems; the therapeutic perspective focuses on individual meaning making, is explanatory rather than diagnostic and emphasises the distinctive meaning of confidentiality in the counselling relationship; the support discourse seeks psychological or biological explanations for behaviour and emphasises the role of professional support to enable students to overcome their difficulties. There were clear examples of different practices linked to different discourses; for example the emphasis on confidentiality in the therapeutic discourse meant that Counsellors were less likely to inform external agencies (or even internal colleagues) of concerns about a student than those using clinical or support discourses. This impact on outcomes is explored further in chapter ten.

The clinical and therapeutic discourses appear to be closely aligned to roles being found, almost exclusively, in interviews with Counsellors or mental health advisers. Support and managerial discourses can be identified in most of the interviews to a greater or lesser extent and so were less role bound. The frequency of the managerial discourse may reflect the relative seniority and experience of interviewees, or may be reflective of a broader managerial discourse within HEIs.   Whilst each of the professional discourses is clearly rooted in a particular profession, it was interesting to note that most of the interviewees used all of the professional discourses, with the remainder using at least two of the discourses suggesting that professional discourses are not necessarily definitive for people in those roles. This use of a broad range of

professional discourses may also be because most of the interviewees were in relatively senior roles in the institutions and therefore were used to working with colleagues from other professional backgrounds.

These discourses provide a framework and a language to discuss students who present a risk to self or others and give some indication of positions in relation to individual situations. They indicate the focus of individuals when thinking about how to respond to a student who may be a risk to self or others. In addition to the discourses identified in the previous chapter, a further discourse of student accountability was identified. Within this discourse are two extreme positions, which can be viewed as opposite ends of a continuum where students are considered to be always fully accountable for their own behaviour, or where vulnerabilities and mitigating factors are the focus and used to justify why a student should not be held accountable for the behaviour. Where a student is viewed to be accountable for behaviour, disciplinary sanctions are more likely to follow. Where a student is positioned as not accountable for her behaviour support is more likely to follow.

The association between mental health difficulties and risk was clear in the data. However, it was not possible to identify a clear discourse here and further work may be needed in this area.

Table 8.1 Summary of features of professional discourses

Discourse	Content indicators	Relationship to Professional roles
Managerial	Protect university (staff, students and reputation); Legislative compliance; Record-keeping; Identification and description of how followed relevant university processes; Use of resources-who is responsible for providing services?; Balancing viewpoints and demands of different groups.	Used by all interviewees across professional roles and backgrounds. Appeared to be dominant in terms of frequency and impact on responses to students who present a risk to self and others.
Clinical	Focus on symptoms of mental health conditions and treatments Formal risk assessment using clinical judgement or clinical tools Formal descriptions of behaviour e.g. 'responding to auditory hallucinations' rather than 'hearing voices' Procedural terms and abbreviations relating to legal processes and the mental health system Use of psychiatric diagnostic categories	Used mainly by interviewees with a clinical or social work background in relation to mental health.
Therapeutic	Importance of confidentiality and more restricted confidentiality than other services; Focus on individual experience and meaning of behaviour for individual; Explain behaviour in informal language e.g. 'hearing voices' rather than 'auditory hallucinations'; Specific therapeutic terms; Confidentiality; Boundaries.	Used mainly by Counsellors and Mental Health Advisers.
Support	Past experiences have impacted on current student behaviour; Student has disability or difficulty which explains behaviour; Emphasises need for professional	Used by most interviewees. No clear link to a particular professional role or background.

Discourse	Content indicators	Relationship to Professional roles
	intervention or support ; Provides explanations for 'difficult' or unacceptable behaviour; Use of clinical or therapeutic terms without clear definition; Support; help; 'not coping'; life skills; vulnerable.	
Student accountability	Students are ultimately accountable for their own behaviour; Students are adults; Can't make students do things they do not wish to do; Recognition of legal status; Acceptable behaviour; Student responsibility; Reasons given for unacceptable behaviour; Range of mitigating factors including mental health difficulties, disability and previous life experiences; Move from parental home to university; Students require support to make transition; Less able to deal with difficult situations than adults; Behaviour x happened because…	Used by most interviewees. No clear link to a particular professional role or background.

9 Determining and assessing risk

9.1 Introduction

The previous two chapters addressed the first two research aims; nine key discourses were identified: discourses about the purpose and context of HE; discourses which shape the way HEI professionals talk about students who present a risk to self or others and a discourse of student accountability. The relationship between these discourses and professional roles was also considered. CDA recognises that discourses inform actions and shape practices, thereby influencing the outcome of different student situations. The third aim for this research is to examine this relationship. The previous chapters have outlined the discourses individually and examined some of their implications; this chapter and chapter ten examine specific elements of practice and outcomes for students and how these are influenced by or enact different discourses. The relational model of risk is used in both chapters to aid understanding of how different discourses impact on the processes of determining and assessing risk and deciding how to respond to the risk. The integration of this model into a critical discourse analysis reflects the transdisciplinary nature of CDA.

As noted in 6.5.3, it became clear when considering the outcomes for students that the process of determining and assessing risk was a crucial part of determining outcomes. This chapter considers how risk is determined and assessed and specifically considers three factors which were identified across the data as part of this process: the impact of behaviour on others in the HEI; availability of services within and outside of the HEI and family involvement. The

relational model of risk is used to demonstrate how different discourses impact on this process, by constructing different risk objects and objects at risk.

9.2 Determining and assessing risk

The reader may be surprised, as I was, that discussion of definitions and assessment of risk is only now taking place in this thesis. I had assumed when starting this project that much of the work would focus on definitions of risk and how such risk is assessed, believing that this would be the determinant of the HEI's response. However, despite repeated readings of the data, I did not find this focus. This may be because I asked interviewees to tell me about a specific situation and the focus was on what had happened, but I could also not find this focus on definition of risk in the guidance documents. Through my reading of the data it became apparent that defining risk is a discursive act, as definitions of risk vary depending which discourses are being used, but that these discourses do not necessarily focus on defining risk. Instead, discourses such as those examined in the previous two chapters are used to construct risk. Thus it is useful to integrate understandings of discourses with the relational model of risk, which recognises that objects deemed to be at risk depend on what is valued and risk objects are constructed as objects which may threaten this valued object at risk.

Even where there is agreement that behaviour is risky, the extent of any perceived risk may vary depending on which discourses are used to assess the risk. All of the professional discourses appear to identify risk assessment as a useful approach and yet the form and content of risk assessment and who

conducts it depends on the particular discourse which is being used. These issues are explored in the second part of this section.

I stated above that defining risk is a discursive act, by this I mean that the notion of risk is contested and that its definition is situated within a complex framework of other discourses. The importance of discourses in defining risk was highlighted by the ways in which different interviewees described situations involving the same student, or situations where concerns were repeatedly raised about an individual. The example below considers a student who was seen as a potential risk to himself and others:

> *"I'm trying to think, there is a guy for example that we see quite a lot who tutors are concerned that he is a risk to himself I suppose more than, no and to others I would say. And it's difficult because we don't have a Mental Health Adviser, he doesn't live on site or anything this guy, a very mature student so what happens is me and [the Head of Counselling] we meet him and we make a decision between ourselves and we then write something for [the Senior Manager] saying we don't think he is a risk to himself or others. Then a few weeks later tutors will raise more concerns and we will do the same again, last time I made [the nurse] meet him with me as well because I feel I'm out of my league, I don't feel I really have the qualifications to make this decision. I did a year's psychiatry on my course, but I'm not you know so we just decide me and [the nurse] and we really don't know umm he is someone who well I would say he is one of the two students why we all have personal alarms now so we must feel at some risk else we wouldn't have wanted them." Disability Officer, University C (131-143)*

In this example, the interviewee highlights different perceptions of risk. She uses the present continuous tense when describing this student to suggest that this is an on-going process *'we meet him….then a a few weeks later….we will do the same again.'* This creates an impression of continuous questioning about risk in which the tutors feel that the student is risky but the interviewee and other

support staff cannot identify any risks, or at least risks which would legitimate further action which is what tutors seem to be asking for. At the same time she indicates that she thinks the student presents some degree of risk as '*he is one of the two students why we all have personal alarms now.*' The interviewee appears to indicate that any risks in this situation are linked to the student's mental health which she locates within a clinical discourse saying, '*I did a year's psychiatry on my course',* but she does not feel confident within this clinical discourse and so seeks support from the nurse. It is not known what discourse(s) the tutors are using. It appears that the tutors and interviewee are using different discourses to identify risk, or that they have different thresholds within a shared discourse for acceptable levels of risk, demonstrated by the repeated requests for risk assessment. These differences in perception highlight some of the difficulties in defining risk, as the concept of risk in practice within HEIs is constructed rather than absolute, influenced by different discourses.

Descriptions of students who self-harm provided further examples of the contested nature of definitions of risk depending on the professional discourse used to describe the behaviour. Self-harm was used to describe behaviours such as cutting, scratching and opening up old wounds, behaviours which may be referred to in the literature as deliberate self-injury (Warm et al., 2003). Within clinical, therapeutic and support discourses this was seen as a coping strategy rather than a dangerous or risky behaviour. From within these discourses, interviewees recognised that there was a potential for actual harm, but that this was likely to be accidental and a by-product of the self-harm rather than its intention. If self-harm is viewed as a coping strategy rather than a risk to self

then the focus of work with the student is on developing other coping strategies and minimising the impact of the self-harm rather than stopping it:

> "Yeah and I think most of it you know most of the clients coming in who self-harm are doing it for reasons [   ] attention I think [ ] function a coping mechanism for dealing with difficult feelings and difficult situations so again I think self-harm can, I mean obviously it is serious and they're people who self-harm are potentially at risk but I think a lot, we would again would be trying to look at what is the aim of this self-harm and is there a suicidal intention behind it and again we're working with people to help them find ways of moving away from self-harm as a coping mechanism and you you might be helping people keep themselves safer even if they , without stopping them doing it." Head of Counselling, University B (235-243)

Several of the interviewees recognised that although from the clinical or therapeutic discourses with which they were familiar, self-harm was viewed as a coping strategy, for other people it could be very distressing. This impact on others then needs to be considered when deciding how to respond to these situations, or whether the situation should be seen as a risk situation. The extract above about self-harm shows how using a particular professional discourse influences whether or not a behaviour is defined as risky. I have been conscious of this in my own practice; I too use therapeutic and clinical discourses which position self-harm as a coping strategy (albeit an unusual strategy which is sometimes difficult to understand). However, I am conscious that others cannot see the coping element of this behaviour and instead find it challenging and distressing. This can result in students and staff seeking action in situations where I do not think that intervention is required or justified.

It is unsurprising that different discourses may result in different perceptions of risk, although this still raises questions about the mechanism through which this

may happen. Figure 9.1 below summarises the relational model of risk again.

For a fuller discussion of the model see 3.6.

Figure 9.1Summary of the relational theory of risk

Risk object	Relationship of risk	Object at risk
• Element which potentially presents a threat to the object at risk	• Way in which the two objects are related	• Element which is valued and seen as threatened
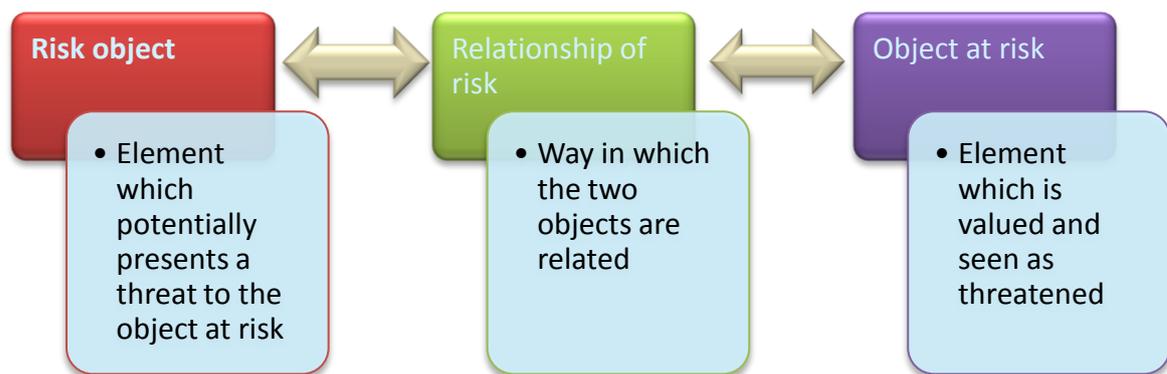
Figures 9.2 and 9.3 overleaf, provide examples of how the definition of risk as understood in the relational theory of risk is influenced by discourses. Figure 9.2 shows a possible relationship, where a support discourse is used with a position within the student accountability discourse of students as young people in transition, both of which emphasise an individual's vulnerability. The student concerned is positioned as the object at risk with the risk object being the pressures to which the student is subjected.

If different discourses were more prominent in the same situation, the risk object, risk relationship and object at risk would be constructed differently. If a discourse of HE as a right is used, the education of the student causing concern is likely to be more highly valued than when education is seen as privilege. This may then result in the risk to the student's education being seen as the object at risk rather than the student's wellbeing.

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Figure 9.2 Risk relationship when support discourse and position of young people in transition from student accountability discourse are used

Risk Object		Relationship of risk		Object at risk
• Potential impact of events on students	⟷	• Student is vulnerable to external pressures	⟷	• Student's well being
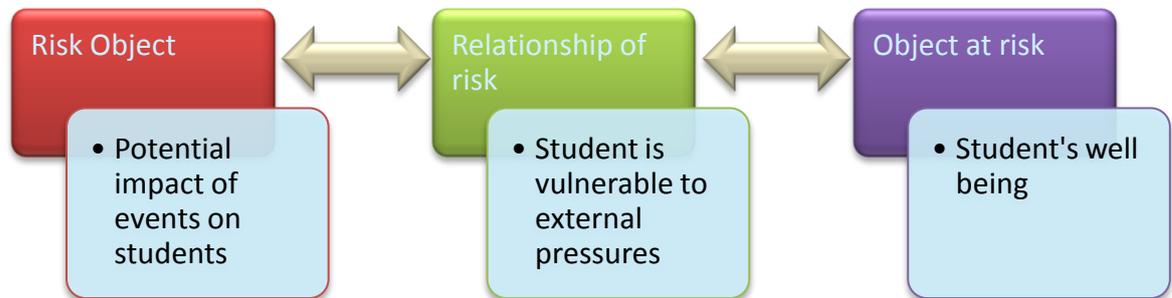
Figure 9.3 Risk relationship when discourse of HE as a right is used

Risk Object		Relationship of risk		Object at risk
• Pressures of HE system	⟷	• Student has a right to education	⟷	• Student's right to education
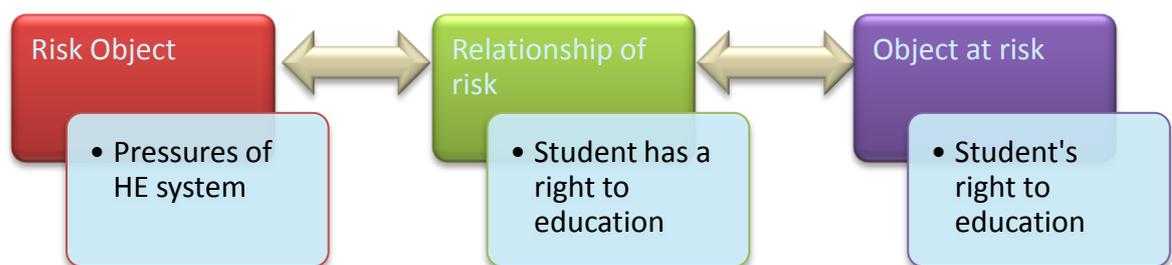
These examples clearly provide a simplified view of the forumaltion of risk, as multiple discourses are often at play resulting in multiple risk objects, objects at risk and risk relationships with complex relationships between them as shown in Figure 9.4 overleaf. For clarity, formulations of risk relationships for single risk objects will be shown throughout this chapter; however, the reader should remember that these are representations of one element of a complex process. Even these simple representations highlight the important role discourses can play in constructing risks.

Figure 9.4 Schematic representation of multiple risk objects, objects at risk and risk relationships

Risk object 1	⬌	Relationship of risk 1	⬌	Object of risk 1
		⬍		
Risk object 2	⬌	Relationship of risk 2	⬌	Object of risk 2
		⬍		
Risk object 3	⬌	Relationship of risk 3	⬌	Object of risk 3
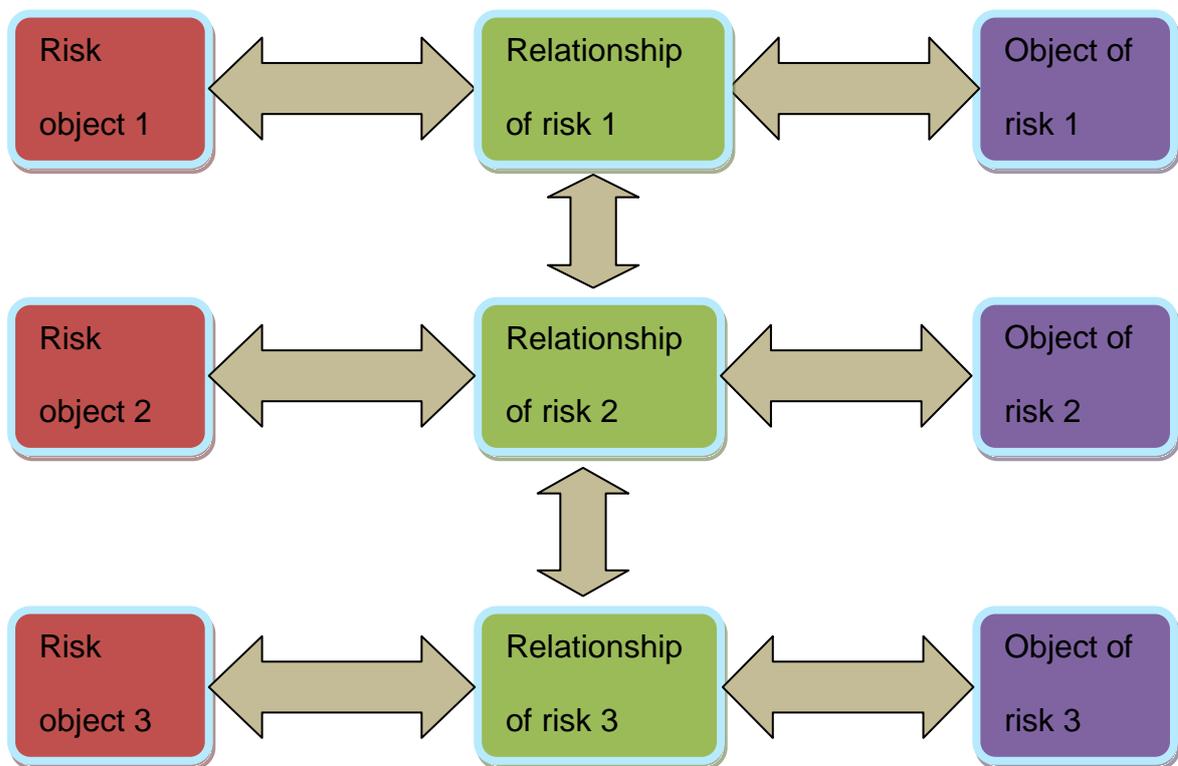
This combination of the relational theory of risk and the discourses which construct this relationship, begins to provide a framework from which to understand how risk is constructed and how and where different discourses may act in this construction. It is also apparent from this model how different relational models of risk may result in different actions; a topic which will be discussed in the next chapter. For now it is helpful to note that understandings of risk are contested both in terms of types of behaviour, which are considered risky and acceptable thresholds of risk. Risk assessment is the process of establishing whether a risk is above or below an acceptable threshold (whatever that may be).

Risk assessment can be a formal or informal practice. This practice is supported by all of the professional discourses, some of which have distinct discursive practices relating to risk assessment. If the construction of risk is relational as argued above, then the first part of risk assessment is agreeing on the risk(s) to be assessed. Even if the risk is agreed upon, risk assessment can be considered as a contested practice as what is considered to be an appropriate risk assessment and who is considered suitable to conduct a risk assessment will depend on the discourses being used (which may or may not be made explicit).

The idea of risk assessment as central to formulating a response to students who present a risk to self or others, appears to be widely accepted and guidance documents, using the managerial discourse, emphasise the importance of risk assessment, although this tends to focus on students with mental health difficulties:

> *"Are any risk assessments, that are required as an aspect of pre-entry admissions decisions, conducted by appropriate and knowledgeable staff?*
> *Risk assessment policy and practice should not focus exclusively on the individual student in terms, for example, of non- completion of course requirements, risk of self-harm or of causing harm to others. More positively, procedures should address the practical arrangements that might be established to create a supportive educational environment and thereby facilitate progression." Responding to student mental health issues (AMOSSHE, 2000 p13 bullet point 3)*

Whilst this guidance outlines the importance of risk assessment, it does not provide guidance as to what form of risk assessment may be appropriate. Data from interviewees suggests that a broad range of approaches to risk assessment is being used and that these assessments tend to focus on students with mental health difficulties, although risk assessment in relation to criminal convictions was

also discussed by a small number of interviewees. The practice of risk

assessment takes on specific meanings within particular discourses; three

examples of risk assessment practices are outlined below and their links with

particular professional discourses are explored.

Many Counselling Services and some Mental Health Advisers interviewed use

CORE and its use is increasing in popularity in Counselling Services across the

UK (Connell and Mellor-Clark, 2007). CORE is a checklist on which clients rate

34 items including items relating to risk, client profiles are then generated which

include an indication of the client's level of potential risk. The tool has been

statistically normed on people described as within clinical and non-clinical

populations and provides cut-off points which indicate that individuals fall into one

of these groups (Mellor-Clark et al., 1999; Mellor-Clark, 2006). This is based on

the positivist assumption that there is a level of risk, which can be measured.

Client data is supplemented by practitioner assessment influenced by the

practitioner's own professional discourse, therapeutic or clinical. The checklist

draws strongly on a clinical discourse as it focuses on symptoms. However, the

package uses the word therapist to refer the person providing support and

requires the individual reflection found in the therapeutic discourse. CORE

claims to suitable for use in all psychological services, which may explain the use

of different discourses within its literature. The Counsellors who were

interviewed seemed to use this tool to inform discussions with clients about risk

but did not use the 'risk score' as an absolute measure of risk.

