

Security issues within prison and health ODL programmes

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INTRODUCTION

Social practices and structures can shape how we learn and, in turn, who we become (Lave & Wenger, 1991; Wenger, 1998). Technology in the form of ODL systems traverse distances, organisational and social structures (Star & Griesemer, 1989). However, it is the social, economic and governance systems in which technology are embedded, which is of growing importance, not the technical artefact itself.

Internationally there is a growing tension between centralised and local governance of ODL systems. This paper presents two large-scale studies of contrasting Open and Distance Learning (ODL) programmes within the Health and the Prison domain. Within the health domain despite having a national centralised structure ODL systems are frequently governed by local health 'trusts'. This is also true within the prison service that although governed by national centralised polices, ODL systems are effectively managed in a very de-centralised manor. Centralised initiatives seek equal opportunities for learning, evidence based medicine and rehabilitation through learning. However, local security imperatives frequently clash with ODL initiatives. It has been unclear, however, if these clashes are always due to security issues or emotive responses to poor awareness from those locally governing ODL deployment . We review the tensions in these two developing ODL programmes and discuss potential solutions to these problems.

BACKGROUND

According to Lave & Wenger (1991) 'situated learning' theories learning within any domain is more than a formal acquisition of knowledge or information: it has a social element which is often ignored They emphase that learning should be about the whole person, which involves the situation and activity. Ultimately, that to understand and support learning we need to understand it within the situation within which it is embedded.

Within the healthcare and prison services ODL is embedded within the organisational structures of these institutions. This could be beneficial as a motivator for students if the organisation had a positive approach to ODL. However, if we look back to the physical and architectural development of these two domains we can see a common thread of 'control' of learning for health and safety reasons which remains a governing ethos within both organisational cultures. Identifying these powerful governing drivers, requires us to view the emotive side to ODL decision making within organisations. Jones et al (2004) discusses the notion of bringing passions back into the study of organizations to remove the idea of knowledge being thought of as an 'objective representation' or 'social construction'. Many organizational initiatives and teaching practices have a history of evoking emotive responses as the balance between creativity and standardization are maintained.

Finally, it has been argued that technology is situated within a culture which determines aspects of its use (Harrison & Dourish, 1996). Certain technologies may apply well in an environment of trust but fail in an atmosphere of distrust. Many ODL programmes relying on educational principles of trust and sharing, which online developments have sought to mirror. Web2 technologies such as wiki's, blogs and forums seek to support the ODL learning ideals of co-construction and sharing. We must understand however how these clash with organisational cultures of control.

METHODS

Both studies sought to review different aspects of ODL programmes in contrasting secure environments. Within the healthcare domain the focus was on the use of technology to support information provision (e.g. digital library provision) for practice based learning. Within the prison domain the focus was on technology to support all aspects distance learning (e.g. coursework, information provision, collaboration, assessment). Within both domains students were studying at a variety of levels (e.g. from introductory to post-graduate) and there had been a growing need for online elements to distance learning to support timely and effective education.

A detailed set of ethical procedures (e.g. anonymised data, withdrawal procedures, consent forms) were undergone both through healthcare, prison and academic routes. The qualitative data, from both studies, was analysed using either a thematic or Grounded Theory approach (Strauss & Corbin, 1990). Study reference numbers are included for reference in quotes used in the paper.

Healthcare Studies

Overall 134 employees participated (i.e. through focus groups, in-depth interviews and observations) in this longitudinal study within different contexts (see Table 1). Computer ability, the location of computers to access OCL information resources and the type of support (e.g. outreach librarians) ranged from ward based to library & office based.

Across all the settings four issues guided the focus of questions:

- Perceptions of the clinicians' role within the organisation, and their ODL information requirements (for themselves or the people they supported).
- Perceptions of health service current ODL information practices, social structures and organisational norms.
- The impact of current practices, structures and norms on ODL information resource awareness, acceptance and use.
- Technology perceptions and how these affected the other issues already identified.

All of the interviews and focus groups (were recorded and transcribed into an anonymous format for analysis procedures to proceed.

