

Evaluation of the OfS 2023 reforms to regulating equality of opportunity in higher education: Wave 2 interviews

A report to the Office for Students by Shift Learning

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Executive summary

Executive summary

Introduction

In 2023, the Office for Students (OfS) published its reforms to regulating equality of opportunity (known hereafter as ‘the reforms’) in English higher education, including access and participation plans (APPs). Shortly afterwards, the OfS invited 34 providers to submit their APP early and take part in a wave 1 reference group. Shift Learning interviewed 33 providers and 18 sector stakeholders (referred to as ‘key informants’) to investigate how the reforms had been understood and acted upon within providers.

This report covers findings from a second phase of interviews on the same topic with a sample of the remaining 180+ providers, known as wave 2. From September 2024 to February 2025, Shift Learning conducted in-depth interviews with those who were overseeing APPs in 46 of the wave 2 providers and 12 key informants to explore the OfS’s key evaluation questions. Interviews were conducted with providers soon after the provider had received the outcome of their plan from the OfS.

This executive summary highlights key findings under each of the core research questions. The full report provides more detailed findings from the interviews. This research constitutes part of a wider evaluation of the reforms by the OfS.¹

Process evaluation questions

What do providers think works well and what could be improved about the overall OfS approach to APPs?

Many providers felt that it was useful to be able to consider their own context in determining which risks were most important for them, such as local needs or the demographic make-up of their surrounding area. This enabled them to focus resources on addressing relevant local risks, while aligning with national risks where possible.

The emphasis on evaluation was also helpful in encouraging providers to consider from the outset how an intervention may have impact and how they can more effectively support their students.

Providers and key informants also hoped that the requirement to include detailed intervention strategies would lead to more positive outcomes. However, although the structured approach was welcomed by some providers, many were concerned that the detailed or prescriptive nature of writing up interventions – and being held to these by their regulator – may limit their ability to respond to changing contexts.

What is the provider perspective on the burden associated with the new approach to APPs?

The majority of participants thought the reforms were worthwhile, feeling that supporting students with access and participation was always worthwhile. However, many providers thought the workload of responding to the reforms was very high. They often referred to it as a ‘burden’, particularly as using a ‘whole provider approach’ in working on their APP meant involving a wide set of stakeholders – ultimately contributing to the difficulty of managing the process and exacerbating challenges around timelines. Many providers thought the burden of responding to regulation could be better managed with longer timelines.

¹ See [Evaluating our approach - Office for Students](#).

What do providers think works well and what could be improved about the Equality of Opportunity Risk Register?

All but one of the providers interviewed said they had used the Equality of Opportunity Risk Register (EORR) in some way when identifying risks to equality of opportunity. It was generally thought of as a useful starting point for identifying risks or as a checklist against which providers mapped indicators of risk that had been identified through their assessment of performance. They felt the EORR supported buy-in across the organisation – the clear framework and shared terminology allowed participants to communicate clearly with stakeholders. It was also helpful in drawing attention to the intersections between groups, and narrowing the focus of attention to certain risks and groups to allow for more targeted interventions.

However, many providers commented that the EORR was too broad or generalist. For example, a few felt that the risks included were quite vague and may apply to almost the entirety of their student population, which would be challenging or time-consuming to unpack. Several were concerned about how to apply the EORR to their own context, and a few providers and key informants felt there were groups or risks missing.

Emerging outcomes evaluation questions

As the recently submitted plans will be implemented in the academic year 2025/26, any impact from changes in planned activity – alongside the reforms' wider impacts across the sector and within providers – are largely yet to be seen. Therefore, this research has considered emerging outcomes and indications of change shared by participants. A more comprehensive understanding of the reforms' impact will be considered in subsequent stages of the OfS's evaluation.

To what extent do providers explore, identify and prioritise their risks to equality of opportunity? How does this reflect a change from their previous approaches and what part did the reforms play in this?

Nearly all providers used the EORR to support exploration and identification of risks. In particular, the EORR helped providers consider risks across the whole student lifecycle, with a few commenting about moving away from focusing on access. Providers also generally indicated that the EORR encouraged them to look at a broader range of evidence – over half reported this – either through reading the attached references to inform each risk and/or encouraging a deeper exploration of internal data. The EORR also encouraged the majority of providers to consider a broader range of student groups, sometimes leading to the discovery of lack of data on certain groups, which the provider sought to augment. As the EORR was introduced as part of the reforms, providers using it to create their plans represents a different approach compared to previous years.

Many providers indicated that the process of preparing their APP was more data-driven than previously. They were looking at different data types and considering data from across the whole lifecycle, rather than solely focusing on access data. The reforms, as well as prior regulation on APPs and the providers' own priorities around using data, encouraged them to take a more data-driven approach.

Many providers indicated that there was more discussion or consultation with staff and students during the identifying and prioritising risks stage than previously, and a few introduced working groups, committees and strategy groups. The reforms were cited as a driver to more discussions.