> *"We do use CORE um I mean I think we always use CORE at registration so that would be part of our initial consultation with a client looking at their CORE scores and check actively, proactively checking out suicidality risk, even if someone had a zero risk score that would be something that we routinely check out at initial assessment." Head of Counselling University B (171-175)*

This approach suggests a cautious use of the scales and positivist information collected in the CORE client questionnaire, with the Counsellor checking potential risk again in the assessment interview. Bewick et al.(2006) found substantial differences in client and Counsellor ratings of risk using the CORE system, finding that Counsellors identified 10 percent of clients as at risk, whereas 44 percent of clients had an at risk score based on the questionnaire they completed. The authors offer limited suggestions as to the reasons for this difference, but they do highlight that risk is framed differently in the client and therapist data sets and accept that this may account for some of the difference. It seems that in practice, consistent with therapeutic training and discourse, Counsellors are more confident in their experience of the client as a basis for assessing risk, rather than in the actuarial information presented on the CORE questionnaire.

Mental Health Act assessments are another form of risk assessment. The Mental Health Act (1983) sets out specific criteria and processes for assessing whether people with mental health difficulties need to be hospitalised and/or given treatment against their will under various sections of the act; although this is not called risk assessment, these decisions focuses on the safety of the individual and the safety of others and are therefore assessing risks. This process is known by mental health professionals as 'being sectioned' and involves the removal of legal rights from the individual (e.g. by forcing the person

to remain in hospital). This form of assessment is an exercise of the state's

sovereign power and is a distinctive discursive practice undertaken by approved

individuals. Practitioners undertaking this form of assessment draw on clinical

discourses and the legal framework to decide whether an individual poses a

significant enough risk to self or others for legal rights to be removed from them.

The process of assessment is embedded within training for specialist mental

health workers. All of the Mental Health Advisers interviewed came from a social

work background and referred frequently to assessment and assessment under

the Mental Health Act (1983).

Mental Health Advisers recognised that thresholds for assessment under the

Mental Health Act (1983) and the risk assessments required in universities were

different. Mental Health Advisers referred to conducting their own risk

assessments using tools based on a clinical discourse such as the *Sainsbury*

Mental Health Risk Assessment and Management Tool (Morgan, 2000). Thus

someone could be assessed to be too risky to remain in university, but not risky

enough to be sectioned under the Mental Health Act (1983). This suggests that

definitions and assessments of risk are contextual. As noted above, discourses

about access to HE seem to play a role here: where education is viewed as a

privilege, HEIs may be more likely to enforce higher thresholds of acceptable

behaviour and tolerate fewer risks, so a student who is assessed as safe to live

in the general community under the Mental Health Act (1983) may still be

deemed too risky to continue her university studies. This can pose real

challenges for HEIs who then have to decide how to respond. Most of the HEIs

represented in this study retained provision to suspend a student on the basis of

his mental health difficulties:

> *'…but these cases I'm thinking of really, usually relate to mental health issues and um the university does have the authority to require a student to suspend study where they have um lost the ability to make those kinds of decisions."*
> *Senior Manager, University B (53-56)*

This suggests a different standard of proof is required for HEIs than under the Mental Health Act (1983). This interviewee also emphasised the rights which students with mental health difficulties may have under the Disability Discrimination Acts (1995; 2005) using the managerial discourse to emphasise that institutional processes must comply with legislation.

This removes immediate responsibility from the HEI, however, a number of interviewees referred to the process of re-entering the HEI once a student was no longer detained under the Mental Health Act (1983). This generally required some form of medical clearance from either the HEIs Occupational Health Unit or from a medical professional involved in treating the student. Risks here appeared to be mainly considered within a clinical discourse.

Risk assessment as a health and safety practice has also entered the managerial discourse, based on expectations of employers under the Health and Safety at Work Act (1974). The Health and Safety Executive provides guidance on conducting this type of risk assessment which provide a clear proforma for identifying hazards, defined as "*anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc*" and risks "*the risk is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be*" and identifying steps to minimise the risk (Health and Safety Executive, 2006 p2). As might be expected, this approach to risk assessment was used by the Health and

Safety Adviser at University E; it was also used by the Student Support Manager at the same university. A health and safety risk assessment is a particular discursive practice following a clear process in which potential hazards are identified and, where possible, control measures are put in place. This approach aims to specify exactly what the nature of the risk is and how it could be reduced. In this understanding of risk, a hazard is an absolute rather than a construct. The relationship between this approach to risk assessment and mental health risk assessment was not entirely clear although the interviewees had used this approach to present a case to senior managers, that the behaviour of a student with mental health difficulties presented an unacceptable risk. The interviewees seemed to suggest that the general approach could be used for a wide range of issues, whereas the mental health assessment was used where it was suspected a student may need intervention from an external service.

These three examples set out distinct forms of risk assessment linked to professional discourses. Each form of assessment relies on specific forms of knowledge and process and in some cases only specified professionals are able to undertake the assessment. In the case of an assessment under the Mental Health Act (1983) only approved mental health workers can undertake such assessments. In other cases, tools are available to a range of staff to use but their close association with particular discourses identifies a group of expert, or at the very least, appropriate users. Locating risk assessment strongly in a particular professional discourse also locates responsibility for assessing risk with that profession. For some, this may be seen as a way of gaining power with only experts able to make an assessment of risk; however, for many interviewees this seemed to be welcomed as the responsibility for assessing risk, and

recommending an appropriate course of action, was located with others, usually outside of the HEI. The extract below highlights the interviewee's awareness of the contentious nature of the term risk and the difficulties of assessing it. This interviewee locates responsibility for risk assessment firmly with 'experts':

> *"Um that's an interesting one because I don't I think I can make an educated guess as to whether someone is a risk to others, based on the case of the student who was harassing other students, but it's a question of what kind of risk are we talking? Risk to just the person's overall welfare, not any risk of physical violence or anything like that but in terms of I would always where possible want an expert to tell me whether someone was a risk to someone and I think we're all of us very quick to use phrases like our duty of care to other students and he's a risk to someone else without actually testing very closely who's going to take that judgement and I'm very wary of leaping in and saying um I think, a case review group thinks, a case conference group thinks they're a risk to others, I think that there would have to be some fairly joined up thinking and going as far as absolutely using doctors and specialists to tell us whether they're a risk to others I am not comfortable about us as non-professional specialists making judgements about risk to others…" Student Support Manager University B (196-208)*

Despite some interviewees clearly locating risk assessment with external experts, others felt they were expected to undertake this function within their HEI. This appeared to be most problematic for those who did not have a clear professional discourse to draw on and who mainly used the support discourse as, despite in many cases having substantial practical experience, they did not have a clear theoretical framework to rely on and therefore talked about risk assessment in more general terms. This lack of a professional discourse within which to locate risk assessment appeared to leave some of the interviewees feeling uncomfortable assessing risk and feeling that they were not qualified to do so. Returning to the student discussed earlier in this chapter by the Disability

Officer at University C, the extract below continues to explore the difficulties of assessing risk. The interviewee had explained that she had been asked by her manager to assess the student again and I asked what the criteria for assessment were:

> *"…we just talk to them, talk to them and see what we think which is awful you know who are we to be doing that you know who even when I wanted it me and [the nurse] last time and not just me and [the Head of Counselling] because I feel [the nurse] with her nurse background and she's a lot more experienced in dealing with people in crisis and stuff and she links, I would never ring a GP up really because I would never expect them to talk to me really because of the confidentiality whereas [the nurse] as a nurse often can get GPs to talk to her. So I feel it's like I wanted to pass the buck to [the nurse] which is why I got her involved um so I had someone else who could actually say yes we can't do anything I mean I don't know if we had a medical adviser we'd still be, the buck would pass to that person which is what you would have to be scared not to do but it's actually being able to determine how you make these decisions, but anyway." Disability Officer, University C (224-234)*

In this extract the interviewee appears to locate the role of risk assessment in a clinical discourse, emphasising the link between risk assessment and mental health difficulties, and seeks support from a colleague who has a more appropriate professional background. This interviewee emphasises the responsibility associated with assessing risk and indicates she is uncomfortable with this with the phrase *'pass the buck.'* It is not clear exactly what the purpose of this risk assessment is, as the student has already been assessed as not being a risk by people who could be deemed to be experts within a clinical discourse. The student's behaviour continued to make people anxious and uncomfortable   Again the definition of risk is highlighted as the student had not been deemed to be a clinical risk but his behaviour continued to make people

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anxious and feel uncomfortable around him. It is possible that the person asking for a further risk assessment was using a different discourse when identifying a potential risk, e.g. the managerial discourse which emphasised the impact on others or the potential impact on the institution's reputation. However, the person undertaking the assessment was not clear which discourse to use when making an assessment, creating a difficult situation.

The idea of conducting a risk assessment was also used in relation to applicants or students with criminal convictions. Interviewees who discussed this form of assessment did not provide specific examples of how risk was assessed. Risk assessment within the criminal justice system has a different meaning again and draws on a different professional discourse (which was not represented in the data). It is unclear to what extent university staff are familiar with this discourse, or on what basis risks relating to criminal behaviour are assessed. Given current concerns about terrorist activity in UK universities (Universities UK et al., 2005; Department for Innovation Universities and Skills, 2007) this area may be worthy of further exploration.

For students on programmes leading to professional qualifications there is an additional requirement which is to be 'fit to practice'. This can be seen as representing either a higher standard of health or a lower standard of risk:

> *"For us it's probably been more, it's been more blurred*
> *than that really maybe somebody would be um you know*
> *there have been things I suppose where under the fitness*
> *to practice slightly where somebody might be um you*
> *know just not not functioning really and um we might have*
> *addressed that and they would have taken some action*
> *about time off and so you know it's taking it out of that."*
> *Head of Counselling, University D (318-323)*

This quote suggests that the thresholds of unacceptable behaviour and risk are lower for students who are on professional programmes. It is also notable that the words risk was not directly used by interviewees when discussing 'fitness to practice'. This suggests that this is seen as a separate process to responding to risk issues in other students. This may also reflect the expectation that trainee professionals will not present a substantial risk to anyone.

> *"We have within the university we have a fitness to practise and a fitness to study procedure um and on both of those we would potentially refer them to the Occupational Health doctor to get an assessment again [a senior member of staff in Registry] is the keeper of the fitness to practice and the fitness to study procedures um and in some cases they work very well um we use the fitness to practise a lot with the nurses and the medical side of things and with the education and teacher training all that side of things. I think it's, it's not so well developed on the fitness to study side because that's a bit harder to articulate your reasons." Student Support Manager, University A (261-268)*

The standards of acceptable behaviour seem to be clearer for students on professional programmes than for students on academic programmes. This expectation is consistent with the increased public outrage demonstrated when a professional harms others, an act which may be seen as a breach of trust. The examples of 'fitness to practice' discussed by interviewees were located clearly within a medical model and assessment of this was undertaken by Occupational Health relying on a clinical discourse. There are, of course, many other professional standards covered by the term 'fitness to practice' but these were not raised in this study. The extract above also indicates that fitness thresholds are harder to define on non-professional programmes which may be why the language of risk is used instead.

This section has demonstrated the importance of discourses in defining and assessing risks. Integrating an understanding of discourses with the relational theory of risk helps to explain why individual practitioners may define the same behaviour as risky or not risky. Individuals may not always be explicit about which discourses they are using to assess risk, which can result in confusion. Some forms of risk assessment are strongly located within a particular discourse and may have associated discursive practices, such as Mental Health Act Assessments or Health and Safety Assessments. In addition, within the same discourse, individuals will make different judgements about the degree of risk presented by an individual. The combination of individual judgement and use of different discourses can make it difficult for those who are assessing risks within a university context to define the extent of a particular risk and identify potential actions.

Where a particular form of risk assessment is strongly located within a discourse it may affect who is seen as appropriate to conduct an assessment, for instance if a clinical discourse is used then a medical professional is most appropriate to conduct a risk assessment. The form of risk identification and assessment appears to be variable; sometimes the process of identifying risks was not labelled risk assessment at all although features of risk assessment were apparent.

Formal and informal risk assessments consider specific elements of a student's situation. However, it was possible to identify a number of factors which are frequently considered as part of the risk assessment; these factors, their impact

on risk assessment and their relationship to the discourses identified in the previous chapter are considered in the following section.

9.3 Factors considered when determining and assessing risks

The previous section considered the definition and assessment of risk. However, as the case examples showed, such definitions and assessments do not occur in isolation. Each student's situation is unique, however, it was clear from the data that there were important non-discursive factors which impacted on decision-making. The three most frequently identified factors were: the impact of the student's behaviour on others in the HEI; the availability of services within and outside the HEI and family involvement and support. This list of factors is not exhaustive and it would be expected that further factors would be identified with a different cohort of interviewees, discussing different student situations. However, these factors emphasise the contextual and relational nature of risk definition and assessment. The factors are independent of discourse, as they can be considered from multiple discursive positions. I have included this brief discussion of these factors as this practical focus is important from a practitioner's perspective and understanding how discourses can be seen at work in practice is part of the emancipatory approach of CDA.   Each factor is considered in turn along with the way in which it may be understood from different discursive positions.

9.3.1 Impact of behaviour on others in the HEI
The need to balance the rights of the individual student and the impact of her behaviour on other students and staff was a key theme among interviewees and in the guidance documents as shown in the extract below:

> *"Is sufficient attention given to the support needs of other students? It is important not to underestimate the effect that disturbing incidents (for example, students who have self-harmed in the presence of others) or continued disturbing behaviour might have on the well-being and achievement of flatmates, residence hall neighbours or course colleagues. The institution has a duty of care to all members of its community and students who raise concerns about the behaviour or well-being of others should be assured that an appropriate response will follow." Responding to student mental health issues (AMOSSHE, 2000 p15 bullet point three)*

This extract uses the managerial discourse, and the discourse of university as a community to emphasise the importance of balancing the needs of individuals who are experiencing difficulties and others supported by the use of the term 'duty of care'. The phrase, '*The institution has a duty of care to all members of its community'* demonstrates how the term 'duty of care' can be used in combination with a specific discourse to maximise the impact of the discourse. As noted in 7.3, the discourse of university as a community emphasises a sense of caring for members of the community whilst, as set out in 7.4, the term 'duty of care' can be used as a rhetorical device to legitimate actions. However, in this instance it appears that the authors are drawing on the legal meaning of the term 'duty of care' to emphasise the importance of balancing responsibilities to all involved in these often complex situations.

As explored in 7.3, the discourse of university as a community was stronger when HEIs had their own accommodation; students living in university accommodation were positioned more strongly as members of the university community and universities appeared to assume more responsibility for these students than students living in the private sector. The extract below describes a

situation in which a student living in university accommodation was causing concern. The extract contains several 'discursive knots' (Jager and Maier, 2009) where several discourses interact. In this extract the term 'duty of care' is used as a rhetorical device alongside the university as a community discourse to focus on the impact of the student's behaviour on others. The student accountability discourse is clearly important in this extract, although it focuses on the other students rather than the student who is causing concern:

> *"Well, we've had a student, a first year student, who was threatening suicide an awful lot in halls. This was having quite an impact on the others, partly I suppose because of their age I mean they're all 18 and first years and this student was talking about self-harm and didn't want to live and wanted to commit suicide and eventually, it wasn't my decision, but the decision was made to ask her to leave halls if she wanted to stay at university because the impact of her behaviour was such that others were sort of losing sleep and felt responsible for her, they felt they had to look after her or keep an eye open. What should they do if her door was closed or they hadn't seen her for a few hours? And it was too much responsibility really so she has moved off campus but she does come for counselling…" Head of Counselling, University C (40-49)*

In this case, the identified risk appears to be to the impact of the student's behaviour on her housemates, rather than to the student who was threatening suicide. In Hilgartner's (1992) terms the housemates are the object at risk with the student who feels suicidal the risk object (see Figure 9.5 below). There is concern about the impact on the student's housemates for whom '*it was too much responsibility really.'* The interviewee positions these students as young people unable to take on full adult responsibilities. There may also have been implicit concerns about the HEI's reputation as it may have been seen as more responsible for the behaviour of students living on campus, who are a more identifiable part of the HEI community.

Figure 9.5 Relational representation of concerns as reported by Head of Counselling at University C showing discourses

Risk object	Relationship of risk	Object at risk
• Suicidal student who seeks support from housemates	• University has duty of care to housemates and needs to protect them • Students living in university accommodation are part of the university community	• Housemates well being • *Discourse: Student accountability* Students are young people in transition (and therefore cannot be expected to deal with this) • Institutional reputation

The risks in this situation could have been presented in a different way (see for example Figure 9.6 below). This may then have resulted in different outcomes. The interviewee reported that the student was asked to move out and went on to live with other students off campus who he described as:

> *"a house where I think people understood that that she'd had these problems but they also understood that they were not going to take responsibility for"* Head of Counselling, University C (80-81)

It is unclear whether these new housemates were students, but it is possible that they were and that they may also have been affected by her behaviour. This suggests that these students were not seen as much a part of the university community as those living on campus and therefore the impact on them was not the university's responsibility in the same way.

Figure 9.6 Alternative relational presentation of risks presented by student discussed by Head of Counselling at University C

Risk object		Relationship of risk		Object at risk
• Opportunities and means to self harm	⟷	• Lack of supervision and support in accomodation	⟷	• Suicidal student

Other interviewees described similar situations where students were self-harming frequently with or without suicidal thoughts; in some instances flatmates were described as supportive of the student, in others flatmates were distressed by the student's behaviour, but the HEI staff worked with them to help them understand the reasons for self-harm. In these examples, within the student accountability discourse, the discursive position of students as adults was more prominent and the university as a community discourse was less prominent, concern for the student who was self-harming appears to be more prominent than concern about the impact on others. In the example overleaf the interviewee intervened when a group of flatmates were unhappy about living with someone who self-harmed:

> *"And some young, I mean extremely posh young woman was saying well you know I've, I've never had to deal with anything like this. She'd obviously had a very sheltered life and hadn't had to put up with anything like that but hey this is life, this is university so it may not be pleasant for you but imagine what it's like for her. So you know um so we were there for about two hours working through with these young people who had very different views and they were very much wanting to label and exclude this young woman, working around, you know if she has to get, she hadn't done anything to be excluded from this flat,"* Mental Health Adviser, University A (479-486)

In this instance the HEI provided support for the flatmates but emphasised that all the students in the situation were adults, the phrase '*hey this is life, this is university'* suggests a belief that 'these things happen' and sees dealing with difficult situations as part of university life rather than something students should be protected from. Despite this emphasis on adulthood, the interviewee still refers to the students as young people, this demonstrates how these discourses may work together on a continuum with people drawing on different aspects of them at the same time. The use of 'young people' in this context may be an attempt to recognise that whilst the students are technically adults and should be expected to act as such they are also still young and relatively inexperienced.

A number of interviewees also expressed concerns about the impact of students' behaviour on staff, particularly staff outside of Student Support Services who did not have specialist training in mental health (this may have reflected the managerial role held by many of the interviewees with its responsibility for the wellbeing of employees). A number of interviewees explained that their HEI offered specific support to these staff through consultation with colleagues of additional training. Most of these concerns were mentioned briefly and it is not possible to link them clearly to any of the discourses previously identified.

Further work in this area to establish whether concerns relating to impact on staff differ to those relating to impact on students may be beneficial.

The impact of a student's behaviour on others may influence the perception of risk and the assessment of the level of risk. As we have seen, similar behaviour will be judged as more or less risky depending on the discourses which are used when describing and assessing the behaviour. Where the emphasis is on students as young people in transition, the term 'duty of care' can be used as a rhetorical device to emphasise the needs of the students affected by the behaviour of the student who is perceived to be at risk. Any actions taken will focus on the needs of these students. In contrast, where there is a focus on students as adults, 'duty of care' can be used as a rhetorical device to emphasise the needs of the student who are behaving in a way that may be considered risky. The discourse of university as a community may also be used to justify protecting students who are seen as part of the geographical university community as they live in university accommodation.

9.3.2 Availability of services within and outside the HEI

The extent of internal and external service provision to meet the needs of students who were a risk to self or others was a factor in many of the situations discussed by interviewees. In some cases, appropriate services were available which could provide support and / or monitor a student's level of risk, this impacted on the assessment of level of risk and, in some cases, whether it was possible for the student to continue at the HEI; of course, which services were considered appropriate depended on the discourses used to assess the risk and identified object(s) of risk.

Guidance documents highlight the need for universities to have appropriate

internal services and good links to external provision and suggest that the

balance between internal and external services supporting students is changing,

without fully identifying what an appropriate balance should be.

> *"There is growing awareness that where once the provision of Counsellors, medical centre staff and other staff working in a supportive capacity could be expected to address any mental health difficulties encountered within the institution, this is no longer sufficient."*
> *Guidelines on student mental health policies (Universities UK, 2002a)*

> *"Institutions should seek to provide support services that meet the specific needs of their student population, but they should also seek to establish effective liaison with appropriate statutory services rather than looking to replicate services that exist within the local community."*
> *Responding to student mental health issues (AMOSSHE, 2000)*

In a number of student cases there appeared to be disagreement about whether

it was possible for the HEI to meet the student's needs, or if more specialist

services were required. The perception of whether needs should be met

internally or externally was influenced by a number of discourses as illustrated in

the extract below which discusses the location of support for students who self-

harm. The interviewee commented that the number of students she was aware

of who self-harmed had increased since the appointment of a Mental Health

Adviser, but acknowledged that this was in line with trends in the wider

community:

> *"But we don't put any special measures in place we provide them with support if they need it um and make sure that they know where to go and I don't know I'm not even sure that we have any larger a responsibility than that. I mean I have a big principle that we follow in that we don't try and replicate community services in that we are a university and we are not resourced for that. Um now having a mental health liaison worker is about as far as I think we can go on that route um mainly because we are using her to form bridges into the other community services and, and all the rest of it um but we certainly don't want to be going down the route of specialist assistance which is available to everybody out in the community and I think that we have to utilise that, but I think that we have to make sure that the students who need it know where it is and that that's the way we would operate."* Student Support Manager, University A (200-210)

A number of discourses are evident in this extract. The support discourse identifies students who self-harm as being in need of services, and the managerial discourse is also present in the concern about the use of resources; the interviewee suggests that it is not effective to replicate provision which is available from external services, but recognises a role for some internal provision. This is preceded by a claim that *'we don't put any special measures in place'*, supporting a discourse of the HEI as provider of education with no additional responsibilities to its students. This suggests a limited amount of in-house support for students to manage any potential risks relating to self-harm. This interview describes *'specialist assistance which is available to everybody out in the community',* which suggests that students mirror the general community and suggests a discourse which emphasises HE as a right.