Group	Ref .	Status & Role	No.
Provincial Hospital	St1	Nurses, Consultants, Managers, Library & IT	20
Inner City Hospital	St2a	Pre-Registration to Registered	36
	St2b	Doctors, Consultants, Surgeons, Allied Health Professional, managers & IT	37
Outer London Hospital & Primary Care Trust	St3	Nurses, Doctors / Consultants, Psychologists, Social Workers.	26
Patient Call Centre & Patient grps	St4	Health information, nursing call handlers & managers	24

Table 1: Participant descriptive data (Healthcare)

Prison Studies

Overall 91 students, staff and managers participated (i.e. through in-depth interviews & questionnaires) in the study related 15 prisons (i.e. ranging security category, gender, public/private, computer access) across the UK (see Table 2).

The three main themes of the study were:-

- Situated Learning – What effect does their prison life have on learning and what effect does learning have on prison life.
- Support - who or what has affected their ability to study ODL in prison
- Access - how does security and access to technology, or the lack of it, affect their learning

It was decided that a recording machine would not be acceptable in a prison setting, so field notes were taken instead.

Group	Ref	Status and Role	No
Prison OU students	St5	Prisoners doing OU distance learning courses	35
Prison Education staff	St6	OU Coordinators, tutors, education managers, librarians	29
Prison managers	St7	Heads of Learning and Skills and Resettlement staff	4
Open University Staff	St8	Associate lecturers, staff tutors, support managers	16
Government & Non-Government Organisations	St9	Managers	7

Table 2: Participant descriptive data (Prison)

RESULTS

The analysis identified a central concept, relating to ODL security, across both sets of studies. Ultimately negative perceptions of information security and control were identified as impeding the deployment of ODL programmes. Further analysis identified three thematic issues, detailed below, impacting on this central concept; technology infrastructure and deployment, ODL support and stakeholder misconceptions.

Situational descriptive data

A comparison was made between the usage of ODL resources by those in the health service (clinicians) with educational librarians and lecturers (see Adams & Blandford, 2005). Clinicians use markedly more off-line than on-line resources than those in academia where increasing the web was growing in preference.

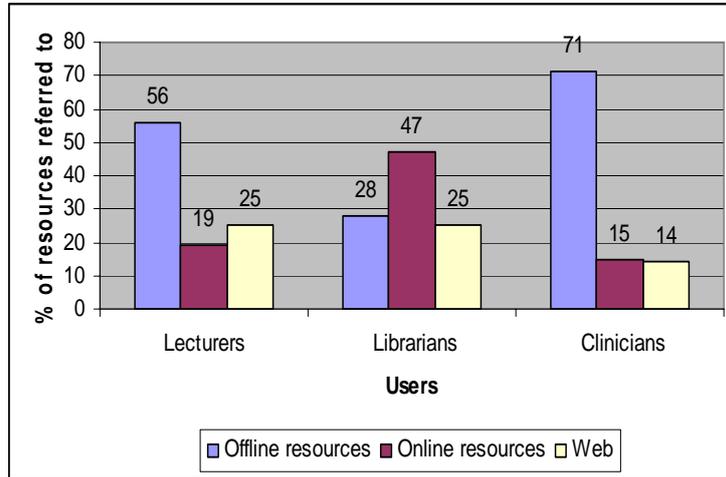


Figure 1: Percentage of ODL resource usage by different user groups

Descriptive data was gathered regarding the reduction in access to increasingly on-line ODL courses by prison students (see figure 2).