To what extent have providers chosen to plan different interventions? What has influenced their decisions?

The majority of participants noted a shift in planned activities towards more focused, evidence-based activities aimed at improving outcomes for specific student groups. Some of this was an extension or refinement of old activity, perhaps now realigned with new target areas, but many completely new activities had also been introduced.

Many providers indicated they had introduced completely new activity or extended existing activity around raising attainment to include more or different student groups, or to focus more on specific students, e.g. asylum seekers or those on free school meals. A few providers mentioned new activities around diversifying pathways and flexible provision, including increasing marketing around degree apprenticeships, working to increase the degree apprenticeship offering or creating higher technical qualifications. Several providers indicated they included new activity around mental health, such as new support on transition to higher education (HE), peer mentoring, life coaching, an exercise referral programme and new wellbeing teams at department or academic school-level.

The majority of providers explicitly reported that the reforms had an impact on their planned activities. A few noted that there was an expectation from the OfS that they would include new activities in their plan. However, other drivers were also mentioned, including:

- work that was being done with disability action plans;
- mental health action plans;
- Equality, Diversity and Inclusion (EDI) action plans;
- the OfS's B3 metrics;
- the need to look for new avenues for funding (e.g. apprenticeships, the lifelong loan entitlement); and
- concerns around the financial and reputational implications of not retaining students.

To what extent are plans (a) high quality, (b) credible and (c) ambitious, and to what extent does this reflect a change compared to previous plans?

The majority of providers in wave 2 reported that the quality of their plans had improved. They articulated changes in quality in three ways: they were more focused, more evidence-driven or better structured. A couple of providers also mentioned that they felt more confident in the activities and the delivery of their plans. A few felt the quality had stayed the same compared to the previous plans, while a couple felt it had declined. The majority of providers felt the reforms had a strong impact on the quality of plans – whether positively or negatively.

While we did not ask directly about credibility, a couple of providers also implied that their plans being more evidence-driven made them more credible. Providers did not necessarily use the word 'credible', but a few indicated that taking a more evidence-driven approach made them feel their APP was either better informed or more focused. Many were driven to using more evidence because the reforms and OfS communications emphasised its importance, but several reported that several wider institutional factors were also at play.

Many providers described their plans as more ambitious. They viewed increased ambition in terms of wider institutional changes, senior leader buy-in, and sharing APP work more widely across the provider due to the whole student lifecycle approach. Again, many felt the reforms had driven changes to ambition.

Many providers reported that they were entering new collaborations, particularly regional ones, to support access into higher education and raising attainment. The emphasis on collaboration in the reforms encouraged providers to consider this more seriously – as well as entering new collaborations, many providers were extending their already

existing activity. However, financial constraints were a barrier that limited several providers from entering new collaborations or extending existing ones.

To what extent has there been a change in evaluation culture? What part do the reforms have to play in this?

The majority of participants noted that there had been an increase in awareness of the importance of evaluation in their provider, which led to changes in evaluation practice. The majority also indicated that they had increased evaluation, or had embedded it within access and participation (and occasionally across the provider), as a response to the reforms. Providers also reported increasing their evaluation capacity and expertise to support the increased evaluation activity required for delivering their APP, through upskilling, hiring evaluation specialists or outsourcing. Many providers across all student typologies mentioned that they were going to share best practice from evaluation externally.

While many providers reported that the reforms – alongside the Director for Fair Access and Participation, John Blake, emphasising the importance of evaluation when introducing the reforms – were a driver to changes in evaluation culture, providers also mentioned several other influences. These included prior regulation on APPs; the emphasis of evaluation in the Teaching Excellence Framework (TEF), which had led to financial investment; and cost saving measures.

Are stakeholders engaging with the plans/summaries and holding providers to account?

The majority of key informants were at least somewhat involved in the development of plans. Most were familiar with current plans, having seen either a wave 2 plan in development or published wave 1 plans, and around half were also familiar with past plans. However, a couple of key informants were not involved in plans' development but did have knowledge of the reforms through their work in the sector.

The majority of key informants did not plan to hold providers to account in terms of actioning their APPs. They did not see this as part of their role, nor did they feel that they had the power to do so. In a few cases, they viewed their role as more like a supplier, as the provider paid for their services.

What other factors have influenced providers' response to APPs?

Participants mentioned several other influencing factors throughout the interviews, including prior reforms to regulating equality of opportunity; institutional changes, such as hiring new staff or restructures; and the current higher education financial landscape. Findings have been merged within appropriate sections where they arise.

What barriers to the reforms exist?

Participants discussed a number of barriers to responding to the reforms. Many cited the timelines for APP submission, feeling that the burden of responding to the reforms would be lessened with a longer timeline more aligned to academic working cycles. Many also mentioned as a barrier a lack of available evidence, particularly around specific student groups, activities or stages in the student lifecycle. Many indicated that the current state of institutional finances was a broader barrier to responding to the reforms more generally. In addition, several providers highlighted that lack of evaluation expertise across the provider was a barrier to increased evaluation.