In contrast, another interviewee clearly expressed his view of the limitations of internal services and emphasised that students only come from a certain group within society:

> *"…the fact that um we er you know we are not um we are not a medical institution and we're we're mostly set up to deal with 'normal' people." Senior Manager, University C (111-113)*

The interviewee made quote marks with his hands to highlight that he was using the word 'normal' in quotes. However, this sets out clearly an expectation that there is only a certain type of person who can expect to have his needs met at university. Those that fall outside this norm are not the HEI's responsibility. This is an example of the discourse of HE as a privilege rather than a right. In this case it is a privilege which is extended to 'normal' people and the interviewee implies that the HEI will not develop services to meet the needs of those who fall outside of this norm (the text surrounding this extract is considered in more detail in the next section). In contrast, interviewees from a therapeutic and/or clinical background used the discourse of the university as a community supported by the rhetorical device of duty of care to emphasise the importance of in house services, which they claimed had a better understanding of the specific needs of students and could meet needs quicker than community based services.

There were a number of examples of collaboration between professionals within and outside universities, particularly where students had some involvement with statutory mental health services. There were also a number of examples of co-working in these cases, where students received support from internal and external services. In these situations interviewees described a sense of shared responsibility for managing the risks presented by the student. This shared responsibility may result in HEIs being prepared to keep a student within the university for longer, as the assessment of risk was being shared; this also related to perceptions of who should assess risk based on different professional

discourses. In other cases interviewees felt that they were expected to provide support to students due to a lack of external services. Where HEIs were unable to provide this level of support, levels of risk may have been judged to be higher than where support was in place.

The availability of services within and outside the HEI influenced perceptions of risk and potential responses to risk. Services which could provide support and/or monitoring were seen as a way of managing risk, potentially keeping it to within acceptable levels; in many cases this assessment was based on a clinical discourse and related to students with mental health difficulties. The balance between appropriate provision of HEI support services is described using a managerial discourse to consider resource allocation and may also draw on discourses of access to HE as a right or a privilege.

9.3.3 Family involvement

The level of family involvement with and support of the student who was seen as a risk was a factor which was taken into account in risk assessment and deciding on appropriate actions in many of the examples given, although expectations about appropriate levels of involvement varied between interviewees. The role of parents of students affected by the student who was considered to be a risk was also discussed. Student accountability was the key discourse when discussing these issues, particularly the elements of the discourse which position students as young people in transition or as adults. The relevance of family support may also be discussed through a clinical or therapeutic discourse.

Some interviewees positioned students as young people in transition to position them as not fully adult and extended this to allocate some degree of

responsibility for the student's wellbeing to parents or family. This then legitimated greater involvement of family in difficult student situations. The exchange below expands on the quote in the previous section and follows discussion of a student who had been sectioned under the Mental Health Act (1983), who wanted to return to the university and shows how family involvement is legitimised:

> *"I'd also want to um assuming that they were er traditional age students I would um er preface the return with a meeting with the family, to point out um y'know what what the deal was if you like*
>
> *Sort of your expectations? [Interviewer]*
>
> *Yeah our expectations and our expectations of the family keeping in touch with us and alerting us to um signs that they were aware of and the fact that um we er you know we are not um we are not a medical institution and we're. we're mostly set up to deal with 'normal' people.*
>
> *OK and how do the students and families respond to that? [Interviewer]*
>
> *Um normally very well the ones I have dealt with are grateful that we are considering having the student back."*
> *Senior Manager, University C (106-116)*

The interviewee begins by setting out that if a student were of '*traditional age',* that is a young person, he would want to meet with their family. This implies that there would be different treatment if the student were not of traditional age, suggesting that non-traditional students are adults and therefore would be treated differently. It is unclear whether the interviewee would expect someone else to play this role in relation to 'adult' students. He explains that this meeting is to set out '*what the deal was'',* following clarification from the interviewer he expands on this and makes it clear that he has expectations of the family as well as the student and that the family have a responsibility to the university as well

as to the student. This is followed by a demonstration of the discourse of HE as

a privilege as families are *'grateful that we are considering having the student*

back.' This combination of discourses positions students and their families as in

the power of the university.

Other interviewees used a discourse which positioned students as adults and

saw families as a potential source of support, but recognised that families may

also not know what to do in these difficult situations. The two extracts below

describe Jake and demonstrate the different discourses:

> *"…It then got to Christmas time last year and he started to*
> *have all sorts of problems and issues, he had problems*
> *with er his colleagues in halls of residence he was fighting*
> *in town centre, there were drug issues. Um we got the*
> *Crisis Team in to sort him out, we had great difficulty with*
> *his parents accepting the fact that he wasn't coping well*
> *they hadn't seen him in that particular condition before so*
> *er, there was a sort of certain amount of denial from the*
> *family. I have to say if I am brutally honest I think it was*
> *also very much well he's your problem now and not ours,*
> *it sounds tough that but that was what it was like. We*
> *don't really, we've now got a nice peaceful household and*
> *we don't really want [him back]." Health and Safety*
> *Adviser, University E(87-95)*

In this first extract the interviewee appears to indicate that Jake's parents should

have taken more responsibility for him and that they were trying to pass this

responsibility to the institution *'he's your problem now and not ours.'* The

interviewee goes on to describe how Jake's mental health continued to

deteriorate and he was excluded from the institution. In this account no-one

wanted to take responsibility for Jake and there appears to be an element of

judgement that the parents did not fulfil their obligations. This interviewee used

the managerial discourse to set out the HEI's obligations to the HEI community

and implicitly the obligations of the family. The same situation is described by another interviewee below:

> *"…I mean eventually we had a we had a case conference we had lecturing staff there, we had occupational health department there, myself, J, various other people and his mum, and that was one of the problems his mum was quite clearly not particularly well herself. It turned out her daughter, Jake's sister, had paranoid schizophrenia or had had paranoid schizophrenia diagnosis and she was just in absolute it can't be happening again, it can't happen twice in the same family kind of thing you've just got it wrong, everybody's got it wrong, so there was a lot of denial and a lot of difficulty sort of managing that in a very understanding, sympathetic way umm." Mental Health Adviser University E (302-310)*

In contrast, this interviewee explains more about the family situation, describing them as a family which has experienced substantial difficulties, with a mum who '*was quite clearly not particularly well herself*' and a sibling who had been diagnosed with paranoid schizophrenia. This interviewee uses a support discourse to empathise with the family and acknowledges that they did not know what to do and already had high demands on them.

Interviewees also discussed the families of students who were affected in some way by students who appeared to be a risk, particularly a risk to themselves. This appeared to be an even more problematic relationship where the discourse of student accountability was key; parents positioned students as young people in transition and HEI staff positioned students as adults and therefore were unable to discuss the situation with these parents. Some interviewees described parents of these students contacting the HEI asking for the child to be moved to different accommodation, or for something 'to be done' about the other student.

Parents may also be drawing on the discourse of university as a community and allocating an adult or even parental role to staff.

Families can be a source of support for the student and may be positioned as being responsible for the student by the HEI. However, not all families are willing or able to accept this responsibility. Families may also expect the HEI to act 'in loco parentis' despite their children legally being adults and responsible for themselves. This can place unrealistic expectations on HEIs and can leave staff feeling a sense of moral responsibility but with few possibilities for action.

Three factors which impacting on the definition and assessment of risk have been discussed: the impact of the student's behaviour on others in the HEI; service provision within and outside the university; and family support. The first two of these factors are HEI specific and provide a specific context for the risk assessment which may not be considered in other assessments. The latter could be considered by a number of risk assessments, but may still be considered within the HEI context. These factors can be considered from a range of discourses which will influence the assessment which is made. As noted at the start of this section, each situation is unique and there may be other factors to be considered however, additional factors would also be viewed through a range of discourses.

9.4 Summary

Defining and assessing risk is a complex process drawing on multiple discourses. Understanding key discourses within HEIs is necessary before considering how risk is defined and assessed. The relational theory of risk provides a useful format for considering the focus of risk assessments and how

different discourses may influence this process. This theory recognises that risk is constructed and that the risk object, relationship of risk and object of risk may all change depending on the perceptions of those involved. In reality, HEI staff will frequently have to consider multiple risk objects, objects of risk and risk relationships through multiple discourses. This demonstrates the complexity of understanding how potential responses may be constructed. This is explored in more detail in the next chapter.

10 Responses to students who present a risk to self or others: implications of the discourses

10.1 Introduction

Chapters seven and eight focussed on the discourses which shape responses to students who present a risk to self or others and the relationship between discourses and professional roles; chapter nine began to address the third research aim by exploring how these discourses influence the process of risk definition and assessment, using the relational model of risk. Understanding how discourses shape understanding is important, but individuals or groups of staff within HEIs are required to respond to situations. These responses are dependent on the discourses which are used to frame a particular situation, with some discourses being more closely related to particular types of response. This relationship is the focus of this chapter, which draws predominantly on the interview data; guidance documents focus on abstract principles or theoretical examples, whereas interviewees provided examples from experience which are more relevant for the practice focus of this chapter.

The chapter considers four key areas of initial response identified in the data: involvement of statutory agencies; use of university processes; breaching confidentiality and response to other students. Many situations will result in multiple responses, often at different points in the situation, and some of these responses may be contingent upon others, e.g. the involvement of police or mental health services may influence decisions about which university policy to

use. Following these initial responses, a number of the students described did return to university and this process is explored in the final part of this section.

At the end of the chapter, two case examples are used to illustrate the ways in which the relational theory of risk and an understanding of the discourses, which are being used in specific situations can result in different understandings of a situation. These students were described by multiple interviewees at their respective institutions and have been chosen to demonstrate the ways in which different discourses create different understandings of the nature of risk within a given situation and how this influences HEI responses and outcomes of the situation. I hope that the use of these two examples will bring the material alive for the reader and emphasise the importance of understanding the discourses being used, to understand the situation of students who are experiencing significant difficulties and those who respond to them.

10.2 Involvement of statutory agencies

The involvement of statutory agencies can be a way in which concerns about students are brought to an HEI's attention, for example, contact from the police or hospital. HEIs may also seek support from statutory agencies to deal with a student's behaviour; interviewees described the involvement of the police and mental health services, sometimes individually and sometimes in combination. Most descriptions of the involvement of statutory agencies involved acute responses.

A number of interviewees described contacting the police with concerns about a student's behaviour, for instance, when a student had been identified as potentially having a weapon, or following ongoing harassment. As noted in7.3,

involving the police often required authority from senior staff suggesting that this was seen as a significant step for the institution. Where police involvement resulted in criminal prosecution, most HEIs awaited the outcome of this investigation before starting their own processes, often suspending the student during this period. This is in line with the Zellick (1994) guidance on student discipline to avoid contaminating the criminal justice process. This emphasises the primacy of the law rather than university processes and contrasts with the position within the university as a community discourse, which locates HEIs as self-contained communities as shown in the extract below:

> *"…if you've got an incident in halls where someone's assaulted somebody the police are involved um into a straight suspension while the police investigate obviously support for the victim um then the student is suspension is a holding mechanism not a punishment at that point um but you know we're not a substitute for the law and the students are not above the law because they're with us…"*
> *Student Support Manager, University E (521-526)*

Students who were expressing strong suicidal thoughts were most likely to be referred to their General Practitioner (GP), or to a specialist mental health team. Such referrals were linked to the clinical discourse; in some cases this was the dominant discourse used by the interviewee, in other cases it was recognised as a valid discourse and referral was a way of relocating a student's difficulty as a clinical issue, which should be dealt with through associated practise. Referrals were triggered when interviewees were concerned that a student was actively suicidal and had clear suicidal intentions. Access to services for such individuals is usually via their GP, or through Accident and Emergency departments. A number of interviewees noted that they had a good relationship with either a local GP or a university GP, which made this process much easier and that GPs tried

to accommodate requests from HEI staff for an urgent appointment for a student.

These relationships appeared to be stronger when the interviewee was able to

locate herself within the clinical discourse and use its language fluently.

Students with identified or suspected significant mental health difficulties were

often referred directly to specialist medical services, such as Crisis Teams or

Early Intervention in Psychosis Teams. GPs and specialist services have

statutory responsibilities in relation to people at risk and their involvement

seemed to provide a means of handing over responsibility. However, this could

cause difficulties when the HEI felt a student was a risk, but medical services did

not agree with this. The interviewee below is describing a student who had an

injunction against him following harassment of a female student. The interviewee

was concerned that the student posed a significant risk but this was not

supported by the Crisis Resolution and Home Treatment team:

> *"Yeah and again we did a risk assessment yeah again we had the Crisis Resolution Home Treatment team come out but because, because of this whole it it was like he could turn off all this thought process, I mean you just have to look at the stuff he was writing on Facebook, it just didn't make any, a lot of it didn't even make sense let alone, initially it was a very kind of threatening, mild threatening and then it started to get really threatening and then it started to not even make sense after a bit it was just gobbledygook, um something clearly not right but when the CRHT saw him they were with him for quite a long time and basically they didn't feel he was a threat enough to himself or others, I mean he never stated he was a threat to himself but yeah he um…" Mental Health Adviser University E (433-442)*

As this example shows, police and mental health services may both be involved

in responding to a particular student situation. This is frequently the case when a

student is sectioned under the Mental Health Act (1983) as mental health staff

may need support from the police to manage an aggressive individual. This can be distressing for others to see. A number of interviewees described students who had been sectioned under the Mental Health Act (1983), several of whom had successfully returned to university or planned to do so (see 10.6 below for further discussion).

Where a student's behaviour has passed the threshold at which statutory agencies needed to act, there appears to be a passing of responsibility for the student from the HEI to the statutory agency, with a perceived associated limitation of liability, students are being positioned here as members of the wider community first and then members of the university.

10.3 Use of university processes

Interviewees identified three key processes which could be used to respond to students whose behaviour was deemed to be disruptive and/or risky: disciplinary action; suspension of studies or fitness to practice proceedings. The latter applies only to students on programmes leading to professional accreditation. These procedures were broadly similar although the details varied between institutions, reflecting the different institutional structures and contexts; for example, in University B the majority of student discipline cases were dealt with by Deans within the academic schools whereas in University D discipline was dealt with centrally. Each procedure will be outlined briefly followed by discussion of when each is implemented and the related discourses. A small number of interviewees referred to a criminal convictions procedure but this appeared to apply mainly to applicants rather than current students and is therefore not considered here.

Disciplinary processes are used to deal with behaviour which is considered inappropriate and operate at various levels in most institutions, from dealing with students who are drunk and disturb their neighbours to more serious incidents including criminal offences such as assault. Many of the interviewees indicated that disciplinary functions were separated from student support functions although there was interaction between the two. Disciplinary procedures also draw on the university as a community discourse, as they set out acceptable behaviour within the community, the procedure for dealing with breaches and potential sanctions including exclusion from the community through expulsion or termination of studies. Positions within the student accountability discourse were important when deciding to deal with behaviour through a disciplinary route. Disciplinary procedures were most likely to be invoked where students were deemed to be responsible for their own behaviour. Interviewees provided limited examples of the sanctions imposed by disciplinary processes, although several noted that suspension of studies or exclusion from the institution could be a possibility.

> *"…but we don't have many instances where students are so disruptive they have to be suspended um and of course if a student , a student's behaviour is, becomes a risk to other people, and there is no um medical um sort of um issue there then of course their behaviour is their own affair and we would take them through discipline and they would get expelled and that's, that's the ultimate sanction that the Board of Discipline has and one of the criteria is , is to er is to look at the risk to other people. Senior Manager, University B (110-116)*

Where students have a recognised mental health problem which is believed to be causing the behaviour that is seen as risky, sector guidance and received wisdom is clear that this behaviour should not be dealt with under disciplinary

procedures. This is based on a position that these students are not fully

accountable for their own behaviour and therefore should not be treated in the

same way as students without mental health difficulties, moreover to do so may

be a breach of the Disability Discrimination Act (1995; 2005) or Equality Act

(2006):

> *"Care should be taken to ensure that an institution's procedures are not arbitrarily invoked to take inappropriate action against students with mental health difficulties. There is a particular danger, for example, that some students whose mental state causes them to exhibit disturbing behaviour might be inappropriately subject to disciplinary action as a means of exclusion from the institution. HEIs should consider establishing specific procedures which enable or encourage students to suspend studies if it is clear that their mental health difficulties are affecting their ability to take full advantage of educational opportunities." Guidelines on student mental health policies (Universities UK, 2002a paragraph 3.16)*

Interviewees from all institutions indicated that such protocols were in place and,

in some cases, measures were in place to check whether students entering the

disciplinary procedure had mental health difficulties, although these appeared to

be mainly informal. In addition to students with mental health difficulties, a small

number of interviewees indicated that they thought it inappropriate for students

with conditions which affect cognitive functioning, such as Asperger's

Syndrome[12] to be dealt with under a disciplinary system. This is also based

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[12] Asperger's Syndrome- Part of the spectrum of autistic conditions characterised by a triad of impairments social difficulties, communication impairment and rigid ritualistic interests. People with Asperger's syndrome have normal intelligence but communication difficulties may result in literal interpretation of language and lack of understanding of other people may result in difficulties forming relationships. Ghaziuddin, M. (2005) *Mental health aspects of autism and asperger syndrome.* London: Jessica Kingsley, Ritvo, E. R. & Attwood, T. (2005) *Understanding the nature of autism and asperger's disorder: forty years along the research trail.* London: Jessica Kinglsey.

partly on the position that students are not accountable for their actions although it is unclear if there were alternative processes in place in these cases.

Suspension of studies was used as part of the disciplinary processes as a precautionary measure which did not judge the outcome of the proceedings. As such it could be considered an interim measure within disciplinary proceedings. In many HEIs' mental health protocols, suspension of studies was used as an outcome of a hearing, until a student was deemed well enough to continue her studies. In most cases students were persuaded to suspend voluntarily but most institutions had provision within their procedures to force students to suspend their studies based on mental health difficulties. The threshold for this suspension is different to the threshold for being sectioned under the Mental Health Act (1983) (although students who had been sectioned may also have been suspended). The extract below outlines how a student could be deemed well enough to be in the community by medical staff, but still be considered risky enough to be suspended from the HEI:

> *"… the doctors are involved, clearly believing that at the moment that she's not reached the stage where she could be sectioned again although they're still working on that. Um the issue there being if the doctors are saying that she cannot be in hospital we're left holding that situation and although she's been suspended as a hall tutor we then saw her a couple of weeks ago because she told us she was going home soon and based on that the psychiatry services took a view that they wouldn't take it any further. We're trying to manage the situation in the mean time but of course the behaviour's now got worse again so now we're having to consider suspending her as a student and we've never done that before so we have been a university that's taken the view until recently that we would do everything we could to request a student to suspend encourage them to but like everybody else and with legal advice we've now got a procedure for forcing a student to suspend and we are now looking at doing that with her because of the extra issues for us if she, if her behaviour got worse it's marginally easier if she's suspended as a student and not actually a student…"*
> *Student Support Manager, University B (86-100)*

This extract confirms that HEIs define risk at a different threshold to the Mental Health Act (1983). This may be seen as drawing on the discourse of university as a community, where HEIs can define acceptable standards of behaviour. As suspending a student from his studies is not a final outcome students have the opportunity to return to study as a further outcome (see 10.6 for further discussion).

The final formal process interviewees described was a Fitness to Practice procedure, which is used for students on programmes leading to professional accreditation to ensure that students meet health and behavioural standards set by professional bodies. The threshold for instigating a Fitness to Practice procedure appeared to be lower than for either disciplinary procedures or mental health procedures, possibly reflecting the higher standards expected of students on professional programmes:

"For us it's probably been more, it's been more blurred than that really maybe somebody would be um you know there have been things I suppose where under the fitness to practice slightly where somebody might be um you know just not not functioning really and um we might have addressed that and they would have taken some action about time off..." Head of Counselling, University D (318-323)

In summary, students who are considered responsible for their own 'bad' behaviour on non-professional courses are most likely to be dealt with under disciplinary procedures, students who are considered not to be responsible for their own behaviour are more likely to be dealt with under alternative procedures, often under the umbrella of the HEIs mental health policy. Where students do not have diagnosed mental health difficulties, but are not considered to be responsible for their own behaviour, they may be dealt with in an informal manner similar to students who have mental health difficulties. This demonstrates the importance of the student accountability discourse and whether the student is positioned as responsible for her own behaviour or not. Students on professional programmes are dealt with under fitness to practice procedures; the student accountability discourse was not apparent in interviewees' discussion of 'fitness to practice', potentially reflecting expectations that professionals must be accountable for their own behaviour, although it is possible these discourses may affect the outcomes of such proceedings.

10.4 Breaching confidentiality

Where a student is considered to be a risk to self or others HEI staff have to decide who to share this information with and many HEI services require students to sign a confidentiality statement which states that confidentiality may be broken if the student is considered to be a risk to self or others. Most

interviewees emphasised that they would usually seek a student's permission to share information with people outside of the HEI; the extent to which information would be shared without a student's consent appeared to vary between interviewees. Information may be shared with external services without a student's consent but most examples seemed to focus on sharing information with family members.

Guidance documents set out clear expectations about information sharing:

> *"Is the institution's Emergency Contact Protocol known and adhered to? In most institutions, students are asked to provide next-of-kin or emergency contact information at the point of enrolment. It is important that access to, and use of, this information is carefully controlled. Clear policies are particularly important to guide decisions regarding contact with a student's next of kin when there is concern about the individual's psychological well-being, or following admission to hospital. The situation for some international students may require particular consideration. Decisions on contacting others should be made with full regard to the legal context of the institution's relationship with the student." Responding to student mental health issues (AMOSSHE, 2000 p15)*

This guidance refers to the legal status of young people of 18 and over as adults and emphasises the need to maintain confidentiality in most circumstances; the legal position is distinct from the discourse which locates students as adults although the discourse is supported by this legal position. The guidance also implies that there may be occasions when it would be appropriate to breach this confidentiality, namely where there is concern about a student's psychological well-being or following admission to hospital. Many of the interviewees used this legal position to justify their decisions to maintain a student's confidentiality.