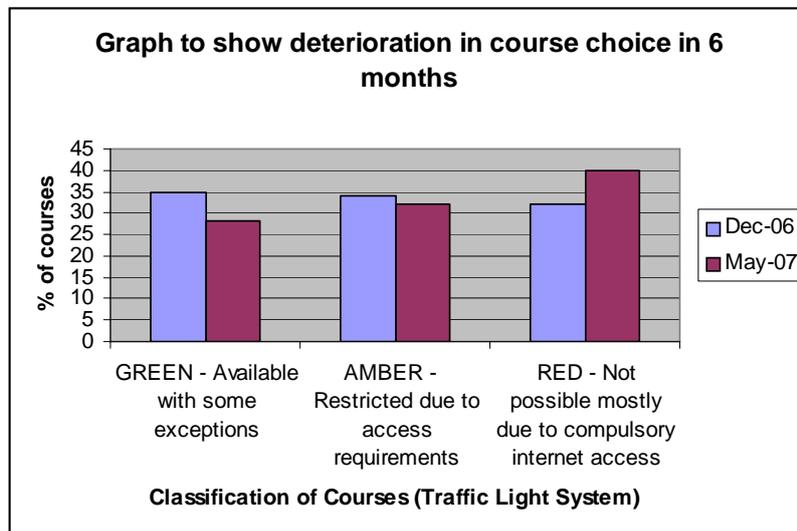


Figure 2: Percentage of ODL courses accessible by prison students

Technology infrastructure & deployment

The power of ODL programmes to transform learning and thus working practices in work based learning has had a powerful impact on many within the health profession. Junior members of staff in particular saw ODL resource, in particular, as a route to empowerment in their learning.

'We should be given the opportunity to learn as much as we can, be as much, be as effective as we can be for the sake of the patients' (**Pre-reg student nurse: St2a**)

Prison ODL systems also empowered students to rise above their prisoner status, develop confidence in their own ability to be a 'real' student, use their time usefully and remove themselves from the 'bad' elements around them.

'When you do have a laptop it's wonderful ... It makes you feel like you're really a student – there's no point in rehabilitating if you don't know modern technology' **(Prison student: St5)**
'I think these years will have been something that I can have done to do something good.'
(Prison student: St5)

There are, however, barriers to this empowerment and realization within prisons and the health service that these changes will take time.

'I might have to tread water for a while. I know it's coming – just mark time until it does.' **(Prison student: St5)**

'They reach for a book ... or they go and ask somebody, they don't reach for a digital resource ... it's not yet a natural part of their everyday clinical lives. And that's one of the main hurdles to be got across' **(Consultant: St 1)**

Within prisons many barriers related to security imperatives and a poor regard for education. One prison had been provided with a brand new computer room but the computers would not accept CDs due to security protocols. . Security protocols resulted in insufficient internet access limiting course choice and reducing students' ability to complete a chosen degree (< 10% of students had internet access). Prison education staff also often had inferior computing facilities to their prison staff colleagues. Prison officers were also seen to question the need of prisoners to gain degrees and even seen to resent or envy their studies. Prison Service managers and students also commented that many prison officers lacked education themselves.

'They [Prison Officers] don't like you doing OU. Some of these officers are sun newspaper readers. Do you know what I mean?' **(Prison student:St5)**

Within the health service access to the internet was theoretically higher but in practice was just as low. Although technology placed in communal work places (e.g. 'on the wards') raised users' awareness of ODL it clashed with organizational norms (e.g. 'the workplace is a place to learn practical things not theoretical knowledge') causing some stakeholders to feel organizational structures and practices were being threatened. Senior clinicians were frequently referred to as information gate-keeper for junior clinicians. For example, some senior clinicians would rather access digital libraries on behalf of junior staff. These approaches to controlling information access were perceived as simply means of exclusion by those of lower status:

'Why shouldn't we have anything that they are hiding from us?' **(Post-reg nurse: St2a)**

ODL support

The healthcare studies identified that poorly designed systems, deployed to individuals with inadequate support produced a lack of awareness of technology potential. Users therefore perceived many health ODL systems as complex and inappropriate for their needs.

'It's like being given a Rolls Royce and only knowing how to sound the horn.' **(Surgeon: St2b)**

Within the prison domain there was a low priority given to ODL resourcing resulting in many education staff facing a dilemma of how to continue supporting students. Some prisons allowing ODL students to be accommodated within the better funded standard education class, but not without compromise; one tutor combined Digital music and Desk-top Publishing.

'I give headphones to the DTP students so they can continue to work in a noisy environment.'
(OU Coordinator: St6)

Within one healthcare study, ODL support (i.e. outreach librarians) implemented within the community adapting to group and individual needs, was identified as empowering to both the community and the

individual. Relationships built by the clinician librarian, through technology usage and work practice development dramatically improved motivation towards online learning.

'It increases the sense that you think, I can find out the answer to this question'

(Consultant: St3)

The prison studies identified some exceptional support from dedicated ODL staff within the university and the prison:

'They [the OU tutors] were enthusiastic and fired my imagination....It was very interesting to see the 'the real thing' in pictures instead of books. It made the subject come alive.'