Are there any anticipated unintended/unexpected consequences?

In discussing the impact of the reforms, participants were asked if they foresaw any potential negative outcomes as a result of the reforms. Potential unintended consequences have also been gathered from answers to other questions, often from those about what worked less well, alongside those about the reforms' impact on risk exploration and identification, use of evidence, planned activities, evaluation and collaboration.

Three key areas of unintended consequences were identified:

- a lack of innovation due to a perceived focus on activities with clear evidence of impact,
- providers' preferences for easily evaluated activities, and
- short-termism driven by the need to show impact within three years.

Additionally, a few participants noted that fewer activities in plans could be detrimental in the current financial climate, as activities not included may be more likely to be cut. Several participants also stated there is a risk that increased evaluation efforts might divert resources from actual activities, and the process of creating the APPs itself could distract from implementation.

1. Background, objectives and methodology

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1.1 Background

In 2023, the Office for Students (OfS) introduced reforms to its regulation of equality of opportunity through updated guidance on access and participation plans (APPs), which are strategic documents created by higher education providers to outline measures to address risks to equality of opportunity. This followed consultations with providers in England in October 2022 and led to changes in Regulatory notice 1 (RN1), Regulatory advice 6 (RA6), an update to the access and participation (A&P) dashboards, as well as the introduction of the Equality of Opportunity Risk Register (EORR).²

The key elements of the reforms to regulating equality of opportunity (hereafter known as the reforms) include:

Refocusing what the APPs seek to address

- An expectation for providers to identify underlying risks to equality of opportunity (with regard to the OfS EORR) and for interventions to be focused on tackling these.
- Focusing on national priority areas: working with schools to raise attainment; developing more diverse pathways and flexible provision into and through higher education; and improving student mental health.
- Focusing on increasing the quality and quantity of evaluation, which underpins all key priority areas and reforms.

Restructuring the APP format and content, with the following new requirements

- Including an accessible plan summary.
- Identifying and setting out a provider's risks to equality of opportunity, alongside having regard to the EORR.
- Including intervention strategies that are linked to a provider's objectives and risks to equality of opportunity, setting out the related activities they will deliver, inputs (including overall investment for the intervention strategy), outcomes, an evaluation plan, and any associated targets.
- Introducing a 30-page limit for the length of the APP, not including any of the annexes or the accessible plan summary.

The timing of the publications related to the reforms is as follows:

- RN1 was updated in March 2023.
- RA6 was updated in May 2023, and new annexes published.
- Guidance (RA6 and annexes; RN1) was updated following feedback from wave 1 in December 2023.
- Annexes C and G of RA6 were updated in March 2024 to make it easier for users of these templates to comply with web content accessibility guidelines (WCAG 2.1) in their final published plans.
- Annex B and C of RA6 were updated in February 2025.
- The data dashboard updates are published in July every year.

The research presented here constitutes part of a wider evaluation of the reforms by the OfS and the second phase of work conducted by Shift Learning on behalf the OfS. Previously, we carried out interviews with wave 1 providers – a reference group of 34 providers who submitted their access and participation plans (APPs) in July 2023. Shift

² See OfS: [Regulatory notice 1: Access and participation plan guidance](#); [Regulatory advice 6: How to prepare your access and participation plan - effective practice advice](#); [Access and participation data dashboards](#); [Equality of Opportunity Risk Register](#).

carried out interviews with 33 of these providers in July and August 2023. Shift also conducted 17 interviews with sector stakeholders known as 'key informants'.

In this phase, Shift Learning carried out interviews between September 2024 and February 2025 with 46 of the 180+ providers, who were known as wave 2. These 180+ providers in wave 2 were split into four cohorts, known as 'windows':

- Window 1 submitted in May 2024 and comprised 39 providers.
- Window 2 submitted in July 2024 and comprised 69 providers.
- Window 3 submitted in October 2024 and comprised 73 providers.
- A 'Window 4' containing plans submitted outside of the three main windows, comprising 8 providers.

The 46 interviewed providers across the three of the four windows were invited to interview after they received an approval outcome on their APP submissions from the OfS. The provider sample was designed to ensure representation from each student typology and to be broadly representative of the number of students that fit into each student typology. For example, more high tariff providers were interviewed than small and specialist providers.

12 interviews were conducted with key informants from wider sector organisations. The OfS conducted a mapping exercise in phase 1 of the research to identify organisations to invite to interview. In phase 2, 8 key informants returned and were interviewed for a second time and 4 key informants were interviewed for the first time.

Further details on the profile of participants can be found [in section 1.4](#).

1.2 Research objectives

Interviews with providers and key informants sought to uncover how providers responded to the reforms.