At times, the position that students are adults appeared to be problematic for some individuals. Despite recognising students' legal status as adults a number of interviewees indicated that they thought that the student's family ought to be made aware of the situation:

> *"In this is the case of a student who was found hanging in her room in a private hall but it but is alive and is OK and the hall manager found them and even there we wouldn't tell the parents but what I did was make sure I spoke to the manager of the ambulance people and the hospital and said you do know we're not going to tell the parents we're expecting that you would." Student Support Manager, University B (218-223)*

In this extract the interviewee does not wish to breach the student's confidentiality by informing her family, but she also makes it clear that she expects the hospital to tell the family. This interviewee had emphasised the need for senior managers to be involved in decision-making to ensure legal compliance, which may explain her reluctance to take the decision to inform the family. It may be that when dealing with the incident the interviewee was using the position, accepted in her work role, from the student accountability discourse, that students are adults whilst potentially occupying a different position in a personal capacity.

Other interviewees were more likely to breach confidentiality although all acknowledged this was a rare action. One interviewee explicitly questioned the legal requirement for confidentiality stating:

> *"Yeah we um we interpret the Data Protection Legislation um with some um leniency er we are very particular if people ring us wanting information, then we play the Data Protection Card but um we we feel um that families have got a right to that families are part of the partnership and er we've got to keep in touch with them." Senior Manager, University C (168-171)*

The interviewee appears to draw on the position that students are young people in transition and builds on this to assume that family involvement is therefore beneficial and desirable. This same position of students as young people in transition is apparent in the next extract although the rights of family are not emphasised in the same way:

> *"…they don't happen very often um we've not I'm trying to think now, as far as I can remember we've not had a situation where the students have said you've breached my confidentiality I'm going to sue you for that, in the majority well in all cases I can remember they've been relieved because they wanted to talk to somebody but they didn't know how to um and by doing that we've sort of forced the issue almost but um I mean it's not many cases it's probably no more than a handful in the last four or five years cos it is I mean it's a significant step to take isn't it?" Student Support Manager, University A (252-258)*

This interviewee appears to draw on support discourses *'they've been relieved because they've wanted to talk to somebody and haven't known how'',* rather than emphasising the role or rights of the family as the previous interviewee did.

It appears that HEI staff rarely breach students' confidentiality by speaking to family members without the student's consent, but there are occasions when this happens, within or outwith legal guidelines. Interviewees who had breached confidentiality used different discourses to counteract the legal framework which emphasises the autonomy of students as adults. This demonstrates how the same actions can be underpinned by different discourses.

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10.5 Response to other students

As discussed in chapter 8, the behaviour of students who are a risk to self or others can impact substantially on other students. Many of the interviewees gave examples of how they had responded to students who had been affected by such behaviour. Three main sorts of response were identified: education and information; emotional support and academic related support.

Going to university is still many students first experience of living away from home, often with strangers. Positioning students as young people in transition emphasises this and that students may need support to deal with new situations including when someone they know is behaving in a way which appears to be risky. Providing information about the impact of mental health difficulties was a key response to other students, following both one-off critical incidents such as a student being sectioned and on-going concerns such as living with a student who self- harmed. In the extract below, the interviewee explains how the HEI would respond to concerns raised about a student self-harming:

> *"…we would then obviously try and make contact with the individual student to follow up with them but we would also kind of work with the residence team as well to kind of um either make information available that students can look at for themselves or if they're really struggling to cope sometimes we've been able to, with the self-harming student's agreement, they've sat down with the other students and sort of explained you know this is what will, you know this what I do when this happens and that happens and so it helps them understand a bit more but it is quite frightening for them as well, particularly if it's not something that they've come across." Student Support Manager, University E (369-377)*

Many of the interviewees stated that this level of information was often sufficient and stated that other students could become an important source of support for

the student. However, several of the interviewees did acknowledge that they had had requests to move accommodation due to a flatmate's self-harm or mental health difficulties and stated that where possible they would offer alternative accommodation in response to such requests.

Moving a student who is concerned about a flatmate is one of a number of actions interviewees identified as possible responses. Other practical actions included offering support with requests for extensions to academic assignments. Such actions may draw on the discourse of HE as a right positioning students as having a right to study without interruption and on the position from within the student accountability discourse of students as young people in transition unable to take on the full responsibilities of the adult world, who therefore need protecting.

A small number of interviewees also described providing specific support for students affected by others' behaviour. Such support was mainly located in Counselling Services, which offered consultation to students or staff about people they were worried about. This support focussed on providing students with the opportunity to talk about how they felt about a situation; such support was identified as particularly important to offer after critical incidents. At the time of one interview, the Head of Counselling explained a student had committed suicide that week and that she may need to interrupt the interview if students came in to ask about debriefing. Interviewees emphasised the need for such support to be available when students requested it. However, a number of interviewees noted that students were often good at supporting each other and they sought to support this. The interviewee below explains the range of support

offered to a group of students who had been locked in student accommodation

by a student experiencing psychosis:

> *"The other students um they were they were quite it's amazing actually because when we have something like with where all of the students involved I mean we always you know as appropriate offer them counselling you know if there's a student death and they're quite resilient students and we do offer them all those supports if they want to talk to somebody or if they think it will affect their exams in anyway and you know we can support them with their academic departments so that's what we do with those and we did offer them counselling but they seemed to want to stick together as a group I think um they did sort of say you know we'll talk about it amongst ourselves and reassure each other." Head of Service, University B (168-176)*

Where other students were affected by an individual's behaviour, interviewees

considered what support these students may need in the form of information and

education, emotional support or practical support. Again it is clear that these

actions can be located in a number of different discourses with, perhaps, HE as a

right and the position of students as young people in transition from the student

accountability discourse being dominant.

10.6 Return to university

Responses to students who present a risk can be on-going particularly where a

student has suspended his studies and intends to resume them at some point. A

number of interviewees referred to formal processes in place for students who

wished to return to study following suspension on mental health grounds

(whether voluntarily or enforced by the HEI). These formal procedures were not

in place in all institutions demonstrating the importance of the institutional context

when responding to students who present a risk to self or others.

Once students had been deemed too unwell to continue with their studies, most institutions required some evidence that their health had improved before allowing students to return to study. The cases which were described all involved students who had mental health difficulties and perhaps unsurprisingly drew heavily on clinical discourses. Students were either required to demonstrate their fitness to return through an Occupational Health assessment, or to provide evidence from a medical practitioner confirming that they were fit to return and no longer presented a risk to self or others. In some cases, students were asked to maintain regular contact with someone, from inside the university or external mental health services, to monitor their health as a way of monitoring and reducing potential risk.

Returning to university raised questions of where students were going to live. In some cases students were accepted back into university accommodation, often with some conditions attached such as living in a single room or in a particular type of accommodation. Such decisions appear to draw on the discourse of HE as a right which included access to all aspects of the student experience:

> *"… I would think we will probably let him go back into halls that's all part of the experience and as long as he keeps in contact with [the Mental Health Adviser] then I don't see that as an issue because I don't think you know he's a known quantity now it's the other unknown quantities that become the issue and he he now knows where to get support from who to talk to…" Student Support Manager, University A (311-315)*

This is in marked contrast to institutions which asked students who were considered to be a risk to move out, where the discourse of HE as a privilege was drawn on.

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10.7 Case examples

The analysis so far has presented discourses and demonstrated the way in which discourses frame how risk is determined and assessed and understanding of specific factors which form part of this assessment. Examples from practice have been provided, but they have been brief, the following two sections aim to bring to life the discussion which has taken place so far. Susi and David (pseudonyms) were students who were talked about by multiple interviewees. This provided an opportunity to consider the different discourses used by interviewees to describe behaviour and position the student and themselves. It is hoped that by presenting these case examples the reader will be able to ground some of the previous discussion in practical understanding, reflecting the practitioner-researcher element of this work. Each example starts by giving a synopsis of the students' background and then goes on to consider the key discourses which were used by interviewees to frame the case at the beginning and as the situation progressed. These examples have been selected to be illustrative rather than typical or all encompassing and therefore not all discourses or elements of the analysis so far are included.

10.7.1   Case example one-Susi

Susi was a Chinese, postgraduate student who also worked as a Hall Tutor at University B. She lived in university accommodation. She was in her 30s and had a chronic mental health difficulty. It was unclear when the university became aware of her mental health difficulty and it may be that different parts of the institution became aware of it at different times. Concern about Susi was triggered by the long rambling emails with bizarre and threatening content she sent to staff and students and the way she was behaving in the hall which

frightened some of her tutees. Susi was discussed by three interviewees, the Head of Counselling, the Student Support Manager and the Accommodation Officer. Concerns about Susi were current when I interviewed the Head of Counselling and the Student Support Manager. By the time I interviewed the Accommodation Officer, nearly a year later, Susi was still causing concern in her academic department but was no longer a Hall Tutor and had recently moved out of halls.

As a 30 something international student, Susi was an atypical example of the cases presented by interviewees. Despite this, her case is interesting as she clearly presented a substantial challenge for the HEI given the overt nature of her mental health difficulties. As a Hall Tutor, Susi was positioned as part of the university community and had clear responsibilities towards undergraduate students. Whilst the relationship of Hall Tutor and Tutees adds an additional element to this situation, the concerns about the impact of an individual's behaviour in residential accommodation were common and Susi's case serves as a good example of this.

Susi had been sending long rambling emails to students and staff, referred to by the Head of Student Support as 'threatening' which according to the Head of Counselling:

> *"…were clearly slightly bizarre and kind of plucked all*
> *sorts of random thoughts referred to God and the Bible*
> *and the Devil amongst a whole host of other things.."*
> *Head of Counselling, University B (63-65)*

This behaviour escalated and Susi barricaded herself into her room on campus, resulting in the police being called and Susi was forcibly removed from her room

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and sectioned under the Mental Health Act (1983). At this point, she had been

assessed as a risk by both the university and under the Mental Health Act

(1983). However, following a stay of a few days in hospital, Susi's case was

reviewed by a Mental Health Tribunal; she was released from hospital and she

returned to her accommodation on campus. At this point Susi was no longer

judged to be a risk in the terms of the Mental Health Act which posed some

difficulties for the institution:

> *"So that was quite difficult because then we're in a
> situation where she of course claiming that she is now
> quite well with the tribunal releasing her there was nothing
> wrong with her and then we have got a situation where we
> don't feel she is competent to certainly look after 35
> students under her care." Head of Accommodation,
> University B (203-208)*

This is a clear example of different risk relationships as shown in Figure 10.1 and

Figure 10.2 overleaf. In each case the risk object and object at risk, which were

considered are different and are framed within different discourses. The Mental

Health Tribunal considered risk from within a clinical discourse allied to a legal

framework, to see whether Susi met the conditions for detention under the

Mental Health Act (1983). The object at risk could be considered to be Susi's

rights. For the university, Susi was the risk object because of her psychiatric

diagnosis, her role as a Hall Tutor and because she was living in university

accommodation. The objects at risk were the well-being of her tutees, public

perceptions of the university and the reputation of its accommodation and

pastoral care. These figures show that whilst there were common elements to

the risks which were being considered (namely Susi's mental health) the risk

objects, relationships of risk and objects at risk were different. This example

clearly demonstrates that the first challenge for HEIs deciding how to respond to risk is to identify which risk(s) they are trying to respond to.

The Accommodation Officer emphasised the need to limit the impact of Susi's behaviour on other students when she was unwell in halls. When Susi was released from hospital after being sectioned, she was removed from her duties as a Hall Tutor, but continued to live in the hall. This response from the managerial discourse limited the impact of the situation, but ensured that Susi was not left without anywhere to live. Susi's mental health continued to deteriorate and cause concern to staff and students. However, mental health services did not wish to take her back into hospital as she had indicated that she was intending to return to China. When I spoke to the Head of Student Support, the university was waiting for confirmation of this and considering whether or not to suspend Susi as a student and, additionally, whether to require her to move to self-contained accommodation on campus so that she would be less disruptive to other students. There was clear evidence here of the managerial discourse at work in formulating a response, by balancing Susi's needs with those of the other students.

Figure 10.1 Relational representation of risk for Susi from University B's perspective

Risk object	Relationship of risk	Object at risk
• Susi is a Hall Tutor • She has been diagnosed as having paranoid schizophrenia • Her behaviour breaches expectations • She requires help and support • *Discourse: Support*	• As an employee of the University Susi represents the university to other students • Her current behaviour is frightening to her tutees • Risk is increased by Susi's continued prescence in Halls • *Discourse: Managerial*	• Wellbeing of tutees • Perceptions of University • Reputation of University accommodation

Figure 10.2 Relational representation of risk for Susi from the psychiatrist's perspective

Risk object	Relationship of risk	Object at risk
• Susi has been diagnosed as having paranoid schizophrenia	• Susi does not meet the conditions for being sectioned under the Mental Health Act • *Discourse: Clinical*	• Susi's rights would be violated if she were held against her will
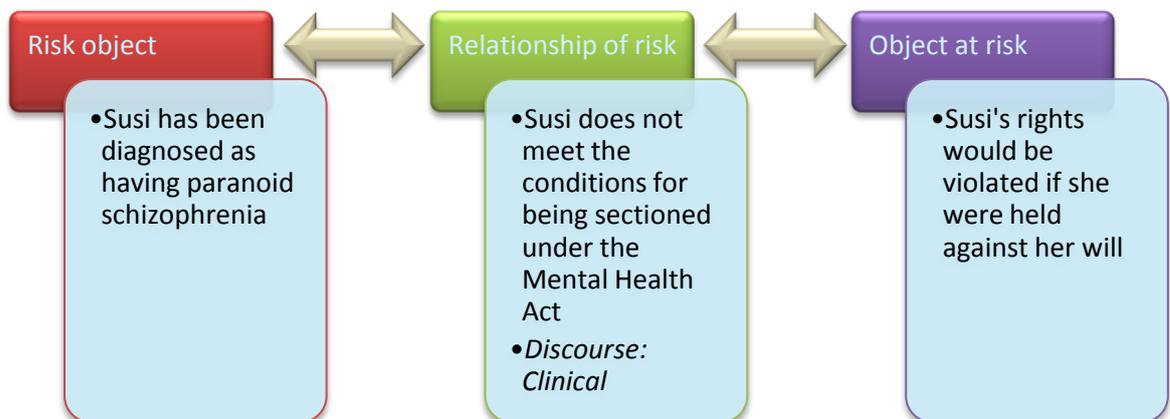
A year later, the Accommodation Officer explained that Susi had been suspended from her studies but had remained on campus for about six weeks after she was sectioned and had then returned to China. Susi returned the following academic year, with confirmation from a doctor in China that she was well enough to study, but the same pattern of behaviour appeared. When Susi applied to return to halls she was offered self-contained accommodation only to limit the impact she had on other students, which would also reduce the risk to the university's reputation. This response was clearly dependent on the risk relationship which had been identified. Susi became ill again and was unhappy living in university accommodation, and eventually moved into private rented accommodation. At the time of the interview with the Accommodation Officer, it was unclear what would happen to Susi in the future as her difficulties were impacting on her academic work and department. It was clear that throughout her time at the university, Susi had caused a lot of concern for all of the interviewees and her case demonstrates how multiple discourses create a framework for understanding and mitigating risks in a complex situation.

10.7.2   Case example two- David

David had recently graduated from University A. He had been in care prior to going to university and had spent some time in a residential setting, possibly in a secure unit. He was diagnosed with Asperger's Syndrome whilst at university. He had assaulted a female student and was known by staff as aggressive. Following the assault, he was initially suspended and then referred into support services. He had support from staff at the university throughout his time there. David was discussed at interview by the Student Support Manager, the Mental Health Adviser and the Head of Counselling. David's behaviour, and the extent

to which he presented a risk, was described very differently by the three interviewees who discussed his case. They all drew on different discourses when describing him and the risk he presented.

David first came to the attention of Student Support Services staff when he was accused of aggressive behaviour towards a female student. The Student Support Manager emphasised reasons for mitigation for David's behaviour from within the student accountability discourse to explain how the other student had goaded him and that he should not be disciplined for his behaviour because:

> *"I just felt that the situation was so complex and so obviously not just a discipline thing that whilst I wanted him to be aware that what he'd done was wrong I didn't want him disciplined for it because I didn't think that he was in any way able to affect what he did at that point does that make sense?" Student Support Manager, University A (107-111)*

At this point David had no formal diagnosis of Asperger's Syndrome and it is unclear whether the Head of Student Support suspected this difficulty. However, she had identified that she believed he needed some additional assistance and it seems that he was then referred to the Counselling Service.

The Head of Counselling emphasised David's aggression and previous violence; she saw him for an initial assessment and felt that he was not suitable for the Counselling Service and felt that he should be referred to an external, specialist agency. When talking about the assessment she did with David, the Head of Counselling used a therapeutic discourse indicated by referring to her own feelings and her need to own her feelings and give herself permission to end the assessment. She also demonstrated another feature of the discourse, as she continued to try to maintain confidentiality, using 'they' rather than a gendered

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pronoun and not describing the 'certain things' he had brought into the room with him:

> *"the person had, um I won't say what they had, but they had certain things that they'd brought into the room with them and they proceeded to sort of mess around with them, which was quite sort of, I was frightened, I was frightened but I was thinking why aren't you removing yourself? What is going on or you why are you removing?"*
> *Head of Counselling, University A (256-260)*

The Head of Counselling had no further contact with David as her view was that he should be referred to an external specialist agency, as he was not suitable for the Counselling Service. She used a discourse of student accountability for own behaviour and, as a consequence of this, thought that he should have been disciplined and questioned why he was allowed to stay at the university:

> *"…again it's that we will still we support you, is that support in my head or is that we'll cover ourselves to make sure we've offered you every opportunity to have support rather than go out, this is totally not in our policy? What is about, why will we not say to people that's it you know that's not acceptable?" Head of Counselling, University A (372-376)*

The Head of Counselling indicated that David's behaviour was unacceptable and that he should be held accountable for it. It appeared that she thought that removing him from the university, either for therapeutic support or from all aspects of the university would be the best way to manage this risk. This approach is shown schematically in Figure 10.3 overleaf.

Following his brief visit to the Counselling Service, David was referred by the Head of Student Support to the Mental Health Adviser. To minimise the student's accountability for his behaviour, mitigating factors needed to be identified and it appeared that this referral was an attempt to do this.

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Figure 10.3 Relational representation of David's risk and discourses based on Head of Counselling

Risk Object	Relationship of risk	Object at risk
• David's behviour is threatening • *Discourse: Accountable for own behaviour*	• David needs specialist help which we are unable to provide	• Counsellors and staff of the university would be at risk if we tried to offer help

The Mental Health Adviser acknowledged that David could be aggressive and threatening as he was physically large. She also explained that*, "he had taken a knife to a psychiatrist when he was 14"* (Mental Health Adviser University A, 14) and that he had a long history of involvement with services. Her descriptions of his previous history were from a clinical discourse, noting life events in a detached manner. She referred David for another assessment with a psychiatrist, as there had been questions as to whether he was psychotic; the psychiatrist found no evidence of psychosis but the consultation resulted in a diagnosis of Asperger's Syndrome. She clearly saw David as a success story stating:

> *"And we've managed to get him through, he's just going to graduate. He's just, he's just got a 2:1 so he's going to come out and he's done so well to have come through given his history." Mental Health Adviser, University A (297-299)*

The phrase *'we've managed to get him through'* suggests that David received a lot of support whilst at university, but the Mental Health Adviser was clear that

although David had some difficulties as a result of his Asperger's Syndrome he had to take responsibility for his behaviour. This balance of a clinical discourse and an emphasis on accountability resulted in David being provided with regular support but with clear boundaries and expectations as a way of reducing his risk to others.

As noted above, the Student Support Manager emphasised reasons to minimise David's accountability for his behaviour emphasising elements of David's history: his experience of being in care; childhood abuse; being goaded by the student who assaulted him; and his diagnosis, whilst at university, of Asperger's Syndrome, positioning him as someone who could not be held accountable for his aggression as he did not understand that it was not appropriate. She used a support discourse to indicate that David was entitled to, and needed, support. Alongside these discourses she also used a managerial discourse to identify which university processes should be used to respond to David, moving him out of the disciplinary process as a response to his aggression and instigating support. Her position is represented in Figure 10.4. In addition to her response to David from the managerial discourse, the Head of Student Support explained that they had a duty of care to both students involved in the initial incident. The use of the term 'duty of care' acted as a rhetorical device to justify the approach taken to supporting David, and was used to demonstrate that the needs of the female student had been taken into account. The managerial response was to timetable their classes so that David and the female student did not have to be in the same class throughout the remainder of their degrees.