(Prison student: St5)

However, many students expressed their concerns that staff were being asked to bend the rules. Copying DVDs onto CD, offering personal laptops to work on, were just a few examples. The tensions in resourcing for peer support and interactive tutor support resulted in students feeling isolated:

'No internet so I can't chat with my tutor or other students ... I'm the only one doing science in this prison' **Prison student: St5**

Stakeholder misconceptions

Within both domains ODL students considered the Internet as an important aid in accessing reputable up-to-date information sources (e.g. digital libraries, academic sites). However, there were often serious Internet fears and misconceptions amongst those governing ODL access.

Within the health domain there was a strong distinction made between Internet and Intranet resources. There was an increased perceived control of intranet resource than the Internet which threatened status by providing open access to varied information sources and the potential for abuse. In addition, senior clinicians expressed the view that junior staff members would not be able to interpret the quality of all the information available to them on web sites and in digital libraries.

'... there may be stuff in this country that is of a reasonable quality but it requires some skill to some extent to be able to discriminate. I don't have difficulty with this. I don't know how much the nurses or the junior doctors would be able to discriminate.'

(Consultant: St2b)

Within the prison service the Internet was perceived to reduce control and be a security risk:

'The prison service is terrified of Internet access for prisoners' **(Contracted education manager: St6)**

Negative perceptions about technology, however, extended beyond the Internet. In one prison an advanced graphics calculator was seen as a security threat because it was not recognized by the security officers.

Ultimately, however, within both domains as awareness and understanding increases so do peoples acceptance of the technologies

'I've seen the advantages as technology has grown but we are still growing with it aren't we'

(Specialist nurse: St1).

'Prison service and governors are becoming much more aware that on-line can now happen.'

(Manager: St9)

DISCUSSION

This research identified many ODL issues related to technology infrastructure, deployment, support and stakeholder misconceptions. Negative perceptions of information security and control were identified as impeding the deployment of ODL programmes.

Within both domains the research has identified a high degree of motivation amongst students to attend and complete ODL programmes. Many students within both domains saw ODL as a route to their empowerment

and positive re-definition of their identity whether through promotion or rehabilitation. We argue that these factors alone should motivate ODL providers to continue to overcome the organisational barriers to developing these programmes. There are, however, many barriers to be overcome within these domains.

A major barrier to effective ODL deployment lies in stakeholder fears due to poor perceived control of the technology and what they saw as potential threats to organisational security and current practices. Many of these fears resided in inaccurate technology knowledge and potential security risks. This highlights several problems with the regard governing bodies give to ODL programme. Within the health service higher status clinicians' perceived that learning was embedded in day-to-day practical problem solving, not in ODL programmes. Prison stakeholders were similarly sceptical about HE ODL programmes contribution to the prisoners and their rehabilitation.

There are contrasting arguments around technology solutions for effective ODL programmes. Meyrowitz (1985) argued that developing electronic media decreased prisoners complete segregation from society, but Jewkes (2007a), argues that even relatively 'media-rich' institutions are still isolated from the wider society. The Internet and Web2 technologies (e.g. Wikipedia, facebook) are seen by many as online ODL programmes engaging isolated communities within wider learning societies. However, Internet security risks and practice threats (e.g. hackers, paedophiles) have led to Intranet solutions that increase stakeholders perceived control yet allow student involvement in larger learning communities.

In the internet world, physical space no longer has the same meaning. People can be whoever they want to be, wherever they are. However, in prison there is a distorted perception of space and time (Wilson & Logan, 2007) and the resulting isolation was accentuated by the lack of internet access. Within the health domain space and time is highlighted as an important learning and resource usage factor (Reddy and Dourish, 2002). However, here the vital importance of locally situated community building and learning support mechanisms are emphasised.

Lessons learnt

ODL has a history of empowering those who are excluded from learning. However, the education and technology that supports that learning can be thought of as a threat to the status quo. Organisations respond with actions to repress and control ODL programmes, evoking emotive responses as the tensions between organisational control and freedom of expression are revealed. We need to understand the contexts within which ODL are embedded, to identify these problems and find appropriate solutions for all.

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