The reforms' impacts are still emerging. As the recently submitted plans will be implemented in the academic year 2025/26, any impact from changes in planned activity – alongside the reforms' wider impacts across the sector and within providers – are largely yet to be seen. Therefore, this research has considered emerging outcomes and indications of change shared by participants. A more comprehensive understanding of the reforms' impact will be considered in subsequent stages of the OfS's evaluation.

Evaluation questions covered in this report:

1. Process-related evaluation questions

- a. What do providers think works well and what could be improved about the overall OfS approach to APPs?
- b. What do providers think works well and what could be improved about the EORR?
- c. What is the provider perspective on the burden associated with the new approach to APPs?

2. Emerging outcomes evaluation questions

- a. To what extent do providers explore, identify and prioritise their risks to equality of opportunity? How does this reflect a change from their previous approaches and what part did the reforms play in this?
- b. To what extent have providers chosen to plan different interventions? What has influenced their decisions?
- c. To what extent are plans (a) high quality, (b) credible and (c) ambitious, and to what extent does this reflect a change compared to previous plans?
- d. To what extent has there been a change in evaluation culture? What part do the reforms have to play in this?
- e. What other factors have influenced providers' responses to APPs? What barriers to the reforms exist?

- f. Do stakeholders anticipate any unintended consequences of the reforms?
- g. Are stakeholders engaging with the plans/summaries and holding providers to account?

1.3 Methodology

1.3.1 Our approach

Shift Learning was commissioned to undertake this research. Interviews took place between September 2024 and February 2025. Overall, Shift conducted 58 qualitative interviews with providers and key informants. The project comprised the following stages:

Re-scoping

- Purpose:** To establish a solid foundation to continue research and to ensure that the research design and objectives are aligned.
- Method:** A meeting to discuss the research's focus, desired sample breakdown, and the recruitment plan, alongside a review of any amended documents (e.g. the interview guide) and additional resources such as the overarching theory of change.

Provider interviews

- Purpose:** To capture insight and exploratory information from a sample of providers, by interviewing individuals who engaged with the reforms and took an active role in their institution's APP. This included any barriers or challenges they faced, their attitudes and changes to planned activities, and exploring to what extent OfS regulation contributed to these.
- Method:** 46 semi-structured interviews with wave 2 providers, lasting up to 75 minutes each. Interviewees were involved in submitting the provider's APP, and had worked on or were very familiar with the previous APP, including those in A&P roles, senior leadership roles or strategy roles. Interviews took place after the OfS shared the outcome of the APPs with the providers.

Key informant interviews

- **Purpose:** To capture the perspective of external stakeholders who are connected to the sector and who may have informed opinions on the changes in providers' behaviour and thinking around APPs, creating additional context for the provider interviews.
- **Method:** 12 semi-structured interviews, lasting up to one hour each, with key informants from across the higher education sector. One interview was conducted with two representatives present. Key informants came from organisations which included student-focused groups, charities, mission or university partnership groups, and evaluation and evidence organisations.

Analysis and reporting

- **Purpose:** To analyse and connect the findings with the established research questions.
- **Method:** Interview data was analysed using an agreed-upon thematic coding framework. After 24 provider interviews, an interim presentation was created to provide the OfS with an update on the research and emerging findings. In addition, analysis was undertaken continuously throughout fieldwork, which informed later stages of thematic coding and analysis. This was done to provide opportunities to explore and relay emerging themes. The findings were used to design a report plan, concluding with the full report.

1.3.1 Protecting participant anonymity

The OfS invited providers to fill in an expression of interest form. Shift selected providers to take part in a way that gave a fair representation of the sector from those who submitted this form. The OfS is unaware of the providers that agreed to take part. The OfS is aware of the key informants who contributed to the research, since some participated in wave 1 and some were personally sent invitations by the regulator.

To promote a safe space for candid dialogue in interviews, all participants were given an option to remain anonymous. We have anonymised interview findings by removing personal names, provider names and any other identifying information from transcripts. The OfS has not been given access to either the interview recordings or transcripts.

Participants were also offered the opportunity to review and remove elements of the transcript that were particularly sensitive. This final report contains an analysis of aggregated findings and short, anonymised quotations from interviews. Quote attributions have been confined to either type of provider based on student typology (e.g. 'high tariff provider') or 'key informant' for sector stakeholders, so participant anonymity is not compromised. Attention has been given to selecting quotes which do not include identifying information.

1.3.2 Limitations of the research approach

Where possible, the report provides an indication of how widely shared the views expressed were – for example, whether by 'a few' or 'a majority' of participants. This is to give an indication of the strength of feeling behind the opinions shared, rather than to quantify responses. Our method of indicating the frequency of responses from providers and key informants is as follows:

- 'A couple' – stated by two participants.
- 'A few' and 'a small number' – stated by three to six participants.
- 'Several' – stated by seven to 10 participants.
- 'Many' – stated by 11 or more participants but less than half of all participants.