Figure 10.4 Relational representation of David's risk and discourses based on Student Support Manager

Risk object	Relationship of risk	Object at risk
• Demands of university life and social interactions may place requirements on David he is unable to meet	• *Discourse: Mitigation for behaviour* • *Support* • *Managerial*	• David is vulnerable as a result of his life experiences • David at risk from others trying to provoke him
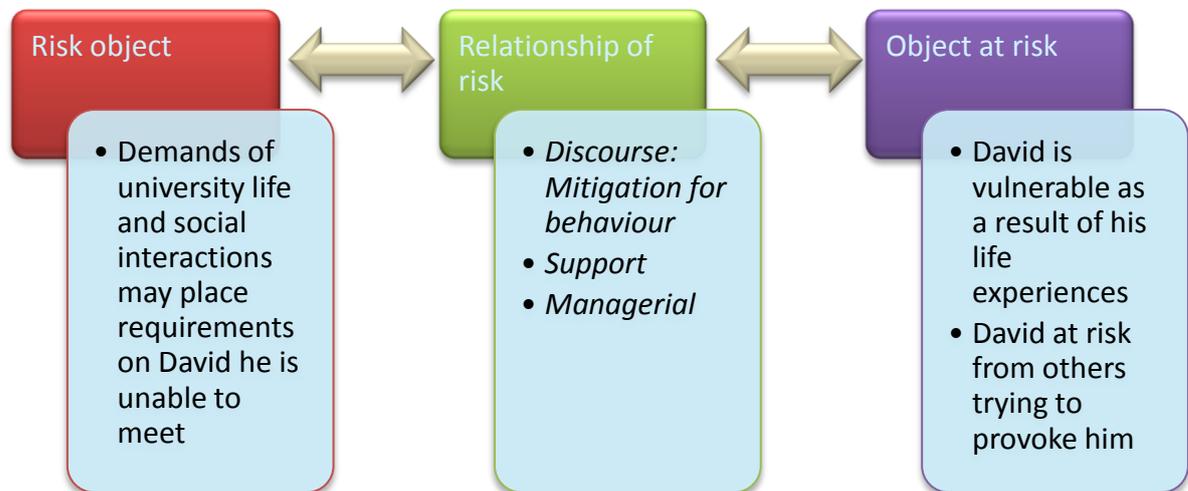
A comparison of Figure 10.3 and Figure 10.4 demonstrates that discourses can act at any point in this relationship; a change in one aspect of the triad changes the other aspects of the triad. The discourse of student accountability and a focus on the threatening nature of David's behaviour position David as a risk object in Figure 10.3, whereas in Figure 10.4 the discourses are the support discourse and a focus within the student accountability discourse on previous experiences being mitigation for behaviour, the managerial discourse is also used to identify an appropriate framework for response. This combination positions David as the object at risk, with university life as the risk object. These discourses formed the basis of the response to David, resulting in him receiving regular support throughout his time at university, rather than being removed from the university.

Both case studies show the benefits of using the relational theory of risk alongside CDA to understand responses to risk in real situations, as responses are dependent on understanding of risk.

10.8 Summary

This chapter has considered five key areas of response to students who present a risk to self or others. The first is involvement of statutory agencies such as the police or mental health services; this may be instigated by the HEI or the involvement of statutory agencies may bring the student to the HEI's attention. Once a student is involved with a statutory agency, the dominant discourse of that agency is likely to inform future actions, for example, the involvement of mental health services means future actions are likely to be influenced by a clinical discourse. Involvement of statutory agencies also seems to signal a shifting of responsibility from the HEI to the agency.

Where statutory processes do not result in an improvement in the situation, or the student being removed from the HEI, universities have three key formal processes which may be used to take action against a student: disciplinary, suspension of studies and fitness to practice. Disciplinary processes appeared to be most likely to be used when a student was deemed to be fully accountable for her behaviour, demonstrating the importance of the student accountability discourse in formulating responses. The procedures themselves appeared to draw on the university as a community discourse, by setting out acceptable standards of behaviour within the university community and sanctions for breaching these standards. The student accountability discourse appeared to be the key discourse in deciding which process should be used.

Suspension of studies was used either as a temporary measure during the disciplinary process, or as an outcome of a hearing where students had mental health difficulties and were therefore deemed not accountable for their own behaviour. Again the university as a community discourse played a role here, as students who were deemed well enough by mental health services to live in the general community were sometimes deemed unable to live in the university community. The final formal process of fitness to practice only applies to students on programmes leading to professional accreditation requiring higher standards of behaviour. Students on these programs appear to be deemed fully accountable for their own behaviour.

HEIs also have to decide whether to breach a student's confidentiality as a result of identified risks, the third initial area of response. Informing other agencies about concerns about a student appeared to be more straightforward for most interviewees than deciding to inform a student's family about concerns without the student's consent. Legally, students over 18 are considered adults and personal information should only be shared with their consent. However, positioning students as young people in transition appeared to be a way for some interviewees to justify breaching this confidentiality. Other interviewees appeared to use a support discourse to justify similar breaches.

A fourth area of response which was considered, was the response to other students, that is those affected by an individual's behaviour. Responses appeared to draw on a number of discourses including HE as a right, the support discourse and the student accountability discourse.

Finally, a number of students who had been suspended returned to university once their mental health had stabilised and they were judged to be fit to study. The discourse of HE as a right was prominent where students were encouraged to fully integrate back into university life.

This chapter has shown that considering discourses alone is not sufficient to understand responses to students who present a risk to self or others. In a critical realist understanding of the world, discourses are used to understand situations to which there is a material reality. In most of the situations described by interviewees, there was a clear material reality in which the actions of an individual could be shown to impact on themselves or others in some way. The relational theory of risk provides a way of identifying the risk object and the object of risk and how they are related to one another. Combining this with an understanding of the discourses an individual uses to frame a situation provides a useful conceptual model which can be applied to real situations. This complex and interactive process was demonstrated in the two case examples at the end of the chapter.

11 Conclusions and implications of the research

11.1 Introduction

As I noted in the introduction, this research began with a conversation about how to respond to students who present a risk to self and others and the thesis is inextricably linked to my work within Student Support Services. Whitchurch (2008) has noted the development of 'blended professionals' within HE, who are researchers as well as practitioners working in a third space between traditional support and academic roles. This description seems meaningful to me and fits with my understanding of my current position as an established practitioner and developing researcher, it is therefore useful to consider both elements in this final chapter which starts by summarising the findings set out in chapters seven to ten demonstrating how these findings address the research aims. The integration of Hilgartner's (1992) relational theory of risk with CDA is also discussed. Key findings are summarised visually to provide greater clarity for the reader.

This summary of the key findings is followed by my reflections on the research process; focussing on my thoughts as a researcher. This includes an exploration of the contributions other theoretical frameworks could make to this area of study and the impact of my own methodological choices. These reflections are consistent with the openness about the research process throughout the thesis and I hope this transparency adds to the credibility of the research.

Maintaining the links between research and practice expected of a blended professional, the next section considers the contribution of this research to theory and practice. This discussion is also part of fulfilling the emancipatory

requirements of CDA, by considering how the understanding of discourses may impact on practice. This section also briefly explores other factors which may influence professionals' decisions about students who present a risk to self or others. This is followed by a brief discussion of potential areas for future research. The thesis ends, as it began, with a link to my own practice.

11.2 Addressing the research aims

From the conversation which initially started this research through multiple revisions I identified three research aims which I have addressed throughout chapters seven to ten of this thesis. These findings are summarised here and related directly to the research aims:

1. To determine the range of discourses which are used by HEI staff to construct and explain the idea of students whose behaviour presents difficulties to themselves and/or others;
2. To examine the relationship between discourses and professional roles;
3. To examine the potential outcomes of situations for these students in relation to different discourses.

In relation to the first aim, two groups of discourses and an additional discourse were identified in the data, as shown in **Error! Reference source not found.** overleaf: discourses about HE context; professional discourses and a student accountability discourse. Within the HE context group there are discourses of HE as a right and HE as a privilege. The former reflects contemporary policy about widening access and the right of students to access HE, the latter draws on more traditional notions of HE as something which students (usually young people) are able to access only if they meet the institution's expectations. These discourses demonstrate different power relationships between students and HEIs. The discourse of HE as a privilege, locates power clearly with the

institution which can define who is and is not granted this privilege, creating a relatively powerless student subject. In contrast, the discourse of HE as a right locates more power with the individual student. Whilst the extremes of each of these discourses are constrained by the legal framework, the importance of the power differential and its potential to influence outcomes is clear.

Figure 11.1 Summary of discourses

HE Context	Professional Discourses	Other
HE as a right	Managerial	
HE as a privilege	Clinical	
University as a community	Therapeutic	Student accountability
HEI as provider of education	Support	
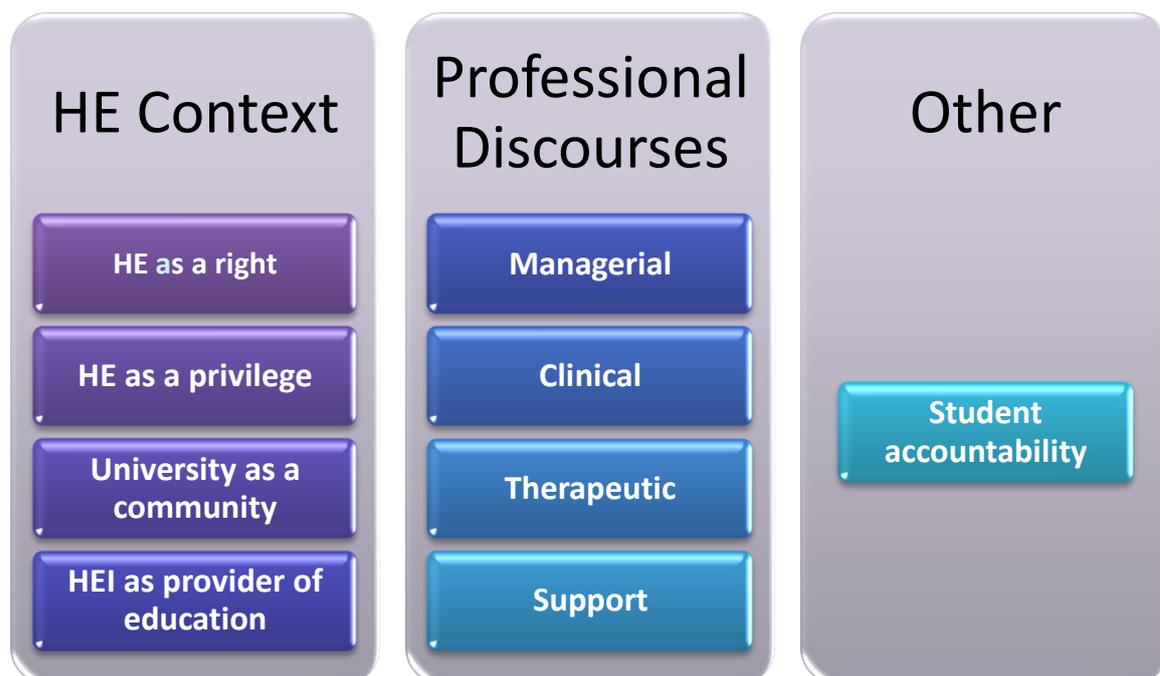
The HE context group also contains the discourses of university as a community and HEI as provider of education. Here too, the exercise of power through the discourses was clear. The disciplinary power of the university as a community discourse was reinforced by the use of this discourse by key members of the university. This was supported by the HEI's sovereign power to enforce its own rules. In this discourse, students were positioned primarily as members of the university community. In contrast, with the HEI as provider of education, students were positioned as members of the general public to whom external

agencies were expected to respond, as they would any other member of the public, locating greater power with external agencies to define and respond to student issues. The possibility of a distinct duty of care discourse was also examined in this chapter. However, rather than identifying a distinct discourse, it was apparent that the term 'duty of care' was used as a rhetorical device to justify a preferred course of action.

A second group of discourses was identified which included four distinct professional discourses: managerial; clinical; therapeutic and support discourse. The managerial discourse appeared to be the dominant discourse within this group, possibly reflecting the seniority of many of the interviewees, who therefore had substantial disciplinary power to shape institutional practices. This discourse focused on protecting the institution, ensuring compliance with procedures and regulations and balancing viewpoints, requirements and resources. The clinical discourse was characterised by: the use of formal language to describe behaviour or symptoms; reference to formal legal processes and the use of diagnostic categories. This discourse had disciplinary power based on professional training and sovereign power based on legislation. In contrast, the therapeutic discourse had only disciplinary power; it was characterised by reference to therapeutic orientations, specific technical terms and an emphasis on confidentiality. The first three discourses in this group were expected as Student Support Services staff in HEIs come from a variety of professional backgrounds. The final discourse in the group, the support discourse, was perhaps the most interesting. There were superficial similarities between the support discourse and the therapeutic and clinical discourses; however, the support discourse did not have clear theoretical underpinnings. This discourse

had many of the features identified by other authors as therapy culture (Furedi, 2004b) or therapeutic education (Evans, 2004). In this discourse there was an emphasis on searching for an explanation for a student's behaviour and identifying appropriate specialist support for the student to mitigate the identified difficulties.

The final discourse identified was student accountability. This discourse emphasised the importance of determining a student's accountability for his actions. Two extreme positions were identified within the discourse: at one end students were viewed as fully accountable for their behaviour; at the other end the student's vulnerabilities and mitigating factors such as previous life experiences or mental health difficulties to explain why the student could not be held fully accountable were the focus. Positions which emphasise mitigation for behaviour appeared to be linked to the support discourse. Within this discourse, students could also be positioned either as adults (with full responsibility for their behaviour) or as young people in transition (with less responsibility for their behaviour).

In relation to the second aim, it may perhaps have been expected that interviewees from particular professional backgrounds would use certain discourses and not others. However, as **Error! Reference source not found.** overleaf shows, this was not the case as interviewees from all backgrounds used multiple professional discourses, although certain groups favoured particular professional discourses. It may be that working in a multidisciplinary environment meant that interviewees were not isolated within a single discourse and instead drew on multiple discourses. In some instances, this may have been

rhetorical deployment of a particular discourse to achieve a particular outcome, for example using clinical language to increase the credibility of a referral to a GP. However, beyond this micro level, the use of multiple professional discourses perhaps reflects the lack of a distinctive professional student support discourse within HE. It is interesting to note that it was not possible to identify clear relationships between the discourses in the other two groups and interviewees' professional backgrounds. This seems to suggest that these discourses reflect something other than professional training and background.

Figure 11.2 Use of discourses by people from different professional backgrounds

Discourses about HE Context	Professional Discourses	Other
HE as a right • No clear pattern	**Managerial** •Used by all	
HE as a privilege •No clear pattern	**Clinical** •Used mainly by mental health practitioners	**Student accountability** •No clear pattern
HEIs as communities •No clear pattern	**Therapeutic** •Used mainly by counsellors or mental health practitioners	
HEIs as providers of education •No clear pattern	**Support** •Used by most interviewees	

The third aim of the study was to examine the potential outcomes of situations for students in relation to different discourses. The first step to examining outcomes was to examine definitions and assessments of risk. Here a transdisciplinary approach to CDA was invaluable as I integrated my understanding of the discourses, established from CDA of the data, with the relational theory of risk (Hilgartner, 1992; Boholm and Corvellec, 2011). It was notable that the discourses which were identified were not directly about risk; rather the discourses created objects which were of value (objects at risk in the terminology of the relational theory of risk), understandings and definitions of risk were constructed in relation to these objects. Chapter nine demonstrated how discourses create different understandings of what is at risk (object of risk) and what poses a risk (risk object) and showed how the use of different discourses and specific factors of each situation would change this relationship.

Whilst the relational theory of risk provides a useful theoretical model for understanding risk definitions and assessment, this model was not overtly referred to in the data. However, risk assessment appeared to be an accepted discursive practice within all of the professional discourses and to assess risk it needs to be defined. The format of the risk assessment reported varied depending on the professional discourse used and the perceived risk which was being addressed.

As noted in chapter nine, although the relational theory of risk identifies the relationship between a single risk object and object at risk, in the situations discussed in this thesis there are generally multiple risk objects and objects at risk. This further complicates attempts to understand relationships between

discourses and outcomes for students who present a risk to self or others. The
way in which discourses impact on outcomes is not, therefore, straightforward
and it was not possible to identify clear relationships between different
discourses and outcomes, not least because non-discursive elements such as
legal requirements or resources also played a role in determining outcomes. It is
possible to identify broadly the roles the different groups of discourses played in
shaping understandings of risk and therefore outcomes: discourses about the HE
context set out the expectations of the relationship between the student and the
HEI; professional discourses framed the ways in which student risk issues were
discussed and assessed; the student accountability discourse appeared to be
key in determining whether punitive or supportive action should be taken. Whilst
it is not possible to draw direct links between discourses and outcomes Figure
11.3 shows how certain discourses are more likely to result in the student of
concern being positioned as the object at risk with the university and other
students as the risk object, whilst other discourses are more likely to position the
university and other students as the object at risk with student whose behaviour
is causing concern as the risk being positioned as the risk object. Where the
student is seen as the risk object, action is more likely to be taken against the
student; where the student is seen as the object at risk, action is more likely to
focus on supporting the student.

Figure 11.3 Discourses most likely to create student or university and other students as object at risk or risk object

Discourses	Object at risk	Risk object
HE as a right University as a community Student accountability: focus on mitigation for behaviour	Student whose behaviour is a concern	University and other students
HE as a privilege HEIs are providers of education Student accountability: focus on accountability for own behaviour	University and other students	Student whose behaviour is a concern

In summary, each of the research aims have been addressed. Discourses are understood in critical realist terms as social structures which constrain the actions of individual agents; the discourses which were identified in this study can be viewed as a framework from within which HEI staff act to respond to students who present a risk to self or others. Contrary to expectations there was a limited relationship between professional roles and particular discourses (with the exception of the clinical and therapeutic discourses); this indicates that discursive structures may reflect deeper social structures than specific professional training or professional group membership; alternatively individuals may have made their own agentic decisions to accept or reject different discourses. Integrating the relational model of risk with this CDA provided some insight into the way in which discourses influence outcomes for students demonstrating that: some discourses are more likely to create the student whose

behaviour is a concern as the object at risk and the university and other students as the risk object; conversely other discourses are more likely to create the university and other students as the object at risk with the student whose behaviour is of concern as the risk object. Discourses undoubtedly play an important part in shaping how HEIs respond to students who present a risk to self or others and identifying the discourses is an important part of understanding these responses. However, there are other elements or strata which also influence these outcomes. Some of these will be explored in the following sections starting with my reflections on the research, including the process of research and my methodology.

11.3 Reflections on the research

Reflection is an important part of the research process (Alvesson and Skoldberg, 2009) particularly in research, with a critical realist ontology and epistemology as the researcher must be cognisant of the potential limitations of the research and of different potential interpretations of the data. Such awareness strengthens the credibility of the current account by demonstrating a reflexive approach to research. As befits critical realist research I have embedded my reflections about specific elements of the research throughout this thesis; therefore, the reflections in this section are about the research as a whole. This section begins by considering how the methodological choices I made shaped the research and considers what alternative perspectives may have brought to the study. It then considers the conduct of the research and how this may have affected my findings.

In chapter 5 I outlined how I explored a number of methodological approaches particularly Grounded Theory, Narrative Inquiry and other approaches to discourse analysis. I also demonstrated how finalising my methodological choices to a Foucauldian influenced critical discourse analysis enabled me to refine my research aims from general areas of interest to specific aims relating to discourse. Focussing on discourses in this way provided a way of looking at the social structures or frameworks within which individual HEI staff act when responding to students who present a risk to self or others. I chose this approach because I wanted to be able to step back from my everyday work as a practitioner whilst acknowledging the influence of the insights and knowledge that I bring from my own practice. A critical approach to discourse analysis was important as I wanted to include my own reflections on the work and to acknowledge the impact of my own positioning on the research. I also wanted to undertake research which would have a socially useful output consistent with my critical realist ontology and my role as a practitioner-researcher; critical discourse analysis provided the opportunity for such an output.

However, as a critical realist I, of course, recognise the need for multiple forms of knowledge of complex social phenomena, so it is worth briefly exploring here perspectives which may have proved fruitful. Mairal (2008) has demonstrated how the process of representing risk is central to studying risk. Her examination of the growth of narrative based approaches to understanding risk reinforces the importance of understanding of individual agents' perspectives. This thesis has focussed on the structural framework of discourses; a focus on individual narratives would provide a focus on the subjective experiences of agents in these complex situations, whilst demonstrating the commonalities between their

stories. Keady et al (2009) demonstrate the value of using narrative approaches when considering the risk faced by people with alcohol- related brain damage. They show how the storylines generated through narrative approaches identify different types of risks to those identified through alternative methodologies; an approach which would be particularly useful when examining perceptions of risky student behaviour.

The power of narrative as a tool for exploring the data in this study was evident when participants provided accounts of the same student situation. The different ways in which these stories were told was compelling. Further research using a narrative perspective would undoubtedly increase understanding of this area, providing greater focus on individuals' experiences and perceptions. As I noted in chapter five I had considered using a narrative inquiry approach for this study but rejected it due to the time commitment it would require from participants in demanding roles. This still appears to be a valid practical concern at the end of research; moreover as a researcher and practitioner I have found a critical discourse analysis to be of benefit as it has enabled me to consider structures rather than focussing on subjective experiences of individuals. As a practitioner I examine these subjective experiences on a daily basis and am drawn to individual narratives; I wanted to challenge myself to consider these issues from a new perspective something I think critical discourse analysis has enabled me to achieve.

This area is complex and different theorists would have been more prominent if I had focussed on the differences between institutions or the experiences of individuals identified as being at risk; however, my focus was on individuals

working with students deemed to be a risk to self or others. Discourse analysis and narrative inquiry can be viewed as focussing on structure and agency respectively. Bourdieu argues that this division is not necessary and aims to demonstrate that structure and agency can coexist in individual and institutional habitus (Bourdieu and Wacquant, 1992). Habitus is a term used by Bourdieu to describe the way social practices are embodied within individuals. It refers to a complex set of dispositions, tastes and preferences which are indirectly transmitted rather than formally taught (Bourdieu and Wacquant, 1992). Although Bourdieu claims habitus unites agency and structure, Archer (2000) argues that rather than uniting agency and structure, Bourdieu conflates them making Bourdieu's theory incompatible with critical realism. However, this work may still add useful insights into how HEIs respond to students who present a risk to self or others.

Using Bourdieu's notion of habitus (and his corresponding notion of field referring to objective historical relations) to examine responses to students who present a risk to self or others would provide a more contextual examination of these responses. I briefly considered the role of institutional habitus in 2.2; specifically Thomas' finding that students from working class backgrounds find it more difficult to adapt to HE than those from middle class backgrounds due to the different habitus (Thomas, 2002). Further work in this area has demonstrated that the institutional habitus of schools influences pupils' HE choices, suggesting improved fit between individual and institutional habitus for those acting with, rather than against, the school's habitus (Reay at el 2001). Lehmann (2007) has demonstrated that a mismatch between institutional and individual habitus is a key factor in working class students leaving university. This work suggests that

exploring habitus and the toleration of different types of behaviour within particular habitus may provide additional information about specific institutional contexts which could aid understanding of the complexities of responding to students who present a risk to self or others in specific contexts; this may be particularly useful for considering differences between institutional responses.