- ‘Majority’ – stated by half or more of the participants. This means it was mentioned by 23+ providers or 29+ of all participants.

Given the qualitative methodology used in this research, and the semi-structured nature of the interviews, the questions and themes explored varied. Therefore, the number of participants addressing a specific topic should not be interpreted as representative of all providers in wave 2 or the wider sector. Findings are based on direct participant input and contextual insights triangulated during analysis. As a result, even views expressed by a small number of participants may reflect broader attitudes within the provider community and the sector overall.

In most cases, we recruited representatives from providers who had worked on the previous APP. However, this was not always possible, potentially due to staff turnover or because their role did not previously support in preparing the APP but now does. We only spoke to those who reported that they were extremely or somewhat familiar with their provider’s previous APP. Participants in these roles were able to provide useful insights.

Furthermore, the methodology relies on self-reporting, meaning any findings are limited by what participants felt comfortable sharing. The OfS’s regulatory role may have affected a provider’s readiness to engage openly. Additionally, there may be differences in participants’ definitions or familiarity with given terms. The analysis in this report depends on contextual cues in interpreting how participants used specific terms (e.g. ‘gaps’ or ‘risks’) throughout interviews. Interviewers attempted to clarify ambiguous terminology when possible, but time limitations sometimes restricted this process. As a result, some variation may exist between the findings presented and the meanings intended by participants.

1.4 Profile of participants

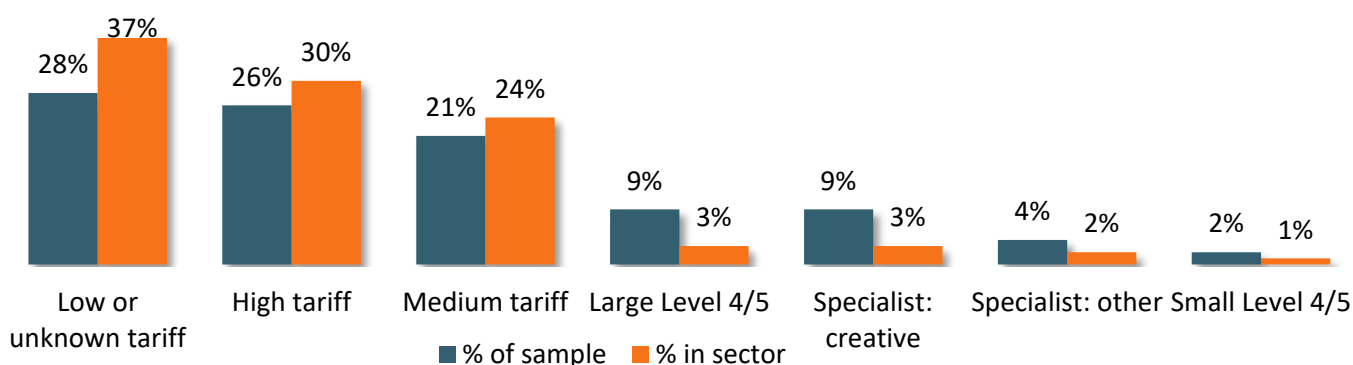
Providers by student typology

The provider sample was designed to broadly map against the wider sector student typology proportions. Student typologies that represent a smaller percentage of the sector were overrepresented in the sample to speak to more than one participant where possible.

Figure 1: The number of providers interviewed organised by student typology (base n = 46)

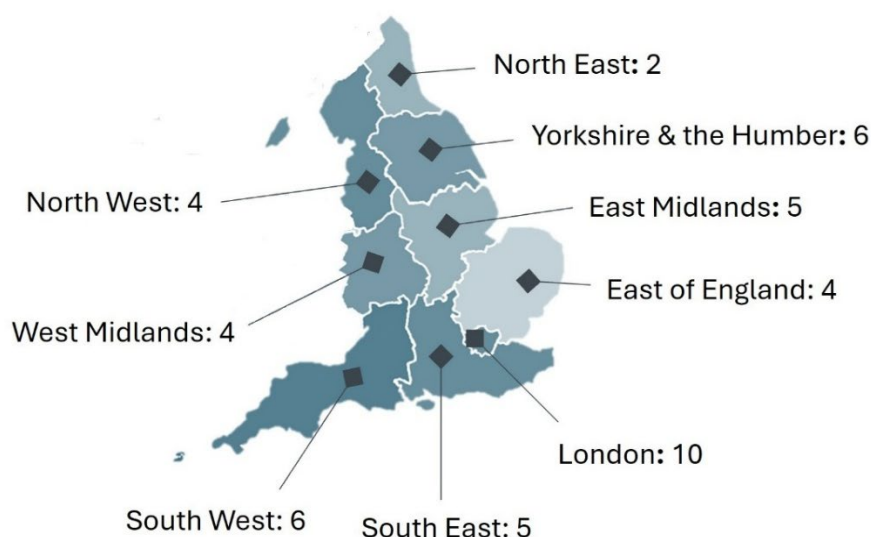
Student typology	# in sample
Low or unknown	13
High tariff	12
Medium tariff	10
Large level 4/5	4
Specialist: Creative	4
Specialist: Other	2
Small level 4/5	1

Figure 2: The percentage of providers in the sample by student typology compared to the percentage of providers in the sector by student typology (base n = 46)



Providers by region

Figure 3: The number of providers interviewed organised by geographical region (base n = 46)



Level of responsibility of the preparation and submission of their provider's APP

Participants could indicate more than one level of responsibility.

Institutional oversight	I lead on the APP preparation	I input into the APP preparation
24	19	3

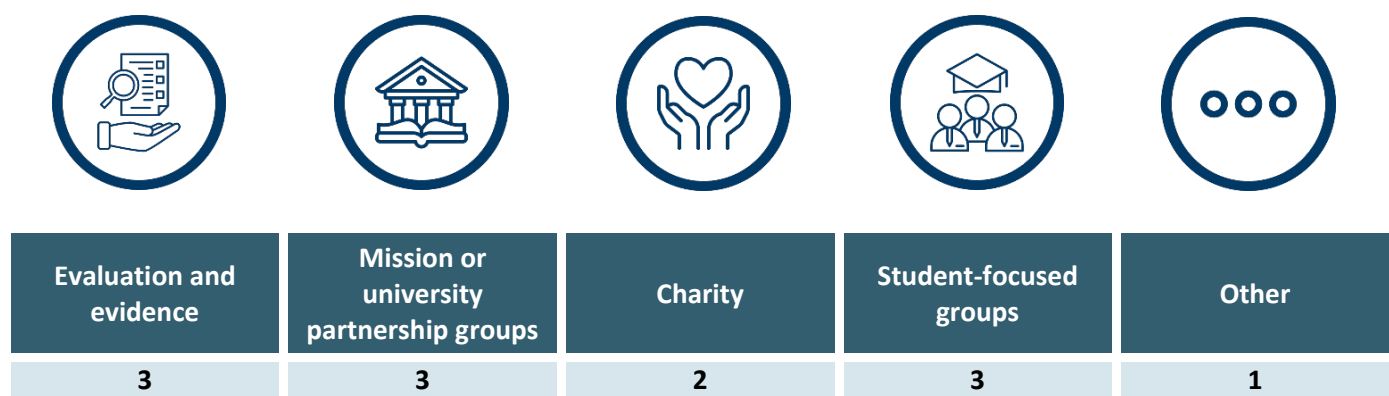
Participants by years' experience in planning access and participation work

Participants were asked a question about their experience in access and participation work if they indicated they had not previously worked on an APP at their provider. They were all somewhat or extremely familiar with their provider's previous plans.

Not involved in A&P before this	Less than one year	2-4 years	More than 5 years
3	1	7	9

Key informants by organisation type

Base n = 12.



2. Process evaluation

2. Process evaluation

2.1 Overall approach to APPs

This section addresses the evaluation question on what providers and key informants think works well about the overall OfS approach to APPs and what could be improved. By overall approach, we are referring to the focus on risks to equality of opportunity, the emphasis on intervention strategies and evaluation, the use of templates and the introduction of the EORR. Unlike in the [wave 1 research](#), we did not explicitly gather data on the guidance, tools and activities employed in the delivery of the approach because there was less scope for changes in these areas. Where these are referenced in the report, they were mentioned unprompted by participants.

As in the wave 1 research, providers were largely positive about the reforms. Many in wave 2 broadly felt the reforms were worthwhile, despite the workload involved in responding to the regulation. However, they did have some concerns, such as the approach's prescriptive nature, and that [proposed](#) changes to equality of opportunity policy will mean they may have to update their activities.

2.1.1 What worked well

Many providers felt it was useful that they could consider their own context in determining which risks were most important for them, such as local needs or the demographic make-up of their surrounding area. This meant focusing resources on addressing relevant local risks, while aligning where possible with national risks. A few providers told us they felt the OfS was considering provider context, such as size and resource capacity, when assessing plans. For example, staff at one specialist creative provider faced challenges around embedding evaluation into some of their interventions, but felt their efforts to evaluate and monitor impact as best as they could had still been well received by the OfS:

"In some places it's possible to evaluate if you have the right staff in place, in others the best thing you can do is continue to monitor and that's all the evaluation you can be doing. I think that's one of the ways in which the OfS's approach has been better this time around in understanding the context of different sized institutions, differently resourced institutions."

Specialist: creative provider

Many providers also felt that the APP template was more structured now, which allowed them to write in a more focused manner. When commenting on quality (further detail on the quality of plans can be found [in section 3.8](#)), a few providers told us they felt their previous APPs were too vague. A small number specifically noted the OfS's guidance on the approach to take was clearer, facilitating this change.