Whilst Bourdieu may provide a helpful framework for future research focused on institutions, Beck may provide a useful framework for research focussing on individual students' experiences. Beck's notion of individualization within the risk society (1992; 2002) could provide a useful lens to explore the biographies of individual students who have been deemed to be a risk to self or others. Participants' descriptions of students who were deemed to present a risk suggested that many of these students had complex backgrounds and many of these students did not appear to have family or community support. However, participants in this study were not asked (and would not have been able) to provide full biographies, because this research was about staffs' responses to students rather than students' experiences. Examining the reflexive biographies of students deemed to be a risk to self or others would provide a way of examining the impact of social changes on students from groups who are under-represented in HE. Such an approach would facilitate an examination of the impact of social policy on these students, considering structural factors which may impact on their experiences and increase the likelihood of these students being deemed to be a risk to self or others.

There are, of course, other approaches which would add to understanding of this complex issue and it is not my intention to explore them all here, rather my

intention is to indicate that this current research is part of a potentially rich area of exploration which could profitably use a range of theoretical frameworks and research methodologies. Potential areas for future research are discussed further in 11.5. The previous discussion has shown how methodological choices define the scope of the research. The remainder of this section considers the impact of choices I made within the framework of this study on my findings.

As I have analysed my data, I have been surprised by the focus of participants on students with mental health difficulties. I have wondered whether the title of the research project created expectations in the participants which skewed their responses in this way, or if this is a reflection of a deeper underlying structure. My initial email requesting participants for the research was entitled, *"Request to take part in research into institutional response to students who present a risk to self or others"* (see Appendix Two). This accurately reflects the topic of my research, but something more generic which avoided the word risk may have generated different responses. I tried to address this by including a question about students whose behaviour was difficult to manage in the interviews, but it is possible that participants had already developed their own ideas about the focus of the interviews by the time the interview took place.

I was aware of the importance of my own use of language at the beginning of this study, but this has become increasingly apparent as I have listened back to interview recordings and through the data analysis. At times it was challenging to find ways of expressing myself that would not be leading to the interviewee; in many ways I think this is almost impossible. At times my concern with not being leading felt almost paralysing as I felt as if any word I used may sway the

interviewee. However, it appears inevitable that when the focus of research is language and it is also reported through language that such challenges will occur. A different interviewer or different analyst may have produced somewhat different findings, however, this does not invalidate this research, it merely means that further work would add to the understanding of this complex area.

Reviewing the interview records, I noted that some of the events reported by interviewees had happened a long time ago, years in some cases. The purpose of this study was not to establish the frequency of such incidents; however, if I were to start the research again now, I might consider whether there would be advantages to specifying a limited date range as this might yield a different sort of data. The inclusion of such distant events by interviewees suggests that certain events stand out even after a substantial period of time. It is unclear if this is because these events are typical in some way, or if it is because they are atypical or dramatic. This concern was most obvious when events were old, but may also be the case with reports of contemporary events. Establishing which (if either) of these propositions is the case would be helpful in future research to ensure that generalisations based on these accounts are appropriate.

It is helpful to consider the methodological choices I made at the beginning of this study from the vantage point of the end. Whilst I am now more able to see some of the benefits of alternative approaches I remain confident that the choices I made were best suited to my areas of interest, research aims and in supporting my development as a researcher. These reflections have enabled me to consider additional areas for future research. Reflecting on the process of the research has been helpful in enhancing my *techne* or technical skills for future

research as I have identified a number of ways in which I would conduct the research differently.

11.4 Contribution of the research to theory and practice

As noted above, critical realism recognises that multiple forms of stratified knowledge are required to understand social phenomena. This section aims to identify the contribution this research makes to understanding how HEIs respond to students who present a risk to self or others. This critical discourse analysis has identified discourses which impact on how HEIs and more specifically on how individual HEI staff respond to students who present a risk to self or others. However, as discussed in relation to the third research aim, identifying discourses which influence these responses does not provide a predictive mechanism as other factors also influence these responses.

The section starts with a brief summary of the ways in which this research has contributed to understanding of how HEIs respond to students who present a risk to self or others, fulfilling the emancipatory requirement of CDA. This begins by discussion of the identification of discourses followed by consideration of the benefits of integrating the relational theory of risk with CDA. Understanding the discourses which influence responses to students who present a risk to self or others provides a way of understanding the structures within which individuals operate. However, as has already been acknowledged, there are a number of non-discursive elements which are also important in determining outcomes for students who present a risk to self or others, these are discussed in the second part of this section. Consideration of how this theoretical knowledge may be applied in practice forms the final part of this section.

The discourses which have been identified in this study demonstrate the social structures within which decisions about students who present a risk to self or others are made. These structures do not determine actions, rather they provide a framework; different discourses make certain actions more or less likely. Identifying these discourses provides a link between seemingly disparate actions.

The Foucauldian approach to CDA which I adopted and the relational theory of risk can both be rooted in a critical realist ontology in which what Bhaskar (1998b) calls the empirical reality, or events as they are experienced, is acknowledged but understanding or interpretations of events is recognised as a construction. The relational theory of risk recognises that understandings of risk are constructed; CDA provides a way of identifying discourses which may be used in this construction. The application of CDA to the relational theory of risk has generated new possibilities for conceptualising the creation of risk and this approach may be productive in other areas of risk research.

This theoretical knowledge also has implications for practice. Identifying the contribution of this research to theory and practice is part of the emncipatory element of CDA. I was conscious when I started out on this research, that as a practitioner I am one of the people in power who make decisions about how to respond to students who present a risk to self or others and I was concerned that I would not be able to fulfil this emancipatory requirement. However, identifying the different discourses which may be used when talking about students who are a risk provides the increased awareness which Wodak and Meyer (2009) identify as a key part of CDA. In my analysis of the discourses I have tried to analyse the power relations within the discourse as part of the emancipatory approach of

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CDA. Moreover, understanding which discourses are more likely to result in a student remaining at university or being asked to leave, as discussed above, provides an opportunity for practitioners to work in a more emancipatory manner and to identify when others are not doing so.

The integration of the relational theory of risk into this CDA has an important implication for practice. The model recognises that risk is based on a threat to something that is valued. This may be a useful starting point for practitioners when discussing how to respond to a student who presents a risk to self or others. Identifying what is deemed to be at risk provides an opportunity to discuss the discourses practitioners use to frame a particular situation, which should then enable practitioners to reflect on their own positions more effectively and to recognise the positions of others. Agreeing on the object(s) at risk in a particular situation would provide a focus for discussions about how to respond, as proposed actions could be evaluated against potential reduction of risk to the object(s) at risk.

However, as shown in chapters nine and ten understanding discourses alone is not enough to fully understand how HEI staff respond to students who present a risk to self or others. Different HEIs have different organisational structures and operate within different contexts, for example HEIs have different procedures to deal with disciplinary matters, mental health difficulties, fitness to practice and return to study as noted in 10.3 and 10.6. This study did not explicitly consider differences in discourses between types of institutions; however, given the different missions and allegiances of HEIs it seems likely that institutional context may influence discourses and practices within HEIs. Moreover, as suggested in

the discussion of institutional habitus in the previous section, different HEIs may have different habitus or expectations about behaviour defining certain behaviours as more or less acceptable. This too will influence the responses of particular HEIs.

Although this thesis is titled how HEIs respond to students who present a risk to self or others, it is clear that these responses are actually formulated by groups of individuals. These individuals bring with them their own experiences and biographies which sensitise them to particular aspects of given situations. These biographies include work and educational histories but also personal experiences. As reflexive beings, individuals make sense of these experiences in relation to discourses and to other experiences forming a complex web of influences on decision making and responses. Examining these complex relationships is outside the remit of this research however, it is clear that an investigation of the interplay of discourses, individual autobiographies and individual agency would be of benefit and could hopefully build on this current study.

The case examples of David and Susi demonstrated some of this complexity by highlighting the different ways in which people may respond to the same situation. Where colleagues identify different ways of responding to a situation, it may be helpful to identify the discourses each is using to frame the response; rather than challenging one another on the specifics of a particular case it may be helpful for groups of practitioners to discuss how they position themselves in relation to the discourses identified in this thesis. Such a discussion may build understanding of one another's positions and may result in a coherent set of

discourses within the team. At the very least, where it is not possible to achieve agreement, understanding the discursive position of others may make it easier for colleagues to discuss specific situations with an understanding of each others' positions.

A key concern throughout this research was whether it would possible to be someone in an acknowledged position of power as a manager and to conduct research in an area for which I have responsibility in my role. I believe that this research has demonstrated that it is possible to hold both of these positions. I have identified discourses, some of which I would locate myself within and some of which are antipathetic to my own position. By identifying and exploring each of these discourses I hope that I have generated knowledge which can be used to enable others to reflect on their own positions and those of the students for whom they have responsibility.

I hope that this thesis has demonstrated the range of *sophia,* or intellectual wisdom/knowledge used by student support professionals responding to students who present a risk to self or others. I also hope I have added to this through identifying discourses and applying CDA and the relational theory of risk to this area. However, professionals do not rely on intellectual knowledge alone; they require *techne* or technical skills to deal with specific situations including an understanding of institutional and legal frameworks. Finally, professionals require *phronesis* or practical wisdom to integrate these forms of knowledge and understanding of their own experiences to determine how to act in the often novel, complex and challenging situations presented by students who are a risk to themselves or others.

11.5 Areas for future research

This thesis has begun to explore how HEIs respond to students who present a risk to self and others. It is clear that this is a complex area and, undoubtedly, further research would be beneficial. Suggestions for future research have been made throughout the text and these are brought together here along with additional suggestions. As noted in 6.3.3 this research focussed on staff who are involved in making decisions about how HEIs respond to students who present a risk to self or others. Many other staff, such as security staff, library staff, academics and administrators may also encounter or work on a long term basis with these students and research with this group may be useful.   Similarly, this research did not seek the views of students either about their own experiences of risk to self or others or about how HEIs should respond to students who present a risk to self or others. Researching these areas would present some practical and ethical challenges, however, this may provide fruitful both for students and the staff who work with them. Beck's risk society thesis could be useful in this area of work as it would enable a systematic investigation of the impact of structural factors on individual students' experiences of risk.

As noted in 9.3.1, it may also be beneficial to investigate whether concerns about the impact of student behaviour on staff and students differ and the role this plays in decision-making. It may also be interesting to repeat this study in 10 years to see if substantial increases in tuition fees have impacted on discourses, particularly about the HE context.

It was clear throughout this data that there is a relationship between the concepts of mental health difficulties and risk and that this relationship is complex (see 8.7)

and further work to unpick this discursive knot may be useful. Finally, many of the interviewees presented strong narratives about particular students. A narrative approach to interviewing and analysing this data may provide a useful way of understanding how individuals make sense of their experiences in relation to established discourses (Chase, 2010; Reid and West, 2011).

This research did not set out to establish the extent of incidents of students presenting a risk to self or others in HEIs, or to consider the prevalence of particular sorts of risks. However, it was notable that most of the situations which were described involved either 'typical undergraduates' aged under 25 and / or students who were living in university accommodation. It is unclear if this is because there is an increased prevalence of risky behaviour amongst such students or if these are the students which cause most concern for HEIs and therefore were remembered more clearly and reported more frequently in the interviews. Work to establish prevalence would be beneficial in this area. If risky behaviour is apparent amongst older students and/or those who do not live on campus, then a specific focus on this area may be productive in future as additional or alternative discourses may be identified. Similarly interviewing a wider range of staff may present useful additional information.

The value of using different methodological approaches to investigate different facets of students who present a risk to self or others has already been explored in this chapter. Key to these discussions is the role of structure and agency within decision making about students who present a risk to self or others. Narrative approaches would enable researchers to explore why people adopt particular discourses in relation to students who present a risk to self or others,

including exploration of the influence of autobiographical factors and individual agency in relation to the choice of discourses. Exploration of the different discourses used in different sorts of institutions may also be beneficial; Bourdieu's notion of habitus could be used to explore this in more depth.

11.6 Final thoughts

As I started this research as an attempt to understand my own decision-making in relation to students who present a risk to self or others, it seems appropriate to end by considering what impact this research has had on my practice. I continue to be faced with situations similar to those described by interviewees in my role. I had hoped that undertaking this research would make it easier to know what the 'right' thing to do would be in any given situation. Of course, that is not the case.

As this thesis has shown, decisions about how to respond to students who present a risk to self or others are situated within many discourses. I am now better able to recognise the discourses I situate myself within and question why I use those discourses rather than others. I also use this understanding to question colleagues' positions in relation to such issues (something for which they may not always be grateful). I am certainly a more reflective practitioner and I am able to articulate the reasons for taking one or other course of action more clearly. I am, possibly, also more able to acknowledge that there often is no right solution but there are solutions which are based in different understandings of the world.

Appendix One: List of Interview Prompts

Name and role
Length of time in student support; professional background, membership of any professional bodies

11.7 Dealing with real student issues

Can you tell me about a time when a student's behaviour was difficult for others to manage?
Tell me about the situation and what happened?

How was this identified?

Were any external agencies involved?

Was the student living in university or private accommodation?

Were any risks identified in this situation?

Who decided on the risk and how was risk assessed?

If there were no risks why was behaviour not seen as risky?

What factors did you take into account?

What ethical issues did you identify in this situation?

What actions did you take?

What was your role in this situation?

How did you decide on these actions? What was the rationale for them?

Can you tell me about a time when you identified a student as a risk to others?
Tell me about the situation and what happened?

How was this identified?

Were any external agencies involved?

Who decided on the risk and how was risk assessed?

What factors did you take into account?

What ethical issues did you identify in this situation?

What actions did you take?

What was your role in this situation?

How did you decide on these actions? What was the rationale for them?

Can you tell me about a time when you identified a student as a risk to themselves?
Tell me about the situation and what happened?

How was this identified?

Were any external agencies involved?

Who decided on the risk and how was risk assessed?

What factors did you take into account?

What ethical issues did you identify in this situation?

What actions did you take?

What was your role in this situation?

How did you decide on these actions? What was the rationale for them?

Any other comments about student behaviour/ risk?

Any other comments about how your role influences your perspective on these situations?

Appendix Two: Copy of email sent to potential participants

Dear Colleagues

It was good to meet many of you at the last regional meeting and I was grateful to all of you who expressed interest in my PhD research into students who present a risk to self or others. I have now received ethical approval for my fieldwork and am therefore looking for participants.

I am seeking to interview a range of staff involved in responding to students who present a risk to self or others in several institutions.

I am hoping that a number of you will be willing to be interviewed and that you will be able to put me in contact with other colleagues in your institution who are involved in these decisions such as Mental Health Advisers, Legal Advisers, those involved in student discipline, academic staff and members of your senior management. I will then approach these colleagues and indicate that you have forwarded their names to me.

Alternatively, if you would prefer to contact colleagues to discuss their potential involvement I can provide you with further information about the project for them. At this stage I am seeking expressions of interest and I am happy to discuss the details of my research with you if you are unsure about participation.

Thank you in advance for your help and I look forward to hearing from you.

Kind regards,

Paula

Appendix Three: Example of tabulation to confirm student discussed by interviewees was the same person

The table below is an example of how the features of the case David were cross tabulated between accounts from different interviewees. Where a cell is blank there was no direct evidence of the particular feature of the account.

Feature	Evidence in account		
	Counsellor	Head of Student Support	MH Adviser
Male	Yes	Yes	Yes
Assaulted someone	Yes	Yes	Yes
Suspended		y	Yes (x2)
Threatened member of student services staff			Yes
Violence in past therapeutic relationship	Yes		Yes
Spent time in a secure unit	Possibly. Stated was institutionalised		Yes
Aggressive	Yes		Yes
Diagnosed with Aspergers while at Uni	Yes	Yes	Yes
Involved in care system	Possibly. Stated was institutionalised	Yes	
Graduating this year		Yes	Yes
Abused as a child		Yes	Yes

Appendix Four: Interview Consent Form

Consent to Participate in Research Project –Interview

Responding to complex student situations- a critical discourse analysis

Name of Participant:……………………………………………………………

I understand the purpose of the above research project is to:

1. To determine the range of discourses which are used to construct and explain the concept of students whose behaviour presents difficulties to themselves and/or others
2. To identify the dominant discourses in relation to these students
3. To examine the relationship between discourses and professional roles
4. To examine the potential outcomes of situations for these students in relation to different discourses

And I understand that:

Involvement in the research is entirely voluntary.

The interview will be recorded and transcribed by a third party who will maintain the confidentiality of the data.

That the recording will be destroyed at the end of the research.

I will remain fully anonymous and any information I provide will not be made public in any form that could reveal my identity to an outside party.

Aggregated results will be used for research purposes and may be reported in academic journals and in conference proceedings.

I am free to withdraw my consent at any time during the study in which event my participation in the research study will immediately cease and any information obtained from me will not be used.

Signature:……………………………………   Date:……….………

You do not have to provide contact details but please complete the section below if you would like a copy of the transcript from the session and/ or the final research report.

Name:…………………………………………   Tel:…………………….

Work Address:…………………………………………………………………….
Postcode:……………...

Email:………………………………………………………………………………

References

(1932) *Donaghue vs Stevenson. ER Rep 1 AC 562.* SC.

(1957) *Bolam vs Friern Hospital Management Committee. 2 All ER 118*

Health and Safety at Work Act 1974 (c.37) England: Harold Glover.

Mental Health Act 1983 (c20) London: HMSO.

Further and Higher Education Act (c13) London: HMSO.

Disability Discrimination Act 1995 (c.50) London: HMSO.

Data Protection Act 1998 (c29) London: HMSO.

Human Rights Act (c.42) London: HMSO.

The management of health and safety at work regulations 1999 (No 3242)

Race Relations (Amendment) Act 2000 (c.34) London: HMSO.

(2001) *Keenan v. the United Kingdom. Application no. 27229/95.* European Court of Human Rights.

Disability Discrimination Act 2005 (c.13) London: HMSO.

Equality Act (c.3) London: HMSO.

Mental Health Act 2007 (c.12) London: HMSO.

Adam, B. & van Loon, J. (2000) Introduction: repositioning risk: the challenge for social theory. *In* Adam, B., Beck, U. & Van Loon, J. (Eds.) *The risk society and beyond: critical issues for social theory.* London: Sage, pp. 1-32.

Al-Amoudi, I. (2007) 'Redrawing Foucault's social ontology'. *Organization,* 14, (4) pp.543-563.

Alaszwecki, A. & Manthorpe, J. (1990) 'Literature review: the new right and the professions'. *British Journal of Social Work,* 20, pp.237-251.

Alderman, T. (1997) *The scarred soul: understanding and ending self inflicted violence.* Oakland, California: New Harbinger.

Allen, B. (1998) Foucault and modern political philosophy. *In* Moss, J. (Ed.) *The later Foucault.* London Sage, pp. 164-198.

Alvesson, M. & Skoldberg, K. (2009) *Reflexive methodology: new vistas for qualitative research.* 2nd ed. London: Sage.

AMOSSHE (2000) *AMOSSHE Good practice guide. Responding to student mental health issues: 'duty of care' responsibilities for student services in higher education.* London.

Andrews, B. & J, W. (2004) 'The relation of depression and anxiety to life-stress and acheivement in students'. *British Journal of Psychology,* 95, pp.509-521.

Archer, M. (1998a) Realism in the social sciences. *In* Archer, M., Bhaskar, R., Collier, A., Lawson, T. & Norrie, A. (Eds.) *Critical realism: essential readings.* London: Routledge, pp. 189-205.

Archer, M. (1998b) Realism and morphogenesis. *In* Archer, M., Bhaskar, R., Collier, A., Lawson, T. & Norrie, A. (Eds.) *Critical realism: essential readings.* London: Routledge, pp. 356-381.

Archer, M. (2000) *Being human: the problem of agency.* Cambridge: Cambridge University Press.

Archer, M. (2007) *Margaret Archer on reflexivity: talk at the launch of the critical realism dictionary.* Dailyjazz on YouTube. http://www.youtube.com/watch?v=bMpJ5wnuB64 Accessed 16th March 2012

Aristotle (1976) *Ethics: the ethics of Aristotle; the Nicomachean ethics.* Revised ed. Translated by J.A.K. Thomson. London: Penguin. .

Atkinson, J. M. & Heritage, J. (Eds.) (1986) *Structures of social action: studies in conversation analysis.* Cambridge: Cambridge University Press.

Baldizan, E. M. (1998) 'Development, due process and reduction: student conduct in the 1990s'. *New Directions for Student Services,* 82, pp.29-37.

Barbaret, R., Fisher, B. S., Farrell, G. & Taylor, H. (2003a) *Findings 194: university student safety.*

Barbaret, R., Fisher, B. S. & Taylor, H. (2003b) *University student safety in the east midlands.* HMSO,.

Baty, P. (2005) 'Violent students terrify staff', *Times Higher Education Supplement.* 10th June [online] Available at: <http://www.thes.co.uk/search/story.aspx?story_id=2022496> [Accessed 10th October 2006].

Beach, L. R. & Connolly, T. (2005) *The psychology of decision making: people in organisations.* 2nd ed. London: Sage.

Beaumont, B. (1999) Assessing risk in work with offenders *In* Parsloe, P. (Ed.) *Risk assessment in social care and social work.* London: Jessica Kingsley,

Beck, U. (1992) *Risk society: towards a new modernity.* London: Sage.

Beck, U. (2000) Risk society revisited: theory, politics and research programmes. *In* Adam, B., Beck, U. & Van Loon, J. (Eds.) *The risk society and beyond: critical issues for social theory.* London: Sage, pp. 211-229.

Bergmans, A. (2008) 'Meaningful communication among experts and affected citizens on risk: challenge or impossibility?'. *Journal of Risk Research,* 11, (1-2) pp.175-193.

Berkowitz, A. (1994) 'A model aquaintance rape prevention program for men'. *New Directions for Student Services,* 65, pp.35- 50.

Bewick, B. M., McBride, J. & Barkham, M. (2006) 'When clients and practitioners have differing views of risk: benchmarks for improving assessment and practice '. *Counselling & Psychotherapy Research* 6, (1) pp.33-40.

Bhaskar, R. (1997) *A realist theory of science.* 2nd ed. London: Verso.