A small number of providers and key informants said the inclusion and articulation of intervention strategies in the new approach worked well. Some of these mentioned that being asked to design and explain their strategies in detail led to clearer interventions, which they hoped would lead to more positive outcomes.

Several participants were positive about the emphasis on evaluation following the reforms to APP. Embedding evaluation allowed these providers to consider from the outset how an intervention may have impact and how they can more effectively support their students. For a few providers, positive comments about evaluation were coupled with positive comments about an increased focus on detailing activities and interventions in their APPs. A small number also noted that the language of evaluation and impact was helpful when communicating the importance of accessing funds for interventions to senior leaders, because it enabled those working in access and participation work to 'ringfence' funds to avoid other departments using them.

A couple of providers also reported that the OfS webinars were helpful in understanding the guidance.

2.1.2 What worked less well

While the overall sentiment was positive, several providers within wave 2 did identify areas of the approach they felt worked less well.

Although they welcomed the plan's structured approach, many providers felt they had to be extremely specific and descriptive when writing up their 'interventions'. Many of these providers were concerned that the detailed or prescriptive nature of writing up interventions – and being held to these by their regulator – may limit their ability to respond to changing contexts. They were concerned about the time and resources involved in needing to submit a variation request if parts of their actions or interventions had to change ad hoc. They noted that this may have contributed to some activity being excluded from the plan:

"The way we had to write them this time round was very structured and very formal, so at points I thought I can't put that in because it doesn't fit within the way it's meant to be written and I can't get a tangible output for that, or I can't get a cost for that, and they're asking for costs."

Low or unknown tariff provider

Several providers told us they wanted more support from the OfS to help navigate the changes in approach. The complexity of these changes, especially around the development of evaluation skills, was felt to be particularly challenging. Details on further support providers wanted to see from the OfS can be found below [in section 2.2.2](#).

2.2 Perceptions of burden

2.2.1 Providers' views on workload and burden

As in the wave 1 research, the majority of participants felt the reforms to APP were worthwhile. For a few, this was because supporting students with access and participation work, and any improvements or additional work involved in this process, was always felt to be worthwhile. Several felt the regulatory nature of the APP submissions meant the burden associated with responding to the reforms was simply part of their role.

Nevertheless, many providers thought the workload of responding to the reforms was very high, often referring to it as a 'burden', particularly as using a 'whole provider approach' in working on their APP meant involving a wide set of stakeholders – ultimately contributing to the burden of managing the process and exacerbating challenges around timelines. Indeed, many providers thought the burden of responding to the regulation could be better managed with longer timelines. One provider indicated their concern that if the planning and reading of the APP took too much work, its implementation could be impacted.

"And I've always emphasised to colleagues, the access and participation plan isn't the work, it's understanding how we do the work. So, if it becomes too burdensome, it detracts momentum of that next phase of actually implementing and evaluating the impact."

Medium tariff provider

Several participants from smaller and specialist providers noted that they were often the only person involved in analysing data, organising sessions with internal stakeholders or students, driving interest and writing their APP submission, which was felt to be very burdensome.

As discussed [in section 3.7 on the practice of evaluation](#), several participants were concerned that the emphasis on evaluation, including the design of evaluations and creation of theories of change, presented providers with challenges, created a higher workload, and could be pulling resources away from delivering the actual intervention strategies themselves. These comments came from providers across all typologies and was also something key informants were particularly concerned about.

2.2.2 Ways the OfS could support providers

A few providers felt that although there was a burden involved in responding to the reforms, this was simply something for them to manage internally as it fell within their responsibilities. These providers tended to have lower expectations about the amount of support they wanted to see from the OfS overall. However, the majority of providers and a few key informants thought the OfS could be doing more to support them in writing their APPs.

Comments and suggestions on how the OfS could support providers included:

- Many providers suggested that longer lead-in and overall longer timelines for development would reduce the burden of responding to the reforms.
- Several suggested that the OfS should provide more consistent communication around priorities and the details of what needs to be included in the plan. Of these providers, some held a perception that the OfS's Director for Fair Access and Participation gave seemingly contradictory advice, when they had heard him speak in webinars they had attended. These webinars were described as 'paid-for' and thus run by external organisations and not the OfS.
- Several providers also felt that the guidance was very long. They suggested publishing shorter, more concise guidance.
- Several suggested other changes to OfS communications – comments here were often around the length of time it took for guidance or updates to be published, or response times for specific questions or requests in the run up to each wave.
- A small number of providers wanted the OfS to directly organise or publicise support networks. They felt those they had access to were useful, but they had to seek them out.
- A small number wanted a dedicated contact at the OfS who could answer their questions.