Bhaskar, R. (1998a) General introduction. *In* Archer, M., Bhaskar, R., Collier, A. & Lawson, T. (Eds.) *Critical realism.* London: Routledge,

Bhaskar, R. (1998b) *Possibility of naturalism* 3rd ed. Florence, KY, USA: Routledge.

Boholm, A. (2001) 'The cultural nature of risk: can there be an anthropology of uncertainty?'. *Ethnos,* 68, (2) pp.159-178.

Boholm, A. (2008) The cultural construction of risk: a relational approach. In *First ISA Forum of Sociology: Sociological Research and Public Debate,* Barcelona, 5th-8th September 2008.

Boholm, A. & Corvellec, H. (2011) 'A relational theory of risk'. *Journal of Risk Research,* 14, (2) pp.175-190.

Bourdieu, P. & Wacquant, L. J. D. (1992) *An invitation to reflexive sociology.* London: University of Chicago Press.

Bowl, M. (2003) *Non-traditional entrants to higher education-'they talk about people like me'.* Stoke on Trent: Trentham Books.

Bringer, J. D., Johnston, L. H. & Brackenbridge, C. H. (2004) *'Maximizing transparency in a doctoral thesis: the complexities of writing about the use of QSR*NVIVO within a grounded theory study'* Qualitative Research [online] Available at

http://www.swetswise.com.librouter.hud.ac.uk/FullTextProxy/swproxy?url=http%3A%2F%2Fqrj.sagepub.com%2Fcgi%2Freprint%2F4%2F2%2F247.pdf%3Fxdata%3D161112232223&ts=1289132446400&cs=4290034583&userName=9193537.ipdirect&emCondId=9193537&articleID=20356925&yevoID=1303160&titleID=169451&referer=2&remoteAddr=161.112.232.223&hostType=PRO&swsSessionId=RIHJJ64Dj7pzgUFCVr1xFA**.pasc1
[Accessed 4th November 2010].

British Association for Counselling and Psychotherapy (2007) *Ethical framework for good practice in counselling and psychotherapy*. Lutterworth, British Association for Counselling and Psychotherapy.

Brown, T. (2005) *Attention deficit disorder.* New Haven: Yale University Press.

Bucholtz, M. (2007) 'Variation in transcription'. *Discourse Studies,* 9, (6) pp.784-808.

Burr, V. (2003) *Social constructionism.* 2nd ed. Hove: Routledge.

Calkins (2001) 'Cauistry and the business case method'. *Business Ethics Quarterly,* 11, (2) pp.237-259.

Camelot Foundation & Mental Health Foundation (2006) *Truth hurts: the report of the national inquiry into self-harm among young people.* Mental Health Foundation.

Carspecken, P. F. (1996) *Critical ethnography in educational research.* New York: Routledge.

Chase, S. E. (2010) Narrative Inquiry: multiple lenses approaches and voices. *In* Luttrell, W. (Ed.) *Qualitative educational research: readings in reflexive methodology and transformative practice.* London: Routledge, pp. 208-236.

Christophersen, O., Thorpe, K. & Upson, A. (2004) *Crime in England and Wales:quarterly update to december 2003.* 06/04. London:Home Office.

Clegg, S., Bradley, S. & Smith, K. (2006) ''I've had to swallow my pride': help seeking and self esteem'. *Higher Education Research and Development,* 25, (2) pp.101-113.

Coates, L. & Wade, A. (2004) 'Telling it like it isn't: obscuring perpetrator responsibility for violent crime'. *Discourse and Society,* 15, (5) pp.499-526.

Cohn, S. (2000) Risk, ambiguity and the loss of control:how people with a chronic illness experience complex biomedical causal models. *In* Caplan, P. (Ed.) *Risk revisited.* London: Pluto Press, pp. 204-225.

Collier, A. (1998) Stratified explanation and Marx's conception of history. *In* Archer, M., Bhaskar, R., Collier, A., Lawson, T. & Norrie, A. (Eds.) *Critical realism: essential readings.* London: Routledge, pp. 258-281.

Collins, I. P. & Paykel, E. S. (2000) 'Suicide among Cambridge university students 1970–1996 '. *Social Psychiatry and Psychiatric Epidemiology,* 35, pp.128-132.

Committee on Higher Education (1963) *Higher education: the report of the committee appointed by the prime minister under the chairmanship of Lord Robbins 1961-1963.* London:HMSO.

Connell, J. B., Michael & Mellor-Clark, J. (2007) 'CORE-OM mental health norms of students attending university counselling services benchmarked against an age-matched primary care sample'. *British Journal of Guidance & Counselling,* 35, (1) pp.41-57.

CORE IMS (2008) *Benchmarking national research database* [online] Available at:

<http://www.coreims.co.uk/index.php?name=EZCMS&page_id=39&menu=504> [Accessed 4th January 2009 2009].

Court, S. (1996) 'The use of time by academic and related staff'. *Higher Education Quarterly,* 50, (4) pp.237-20.

Court, S. (2006) Academic staff in a mass higher education system: the state we're in. *In* McNay, I. (Ed.) *Beyond mass higher education.* Maidenhead: Open University Press, pp. 171 - 184.

Cumings Mansfield, K., Welton, A., Lee, P.-L. & Young, M. D. (2010) 'The lived experiences of female educational leadership doctoral students'. *Journal of Educational Administration,* 48, (6) pp.727-740.

Currie, L. (2008) *Criminal convictions: statement for good practice - issues and recommendations 6th draft.* Cheltenham: Supporting Professionalism in Admissions. <http://www.spa.ac.uk/good-practice/criminal-convictions.html> [Accessed

Czarniawska, B. (2004) *Narratives in social science research* London: Sage.

Dalton, J. C. (2002) 'The art and practical wisdom of student affairs leadership'. *New Directions for Student Services,* 98, pp.3-10.

Davies, J. (2009) 'Psychotherapy and the third wave of professionalisation'. *European Journal of Psychotherapy and Counselling,* 11, (2) pp.191-202.

Dawson, R. (2008) *Criminal convictions declarations.* Email to Harrison, P.

Denney, D. (2005) *Risk and society.* London: Sage.

Department for Innovation Universities and Skills (2007) *Promoting good campus relations, fostering shared values and preventing violent extremism in universities and higher education colleges.* London:Department for Innovation Universities and Skills.

Department of Health (2001) *The mental health policy implementation guide*. Department of Health.

Department of Health National Risk Management Programme (2007) *Best practice in managing risk: principles and evidence for best practice in the assessment and management of risk to self and others in mental health services.* Department of Health.

Douglas, M. & Wildavsky, A. (1983) *Risk and culture: an essay on the selection of technological and environmental dangers.* Los Angeles: University of California Press.

Drysdale, D., Modzeleski, W. & Simons, A. B. (2010) *Campus attacks: targeted violence affecting institutions of higher education.* Washington DC:U.S. Secret Service, U.S. Department of Homeland Security, Office of Safe and Drug-Free Schools, US.S. Department of Education, and Federal Bureau of Investigation, U.S. Department of Justice.

Dunne, J. (1993) *Back to the rough ground: 'phronesis' and 'techne' in modern philosophy and in Aristotle.* London: University of Notre Dame Press.

Early Intervention in Psychosis Network (2011) *The early psychosis declaration* [online] Available at: <http://www.iris-initiative.org.uk/the-early-psychosis-declaration/early-psychosis-declaration/history-of-the-early-psychosis-declaration/> [Accessed 15th June 2011].

Ecclestone, K. (2004a) 'Learning or therapy? The demoralisation of education'. *British Journal of Educational Studies,* 52, (2) pp.112-137.

Ecclestone, K. (2004b) The rise of low self-esteem and the lowering of educational expectations. *In* Hayes, D. (Ed.) *The Routledge Falmer guide to key debates in education.* Abingdon: Routledge Falmer, pp. 133-137.

ECOTEC Research & Consulting Limited (2008) *Evidence gathering – Housing in Multiple Occupation and possible planning responses. Final report.* London: Department for Communities and Local Government.

Egan, G. (1994) *The skilled helper: a problem management approach to helping.* 5th ed. Michigan: Brooks Cole.

Elfrink, V. L. & Coldwell, L. L. (1993) 'Values in decision making: the INVOLVE model'. *New Directions for Student Services,* 61, pp.61-74.

Equality Challenge Unit (2007) *Promoting good campus relations- an institutional imperative.* London.

Equality Challenge Unit (2010) *Equality in higher education: statistical report 2010.*

Evans, M. (2004) *Killing thinking: the death of the universities.* London: Continuum.

Fairclough, N. (1989) *Language and power.* London: Longman.

Fairclough, N. (2001) Critical discourse analysis as a method in social scientific research. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of discourse analysis.* London: Sage, pp. 121-138.

Fairclough, N. (2003) *Analysing discourse: textual analysis for social research.* London: Routledge.

Fairclough, N. (2005a) 'Critical discourse analysis'. *Marges Linguistiques,* 9, pp.76-94.

Fairclough, N. (2005b) 'Discourse analysis in organizational studies: the case for critical realism'. *Organizational Studies,* 26, pp.915-939.

Fairclough, N. (2009) A dialectical relational approach to critical discourse analysis in social research. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of critical discourse analysis.* London: Sage, pp. 162-186.

Fairclough, N. & Wodak, R. (1997) Critical discourse analysis. *In* van Dijk, T. A. (Ed.) *Discourse studies: a multidisciplinary introduction.* London: Sage, pp. 258-284.

Farrington, D. & Palfreyman, D. (2006) *The law of higher education.* Oxford: Oxford University Press.

Favazza, A. R. (1996) *Bodies under seige: self mutilation and body modification in culture and psychiatry.* 2nd ed. London: BaltimoreMd.

Feehan, P. F. & Wade, S. L. (1998) 'The paraprofessional alternative'. *Journal of Career Development,* 25, (2) pp.149- 157.

Fisher, B. S. & Wilkes, A. R. P. (2003) 'A tale of two ivory towers: a comparative analysis of victimization rates and risks between university students in the United States and England'. *British Journal of Criminology,* 43, pp.526-545.

Fleetwood, S. (2005) 'Ontology in organization and management Studies: a critical realist perspective'. *Organization,* 12, (2) pp.197-222.

Flint, J. & Nixon, J. (2006) 'Governing neighbours: anti-social behaviour orders and new forms of regulating conduct in the UK'. *Urban Studies,* 43, (5) pp.939-955.

Foubert, J. D. (2006) 'Effects of two versions of an empathy-based rape prevention program on fraternity men's survivor empathy, attitudes, and behavioral intent to commit rape or sexual assault'. *Journal of College Student Development,* 47, (2) pp.133-148.

Foubert, J. D., Godin, E. E. & Tatum, J., L (2009) 'In their own words: sophomore college men describe attitude and behavior changes resulting from a rape

prevention program 2 years after their participation'. *Journal of Interpersonal Violence,* 25, (12) pp.2237-2257.

Foucault, M. (1970) *The order of things.* London: Tavistock.

Foucault, M. (1995) *Discipline and punish.* New York: Vintage Books.Original publication 1975.

Foucault, M. (1998) *The will to knowledge: the history of sexuality volume 1.* London: Penguin.

Foucault, M. (2001) *Madness and civilization: a history of insanity in the age of reason.* 2nd ed. London: Routledge.

Foucault, M. (2002) *The archaeology of knowledge.* London: Routledge.

Furedi, F. (2004a) The formalisation of relationships in education. *In* Hayes, D. (Ed.) *The Routledge Falmer Guide to key debates in education.* Abingdon: Routledge Falmer,

Furedi, F. (2004b) *Therapy culture: cultivating vulnerability in an uncertain age.* London: Routledge.

Furlong, J. (2005) 'New Labour and teacher education: the end of an era'. *Oxford Review of Education,* 31, (1) pp.119-134.

Gehring, D. D. (2001) 'The objectives of student discipline and the process that's due: are they compatible?'. *NASPA journal,* 38, (4) pp.466-481.

Gehring, D. D. & Bracewell, W. R. (1992) 'Standards of Behaviour and Disciplinary Proceedings'. *New Directions for Student Services,* 59, pp.89-99.

Ghaziuddin, M. (2005) *Mental health aspects of autism and asperger syndrome.* London: Jessica Kingsley.

Gibbs, G. R. (2002) *Qualitative data analysis: explorations with NVivo.* Maidenhead: Open University Press, McGraw-Hill Education.

Gill, J. S. (2002) 'Reported levels of alcohol consumption and binge drinking within the UK undergraduate student population over the last 25 years'. *Alcohol and Alcoholism,* 37, (2) pp.109-120.

Glaser, B. & Strauss, A. (1967) *The discovery of grounded theory: strategies for qualitative research.* Chicago: Aldine.

Godin, P. M. (2004) ''You don't tick boxes on a form': a study of how community mental health nurses assess and manage risk'. *Health, Risk and Society,* 6, (4) pp.347-360.

Goodwin, C. & Heritage, J. (1990) 'Conversation Analysis'. *Annual Review of Anthropology,* 19, pp.283-307.

Grant, A. (2002) Identifying students' concerns: taking a whole institutional approach. *In* Stanley, N. & Manthorpe, J. (Eds.) *Students' mental health needs: problems and responses.* London: Jessica Kingsley, pp. 83-105.

Grant, A. (2005) 'The organisation, scale and scope of student service provision in AMOSSHE member institutions'. *Journal of Student Services in Higher Education,* 1, pp.12-20.

Grant, A. (2011) *The development of mental health policy and practice in UK HEIs* [online] Available at: <http://www.mwbhe.com/inc/files/documents/publications/mental_health_policy_uuk.pdf> [Accessed 3rd October 2011].

Hall, J. A. (2008) 'Drug facilitated sexual assault- a review'. *Journal of Forensic and Legal Medicine,* 15, (5) pp.291-297.

Hall, S. (2001) Foucault: power, knowledge and discourse. *In* Weatherall, M., Taylor, S. & Yates, S. J. (Eds.) *Discourse theory and practice: a reader.* London: Sage, pp. 72 -80.

Hanisch, C. (1970) 'The personal is political', *Notes from the second year: women's liberation: major writings of the radical feminists* [online] Available at: <http://www.carolhanisch.org/CHwritings/PIP.html> [Accessed 9th November 2010].

Hargreaves, J. (2010) Voices from the past: professional discourse and reflective practice. *In* Bradbury, H., Frost, N., Kilminster, S. & Zukas, M. (Eds.) *Beyond reflective practice: new approaches to professional lifelong learning.* London: Routledge,

Haringey, L. S. C. B. (2009) *Serious case review: baby Peter. Executive summary.* London.

Harris, N. (2003) 'Students, mental health and citizenship'. *Legal Studies,* 24, (3) pp.349- 385.

Harrison, P. (2006) *Understanding duty of care towards students who are a risk to themselves or others in a higher education institution.* University of Huddersfield.

Harrison, P. (2007) *Practical wisdom: responding to higher education students who present a risk to others.* University of Huddersfield.

Hart, N. (2002) The regulation of the community: student discipline, academic appeals and complaints. *In* Palfreyman, D. & Warner, D. (Eds.) *Higher education law.* Bristol: Jordans, pp. 137- 161.

Hart, N., Forbes, J. & Jamdar, S. (2002) The Higher Education Institution-Student Contract. *In* Palfreyman, D. & Warner, D. (Eds.) *Higher education law.* Bristol: Jordans, pp. 101-135.

Hawton, K. & James, A. (2005) 'ABC of adolescence: Suicide and deliberate self harm in young people '. *British Medical Journal,* 330, pp.891-894.

Hawton, K., Simkin, S., Fagg, J. & al, e. (1995) 'Suicide in Oxford university students 1976-1990'. *British Journal of Psychiatry,* 166, pp.44-50.

Hayes, D. (2004) The therapeutic turn in education. *In* Hayes, D. (Ed.) *The Routledge Falmer guide to key debates in education.* Abingdon: Routledge Falmer, pp. 180- 185.

Health and Safety Executive (2006) *Five steps to risk assessment.*

Higher Education Funding Council for England & Higher Education Funding Council for Wales (1999) *Guidance on baseline provision for disabled students in higher education.*

Higher Education Statistic Authority (2000) *Table 11a - First year UK domiciled HE students by level of study, mode of study, gender and disability 1999/2000*
 [online] Available at: <http://www.hesa.ac.uk/index.php?option=com_datatables&Itemid=121&task=show_category&catdex=3> [Accessed 5th May 2005].

Higher Education Statistics Agency (2008) *Table T1a - Participation of under-represented groups in higher education: young full-time first degree entrants 2006/07* [online] Available at: <http://www.hesa.ac.uk/index.php/content/view/1174/141/> [Accessed 24th February 2011].

Higher Education Statistics Agency (2010a) *Table T3b - Non- continuation following year of entry: young full-time first degree entrants 2009-10* [online] Available at <http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=2064&Itemid=141> (Accessed 8th May 2012].

Higher Education Statistics Agency (2010b) *Table T3c - Non continuation following year of entry: mature full-time first degree entrants 2009-10.* [online] Available at <http://www.hesa.ac.uk/index.php?option=com_content&task=view&id=2064&Itemid=141> [Accessed 8th May 2012]

Hilgartner, S. (1992) The social construction of risk objects: Or, how to pry open networks of risk. *In* Short, J. F. & Clarke, L. B. (Eds.) *Organizations, uncertainties and risk.* Bouder, CO: Westview Press, pp. 39-53.

Hiroeh, A., Appleby, L., Mortensen, P. B. & Dunn, G. (2001) 'Death by homicide, suicide, and other unnatural causes in people with mental illness: a population-based study'. *The Lancet,* 358, (9299) pp.2110-2112.

Hodgins, S. & Müller-Isberner, R. (2004) 'Preventing crime by people with schizophrenia: the role of psychiatric services'. *British Journal of Psychiatry,* 185, (September) pp.245-250.

House, R. & Gopfert, M. (1997) 'Registering concern about professionalisation'. *British Journal of Guidance & Counselling,* 25, (1) pp.107-112.

Hudson, B. (2003) *Justice in the risk society.* London: Sage.

Hunt, J. & Eisenberg, D. (2010) 'Mental health problems and help seeking behaviour in college students'. *Journal of Adolescent Health,* 46, (1) pp.3-10.

Information Commissioner (2004) *Information Commissioner Annual Report and Accounts for the year ending 31 March 2004.* London.

Jablensky, A. (2000) 'Epidemiology of schizophrenia: the global burden of disease and disability'. *European Archives of Psychiatry and Clinical Neuroscience,* 250, (6) pp.274-285.

Jablonski, M., McClella, G. & Zdziarski, E. (2008) *In search of safer communities: emerging practices for student affairs in addressing campus violence.* <http://www.naspa.org/files/InSearchofSaferCommunities.pdf> [Accessed 14th October 2009].

Jacklin, A. & Le Riche, P. (2009) 'Reconceptualising student support: from 'support' to 'supportive' '. *Studies in Higher Education* 6, pp.734-749.

Jacklin, A. & Robinson, C. (2007) 'What is meant by support in higher education? Towards a model of academic and welfare support'. *Journal of Research in Special Educational Needs,* 7, (2) pp.114-123.

Jacob, J. D., Gagnon, Marilou , Perron, Amélie and Holmes, Dave (2009) 'Sovereign power, spectacle and punishment: a critical analysis of the use of the seclusion room '. *International Journal of Culture and Mental Health,* 2, (2) pp.75-85.

Jager, S. & Maier, F. (2009) Theoretical and methodological aspects of foucauldian critical discourse analsyis and dispositive analysis. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of critical discourse analysis.* London: Sage, pp. 34-62.

James, N. & Busher, H. (2006) 'Credibility, authenticity and voice: dilemmas in online interviewing'. *Qualitative Research,* 6, (3) pp.403-420.

Janosick, S., M (2001) 'The impact of the campus crime act of 1998 on student decision-making'. *NASPA Journal,* 38, (3) pp.348-360.

Jha, N. K. (2008) *Research Methodology.* Chandigarh, IND: Global Media.

JISC Legal Information Service (2002) *Duty of care in further and higher education sectors* [online] Available at: <http://www.jisclegal.ac.uk/publications/Dutyofcare.htm> [Accessed 19th September 2006].

Joseph, J. (2004) 'Foucault and reality'. *Capital and Class,* 82, pp.143-165.

Keady, J., Clarke, C. L., Wilkinson, H., Gibb, C. E., Williams, L., Luce, A. & Cook, A. (2009) 'Alcohol-related brain damage: Narrative storylines and risk constructions'. *Health, Risk and Society,* 11, (4)

Kershaw, C., Nicholas, S. & Walker, A. (2008) *Crime in England and Wales 2007/8: findings from the British Crime Survey and police recorded crime.* 07/08. London:Home Office.

Kincheloe, J. L. & McLaren, P. (2005) Rethinking critical theory and qualitative research. *In* Denzin, N. K. & Lincoln, Y. S. (Eds.) *The Sage handbook of qualitative research.* 3rd ed. London: Sage,

Kramer, S. & France, J. (1999) Schizophrenia and other psychotic disorders. *In* Kramer, S. & France, J. (Eds.) *Communication and mental illness: theoretical and practical approaches.* London: Jessica Kingsley, pp. 42-64.

Krebs, C. P., Lindquist, C. H. & Warner, T. D. (2009a) 'The differential risk factors of physically forced and alcohol-orother drug-enabled sexual assualt among university women'. *Violence and Victims,* 24, pp.302-321.

Krebs, C. P., Lindquist, C. H., Warner, T. D. & al, e. (2009b) 'College women's experiences with physically forced, alcohol - or other drug enabled, and drug facilitated sexual assault before and since entering college'. *Journal of American College Health,* 57, pp.639-647.

Kurzweil, E. (1986) 'Michel Foucault's history of sexuality as interpreted by feminists and marxists'. *Social Research,* 53, (4) pp.647-663.

Large, M. M. & MB, N. (2008) 'Factors associated with agreement between experts in evidence about psychiatric injury'. *Journal of the American Academy of Psychiatry and the Law,* 36, (4) pp.515-521.

Lash, S. (2000) Risk Culture. *In* Adam, B., Beck, U. & Van Loon, J. (Eds.) *The risk society and beyond: critical issues for social theory.* London: Sage, pp. 47-62.

Layer, G., Stivastava, A., Thomas, L. & Yorke, M. (2002) *Student success: building for change.* Bradford: Action on Access.

Leathwood, C. (2006) Accessing higher education: policy, practice and equity in widening participation in England. *In* McNay, I. (Ed.) *Beyond mass higher education.* Maidenhead: Open University Press, pp. 17-27.

Lee, D. (2006) *University students behaving badly.* Stoke on Trent: Trentham Books Limited.

Lee, D. & Hopkins Burke, K. (2007) *Universities Personnel Association Student Conduct Project - End of Project Report.* <http://www.uhr.ac.uk/publications.aspx> [Accessed 3rd January 2011].

Lehmann, W. (2007) '"I just didn't feel like I fit in": the role of habitus in university drop-out decisions'. *Canadian Journal of Higher Education,* 37, (2) pp.89-110.

Lincoln, Y. S. & Guba, E. G. (2000) Paradigmatic controversies, contradictions and emerging confluences. *In* Lincoln, Y. S. & Denzin, N. K. (Eds.) *Handbook of qualitative research.* 2nd ed. Thousand Oaks, California: Sage, pp. 163-188.

Macdonald, S. (2006) 'A suicidal woman, roaming pigs and a noisy trampolinist: refining the ASBOs definition of 'anti-social behaviour''. *The Modern Law Review* 69, (2) pp.183-213.

Madson, L. & Shoda, J. (2006) 'Alternating between masculine and feminine pronouns: does essay topic affect readers' perceptions?'. *Sex Roles,* 54, (3/4) pp.275-286.

Mairal, G. (2008) 'Narratives of risk'. *Journal of Risk Research,* 11, (1-2) pp.41-54.

Manor-Binyamini, I. (2007) 'Meaning of language differences between doctors and educators in a collaborative discourse ''. *Journal of Interprofessional Care,* 21, (1) pp.31-43.

Manthorpe, J. (2000) Risk assessment. *In* Davies, M. (Ed.) *The Blackwell encyclopaedia of social work.* Oxford: Blackwell, pp. 298-299.

Markowitz, S. (2005) 'Alcohol, drugs and violent crime'. *International Review of Law and Economics,* 25, (1) pp.20-44.

Marsden, R. & Townley, B. (1996) The owl of minerva: reflections on theory and practice. *In* Clegg, S. R., Hardy, C. & Nord, W. R. (Eds.) *Handbook of organization studies.* London: Sage, pp. 659-675.

Martineau Johnson (2007) Exploring institutions' duties of care to their students. In *How much must you care?,* Leeds, 12th July 2007.

Mason, T. (2002) 'Forensic psyciatric nursing: a review of the literature and thematic analysis of role tensions'. *Journal of Psychiatric and Mental Health Nursing,* 9, pp.511-520.

McCaffery, P. (2010) *The higher education manager's handbook: effective leadership & management in universities and colleges.* 2nd ed. Abingdon: Routledge.

McCoyd, J. L. M. (2006) 'Conducting intensive interviews using email: a serendipitous comparative opportunity'. *Qualitative Social Work,* 5, (3) pp.389-406.

McGuire, J. (2004) 'Minimising harm in violence risk assessment: practical solutions to ethical problems?'. *Health, Risk and Society,* 6, (4) pp.327-345.

Mchale, J. & Felton, A. (2010) 'Self-harm: whats the problem? A literature review of the factors affecting attitudes towards self harm.'. *Journal of Psychiatric and Mental Health Nursing,* 17, pp.732-740.

McInnis, C. (2004) 'Studies of student life: an overview'. *39,* 4, pp.383-394.

McNay, I. (2002) 'Governance and decision-making in smaller colleges'. *Higher Education Quarterly,* 56, (3) pp.303-315.

McNay, I. (2005) 'Higher education communities: divided they fail?'. *Perspectives: Policy and practice in higher education,* 9, (2) pp.39-44.

McNay, I. (2006a) Delivering mass higher education- the reality of policy in practice. *In* McNay, I. (Ed.) *Beyond mass higher education.* Maidenhead: Open University Press, pp. 3-14.

McNay, I. (2006b) Managing institutions in a mass higher education system. *In* McNay, I. (Ed.) *Beyond mass higher education.* Maidenhead: Open University Press, pp. 161-170.

McNay, I. (2007) 'Values, principles and integrity: academic and professional standards in UK Higher Education'. *Higher Education Management and Policy,* 2007, (19) pp.43-66.

McWilliam, E. (2007) 'Managing 'nearly reasonable' risk in the contemporary university '. *Studies in Higher Education,* 32, (3) pp.311-321.

Mellor-Clark, J. (2006) Benchmarking and developing service quality. In *Solutions and outcomes in commisioning,* Manchester Conference Centre, 30th October 2006. CORE Information Management Systems Ltd.

Mellor-Clark, J., Barkham, M., Connell, J. & Evans, C. (1999) 'Practice-based evidence and need for a standardised evaluation system: informing the design of the CORE system '. *European Journal of Psychotherapy, Counselling and Health,* 2 (357-374)

Meyer, M. (2001) Between theory method and politics: positioning of the approaches to CDA. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of critical discourse analysis.* London: Sage, pp. 14-31.

Mills, J., Bonner, A. & Francis, K. (2006) 'The development of constructivist grounded theory'. *International Journal of Qualitative Methods,* 5, (1) pp.25-35.

Morgan, P. (2000) *Clinical risk management: A clinical tool and practitioner manual.* The Sainsbury Centre for Mental Health.

Morris, C. (1963-4) 'First reactions to the Robbin's report'. *Universities Quarterly,* 18, pp.9-16.

Morris, C. (1996) First reactions to the Robbin's report. Universities Quarterly Vol 18. (1963-4), pp 9-16. *In* Shattock, M. (Ed.) *The creation of a university system.* Oxford: Blackwell, pp. 109-139.

Mowbray, S. & Halse, C. (2010) 'The purpose of the PhD: theorising the skills acquired by students'. *Higher Education Research & Development,* 29, (6) pp.653 - 664.

Munro, E. & Rumgay, J. (2000) 'Role of risk assessment in reducing homicides by people with mental illness'. *British Journal of Psychiatry,* 176, (February) pp.116-120.

National Committee of Inquiry into Higher Education (1997) *Higher education in the learning society: summary report* [online] Available at: <http://www.leeds.ac.uk/educol/ncihe/> [Accessed 13th October 2010].

National Confidential Inquiry (2001) *Safety first: five-year report of the national confidential inquiry into suicide and homicide by people with mental illness.* Department of Health.

National HMO Lobby (2008) *Balanced communities and studentification: problems and solutions.* Leeds: National HMO Lobby.

National Self Harm Network (unknown) *Downloads and Resources* [online] Available at: <http://www.nshn.co.uk/downloads.html> [Accessed 10th June 2011].

National Union of Students (2010) *Hidden marks: a study of women students experiences of harrassment, stalking, violence and sexual assault.* London.

Nezu, A. M., Nezu, C. M. & Lombardo, E. (2004) Borderline personality disorder. *In* Nezu, A. M., Nezu, C. M. & Lombardo, E. (Eds.) *Cognitive-behavior case formulation to treatment design: a problem solving approach.* New York: Springer, pp. 182-204.

Norton, M. I., Vandello, J. A. & Darley, J. M. (2004) 'Casuistry and social category bias'. *Journal of Personality and Social Psychology,* 87, (6) pp.817-831.

Office for National Statistics (2010) *Suicide rates in the UK 1991-2009* [online] Available at: <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=13618> [Accessed 14th June 2011].

Office of the Independent Adjudicator for Higher Education (2008) *A guide to the student complaints scheme.* Reading: Office of the Independent Adjudicator for Higher Education.

Oliver, M. (2004) If I had a hammer: the social model of disability in action. *In* Swain, J., French, S., Barnes, C. & Thomas, C. (Eds.) *Disabling Barriers - Enabling Environments.* London: Sage,

Onwuegbuzie, A. J. & Johnson, R. B. (2004) *'Enhancing the interpretation of "significant" findings: the role of mixed methods research'* The qualitative report [online] Available at http://www.nova.edu/ssss/QR/QR9-4/onwuegbuzie.pdf [Accessed 10th October 2005].

Paltridge, B. (2006) *Discourse analysis.* London: Continuum.

Parker, J. D. A., Summerfield, L. J., Hogan, M. J. & Majeski, S., A (2004) 'Emotional intelligence and academic success: examining the transition from high school to university'. *Personality and Individual Differences,* 36, pp.163-172.

Pearce, F. & Woodiwiss, T. (2005) Reading Foucault as a realist. *In* Potter, G. & Lopez, J. (Eds.) *After postmodernism: an introduction to critical realism.* London: Continuum, pp. 51-62

Per Lord Fraser (1985) *Gillick v Wisbech and W Norfolk AHA [1985]. In* 3 All ER (Ed.).

Phillips, E. M. & Pugh, D. S. (2000) *How to get a PhD: a handbook for students and their supervisors.* 3rd ed. Buckingham: Open University Press.

Polkinghorne, D. (1995) Narrative configuration in qualitative analysis. *In* Hatch, J. A. & Wisniewski, R. (Eds.) *Life history and narrative.* London: Routledge, pp. 5-24.

Power, M. (2007) 'Corporate governance, reputation and environmental risk'. *Environment and Planning C: Government and Policy,* 25, pp.90-97.

Pritchard, C. (2000) *Making managers in universities and colleges.* Buckingham: The Society for Research into Higher Education and Open University Press.

Pujol, J. (1999) Deconstructing and reconstructing: producing a reading on 'human reproductive technologies'. *In* Willig, C. (Ed.) *Applied discourse analysis: social psychological interventions.* Buckingham: Open University Press, pp. 87-109.

Quality Assurance Agency (1999) *Code of practice for the assurance of academic quality and standards in higher education.* Gloucester: Quality Assurance Agency.

Quality Assurance Agency for Higher Education (2010) *Code of practice for the assurance of academic quality and standards in higher education. Section 3: disabled students- February 2010.* Mansfield: Quality Assurance Agency for Higher Education.

Rana, R., Smith, E. & Walkling, J. (1999) *Degrees of disturbance: the new agenda.*

Reay, D., David, M. & Ball, S. (2001) 'Making a difference?: Institutional habituses and higher education choice'. *Sociological Research Online,* 5, (4) <http://www.socresonline.org.uk/5/4/reay.html>

Reeves, A. & Mintz, R. (2001) 'Counsellors' experiences of working with suicidal clients: An exploratory study'. *Counselling & Psychotherapy Research,* 1, (3) pp.172-176.

Reid, H. & West, L. (2011) '"Telling tales": Usaing narrative in career guidance'. *Journal of Vocational Behavior,* 78, pp.174-183.

Ritvo, E. R. & Attwood, T. (2005) *Understanding the nature of autism and asperger's disorder: forty years along the research trail.* London: Jessica Kinglsey.

Rogers, C. (1967) *On becoming a person: a therapist's view of psychotherapy.* London: Constable and Robinson.

Rosa, E. A. (1988) 'Metatheoretical foundations for post-normal risk'. *Journal of Risk Research,* 1, (1) pp.15-44.

Ross, D. (1995) *Aristotle.* Florence, USA: Routledge.

Royal College of Psychiatrists (2003) *The mental health of students in higher education.* London: Royal College of Psychiatrists.

Royal College of Psychiatrists (2011) *Mental health of students in higher education.* London.

Salmon, G. & Rapport, F. (2005) 'Multi-agency voices: A thematic analysis of multi-agency working practices within the setting of a Child and Adolescent Mental Health Service'. *Journal of Interprofessional Care,* 19, (5) pp.429-443.

Sanders, C. (2006) 'Easygoing campuses a magnet for stalkers', *Times Higher Education Supplement.* 2nd November. [online] Available at: <http://www.timeshighereducation.co.uk.librouter.hud.ac.uk/story.asp?sectioncode=26&storycode=206477> [Accessed 14th May 2011].

Sansone, R., Songer, D. A. & Geither, G. A. (2001) 'Diagnostic approaches to borderline personality and their relationship to self harm behavior'. *International Journal of Psychiatry in Clinical Practice,* 5, pp.273-277.

Sawicki, J. (1998) Feminism, Foucault and 'subjects of power and freedom. *In* Moss, J. (Ed.) *The later Foucault.* London: Sage, pp. 93-107.

Schaffer, M., Jeglic, E. L. & Stanley, B. (2008) 'The relationship between suicidal behaviour, ideation and binge drinking among college students'. *Archives of Suicide Research,* 12, (2) p.124.

Schön, D. A. (1992) 'The crisis of professional knowledge and the pursuit of an epistemology of practice'. *Journal of Interprofessional Care,* 6, (1) pp.49-63.

Scollon, R. (2001) Action and text: towards an integrated understanding of the place of text in social (inter)action, mediated discourse analysis and the problem of social action. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of critical discourse analysis.* London: Sage, pp. 139- 183.

Scott, P. (1995) *The meanings of higher education.* Buckingham: The Society for Research into Higher Education and the Open University Press.

Secretary of State for Health (2000) *The NHS plan: a plan for investment a plan for reform.* Norwich:HMSO.

Selwyn, N. (2008) ''High-jinks' and 'minor mischief': a study of undergraduate students as perpetators of crime'. *Studies in Higher Education,* 33, (1) pp.1-16.

Shepherd, J. & Curtis, P. (2008) 'Reformed burglar can study to be a doctor', *The Guardian.* Friday 8th August 2008. [online] Available at: <http://www.guardian.co.uk/education/2008/aug/08/students.medicine?INTCMP=SRCH> [Accessed 14th May 2011].

Silverman, D. (1993) *Interpreting qualitative data: methods for analysing talk, text and interaction.* London: Sage.

Simmonds, N. E. (2008) *Central issues in jurisprudence.* 3rd ed. London: Sweet and Maxwell.

Sjoberg, L. (2002) 'The allegedly simple structure of experts' risk perception: an urban legend in risk research'. *Science, Technology and Human Values,* 27, (4) pp.443-459.

Sjorberg, L., Peterson, M., Fromm, J., Boholm, A. & Hanson, S.-O. (2005) 'Neglected and overemphasized risks: the opinions of risk professionals'. *Journal of Risk Research,* 8, (7) pp.599-616.

Squires, P. (2006) 'New Labour and the politics of antisocial behaviour'. *Critical Social Policy,* 26, pp.144-168.

Stanley, N., Mallon, S., Bell, J., Hilton, S. & Manthorpe, J. (2007a) *Responses and prevention in student suicide* Burnley. <http://www.rapss.org.uk/pdf/rapss_full.pdfhttp://www.rapss.org.uk/pdf/rapss_full.pdf> [Accessed 23rd June 2008].

Stanley, N., Mallon, S., Bell, J., Hilton, S. & Manthorpe, J. (2007b) *Responses and prevention of student suicide: the RaPSS project. Summary report.* Burnley: Papyrus. <http://www.rapss.org.uk/pdf/summary_pdf.pdf> [Accessed 23rd June 2008].

Stanley, N., Mallon, S., Bell, J. & Manthorpe, J. (2009) 'Trapped in transition: findings from a UK study of student suicide'. *British Journal of Guidance & Counselling,* 37, (4) pp.419-433.

Stanley, N. & Manthorpe, J. (Eds.) (2002) *Students' mental health needs: problems and responses.* London: Jessica Kingsley.

Sturges, J. E. & Hanrahan, K. J. (2004) 'Comparing telephone and face to face qualitative interviewing: a research note'. *Qualitative Research,* 4, (1) pp.107-118.

Swinton, G. & Forbes, J. (2008) Whose risk is it anyway? In *AHUA Law Forum conference. Mental health and the law.,* Birmingham, Association of Heads of University Administrators Law Forum.

Tait, A. (2000) 'Planning student support for open and distance learning'. *Open Learning,* 15, (3) pp.287-299.

Tait, A. (2004) On institutional models and concepts of student support services: the case of the Open University UK. *In* Brindley, J., Walti, C. & Zawacki-Richter, O. (Eds.) *Learner Support in Open, Distance and Online Learning Environments.* Oldenburg: BIS-Verlag, pp. 283-294.

Taylor, S. (2001) Locating and conducting discourse analytic research. *In* Wetherell, M., Taylor, S. & Yates, S. J. (Eds.) *Discourse as data: a guide for analysis.* London: Sage, pp. 5-48.

The independent review of higher education funding and student finance (2010) *Securing a sustainable future for higher education.* London, HMSO.

The Russell Group (unknown) *The Russel Group Home Page* [online] Available at: <http://www.russellgroup.ac.uk/> [Accessed 20th June 2011].

The Virginia Tech Review Panel (2007) *Mass shootings at Virginia Tech April 16 2007: report of the Virginia Tech review panel.* <http://www.vtreviewpanel.org/report/index.html> [Accessed 15th May 2009].

Thomas, L. (2002) ' Student retention in higher education: the role of institutional habitus'. *Journal of Education Policy,* 17, pp.423-424.

Trow, M. (1963) 'Robbins: a question of size and shape'. *Universities Quarterly,* 18, pp.136-152.

Turner, A. P., Hammond, C. L., Gilchrist, M. & Barlow, J. H. (2007) 'Coventry university students' experience of mental health problems'. *Counselling Psychology Quarterly,* 20, (3) pp.247-252.

Turner, T. (2009) Schizophrenia. *In* Davies, T. C. (Ed.) *ABC of mental health.* Hoboken, NJ: BMJ books, pp. 44-47.

United Nations Educational Scientific and Cultural Organisation (UNESCO) (2002) *The role of student affairs and services in higher education: a practice manual for developing, implementing and assessing student affairs programmes and services.* Paris: UNESCO.

Universities UK (2002a) *Guidelines on student mental health policies and procedures for higher education.* London: UK, U.

Universities UK (2002b) *Reducing the risk of student suicide: issues and responses for higher education institutions.* London: Universities UK.

Universities UK (2006) *'Studentification': a guide to opportunities, challenges and practice.* London: Universities UK.

Universities UK, Equality Challenge Unit & Standing Conference of Principals (2005) *Promoting good campus relations: dealing with hate crimes and intolerance.* London: Universities UK.

University Alliance (unknown) *About University Alliance* [online] Available at: <http://www.university-alliance.ac.uk/about/> [Accessed 20th June 2011].

University of Leeds (2006) *The student contract* [online] Available at: <http://www.leeds.ac.uk/aqst/studentcontract.htm> [Accessed 30th November 2008].

University of Leeds (2007) *Community strategy.* Leeds, University of Leeds.

Urquart Law, G., Rostill-Brookes, H. & Goodman, D. (2008) 'Public stigma and non-healthcare students: attributions, emotions and willingness to help with adolescent self harm'. *International Journal of Nursing Studies,* 46, pp.108-109.

Usher, P. (1997a) Challenging the power of rationality. *In* McKenzie, G., Powell, J. & Usher, R. (Eds.) *Understanding social research: Perspectives on methodology and practice.* London: Falmer Press, pp. 42 - 55.

Usher, R. (1997b) Telling a story about research and research as story-telling: postmodern approaches to social research. *In* McKenzie, G., Powell, J. & Usher, R. (Eds.) *Understanding social research: perspectives on methodology and practice.* London: Falmer Press, pp. 27- 41.

Ussher, J. M. & Mooney-Somers, J. (2000) 'Negotiating desire and sexual subjectivity: narratives of young lesbian avengers'. *Sexualities,* 3, (2) pp.183-200.

Van Dijk, T. (1993) 'Principles of critical discourse analysis'. *Discourse and Society,* 4, pp.249-283.

van Djik, T. A. (2009) Critical discourse studies: a sociocognitive approach. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of critical discourse analysis* 2nd ed. London: Sage, pp. 62- 86.

Wainwright, M. (2009) 'Shannon Matthews kidnap: mother jailed for eight years', *The Guardian,.* Friday 23rd January. [online] Available at: <http://www.guardian.co.uk/uk/2009/jan/23/shannon-matthews-mother-jail> [Accessed 14th June 2011].

Warm, A., Murray, C. & Fox, J. (2003) 'Why do people self harm?'. *Psychology, Health and Medicine,* 8, (1) pp.72-79.

Watson, D. (2000) *Managing strategy.* Bucks: Open University Press.

Watson, D. (2002) 'Can we do it all? Tension in the mission and structure of UK higher education'. *Higher Education Quarterly,* 56, (2) pp.143-155.

Webb, S. (2000) Feminist methodologies for social researching. *In* Burton, D. (Ed.) *Research training for social scientists.* London: Sage, pp. 33- 48.

West, W. & Hanley, T. (2006) 'Technically incompetent or generally misguided: learning from a failed counselling research project'. *Counselling & Psychotherapy Research,* 6, (3) pp.209-212.

Whitchurch, C. (2006a) Administrators or managers? The shifting roles and identitied of professional adminstrators and managers in UK higher education. *In* McNay, I. (Ed.) *Beyond mass higher education.* Maidenhead: Open University Press, pp. 199-208.

Whitchurch, C. (2006b) 'Who do they think they are? The changing identities of professional administrators and managers in UK higher education'. *Journal of Higher Education Policy and Management,* 28, (2) pp.159-171.

Whitchurch, C. (2008) 'Shifting identities and blurring boundaries: the emergence of third space professionals in UK higher education'. *Higher Education Quarterly,* 62, (4) pp.377-396.

Wilcox, P., Winn, S. & Fyvie-Gauld, M. (2005) ''It was nothing to do with university, it was just the people': the role of social support in the first year experience of education'. *Studies in Higher Education,* 30, (6) pp.707-722.

Wodak, R. & Meyer, M. (2009) Critical discourse analysis: history, agenda, theory and methodology. *In* Wodak, R. & Meyer, M. (Eds.) *Methods of critical discourse analysis.* 2nd ed. London: Sage, pp. 1-33.

Wojtas, O. (2006) 'Majority of students broke law last term study finds', *Times Higher Educational Supplement.* 25th August 2006. p 3 [online] Available at: <http://www.timeshighereducation.co.uk.librouter.hud.ac.uk/story.asp?sectioncode=26&storycode=204949> [Accessed 14th May 2011].

Zellick, G. (1994) *Notes of guidance: student disciplinary procedures.* London: Committee of Vice Chancellors and Principles of UK Universities.