While a few providers felt the OfS webinars were very helpful, a small number thought the timing of support or training was not always delivered in time to have a positive impact on the skills or understanding gap in the sector. In a couple of cases, providers were referring not to OfS support, but to that offered by other sector organisations. For example, one provider mentioned TASO delivering quasi-experimental methods training to support with evaluation in May – which was too late for providers to have enough time to include this into their plans submitted in July.

Although the OfS encouraged providers to consider their initial plan submission a final version this time around, a few expressed a desire for greater feedback on their plans. They thought this was very important for wider sector development.

Key informants' suggestions for how the OfS could better support providers tended to be fairly high level. For example, one key informant was concerned there was still a limited degree of involvement among more senior university staff, and felt the OfS could be doing more to target guidance to senior staff and ensure their strategic engagement and commitment to plans. This key informant felt this would ultimately reduce the burden on wider staff.

Another key informant thought it would be desirable for the OfS to fund one person, or dedicate part of an individual's time, to specifically support providers with evaluation.

“I mean, this would never happen. But if the OfS could fund a person in every university to do this, then I think a lot of the problems would be made easier. I think it does come down to staff capacity.”

Key informant

While recognising that this was unlikely to be feasible, they felt that this was the scale of support that was needed, to help smaller providers in particular. Another key informant suggested that TASO needed to secure more funding to expand its activities in better upskilling the sector around evaluation.

Several providers told us their key concern about the burden was the possibility of regulation changing again in the future. This caused issues around current and future resourcing, knowing where to focus their attention, and made it hard to spend time investing in actions, interventions or collaborations that may need to change again. All provider types were represented here, suggesting this concern may not just be limited to smaller, resource-poorer institutions.

2.3 Use of the Equality of Opportunity Risk Register (EORR)

2.3.1 What worked well

All but one of our providers said they had used the EORR in some way when identifying risks to equality of opportunity.

Around half of the providers (across all provider types) saw the EORR as a checklist against which they mapped indications of risk identified through their assessment of performance. The other half felt the EORR was a ‘useful starting point’. This was common across a range of provider types, representing all student typologies. A few providers were using the EORR as both a starting point and a checklist, particularly those in further education colleges with large level 4/5 provision.

Many providers noted that the EORR supported with buy-in across the organisation – the clear framework and shared terminology allowed participants to communicate clearly with stakeholders. This was often linked to wider comments on the language of risks to equality of opportunity: several providers and key informants specifically noted that having a shared language within the sector helped support conversations about access and participation.

A small number of providers and one key informant felt the EORR was specifically valuable in drawing attention to intersections between groups. For example, one provider noted that there were crossovers between students requiring mental health, finance and academic support, and felt that targeting interventions in one area could also more broadly support in addressing other risks.

“It worked well as a framework for looking at solutions and also being able to communicate with others when we were consulting, so it gave a neat framework for that about, do you feel these risks apply, and how much, and what else is a risk that hasn’t been identified there that we need to be addressing?”

High tariff provider

Several providers reported that the EORR helped focus their attention and activities. A few of these felt it helped narrow their focus to interventions for specific groups. Another said the whole assessment of performance was incredibly wide and thought the EORR helped them adopt a more targeted approach.

Aside from comments on language and shared terminology, key informants were often unable to comment on what they or providers felt worked well about the EORR.

2.3.2 What worked less well

Many providers commented that the EORR was too broad or generalist. For example, a few felt that the risks in the EORR were quite vague and may apply to almost the entirety of their student population, which would be challenging or time-consuming to unpack. One provider wanted to better understand how the risks themselves were identified. This provider may not have been aware of all the available information, as there were a few positive comments around the extent of the guidance and supporting documents. Another provider felt the EORR was summarising what the sector was already aware of and simply couching these risks in different language.

A small number of providers felt the EORR may be particularly valuable to those newer to access and participation regulation but was of less use to more established practitioners. The one participant who claimed not to have used the EORR did try to use it but found that it made the process more ‘complex’ and ‘impenetrable’, preferring to fall back on their long experience in the role.

Several providers were concerned about how to apply the EORR to their context. In a few cases, this was due to a misconception around its use: for example, a small number specifically mentioned that some of the risks or groups were not relevant to their provider. This misconception meant they were concerned that they needed to fit the risks they previously identified against what is included in the EORR to increase the chances of their plan being accepted but preferred to be led by their own data.

“It [the EORR] pinned us down to some [student groups] as well. If you look at the APP, it is partly a compliance piece and for that reason you do try to second guess and focus on what the OfS want you to focus on.”

High tariff provider

A few providers and key informants felt there were groups missing from the EORR, while a few others felt there were risks missing. Missing risks tended to be associated with how broad socioeconomic risks were measured, including wider socioeconomic class factors that Indices of Multiple Deprivation (IMD) may not entirely cover. They also commented that ‘sense of belonging’ could perhaps be included as its own risk, rather than threaded through as it is currently. Participants also desired more granularity in traveller community groups, Latinx community groups and LGBTQ+ students.

More specific comments on the EORR often fitted into wider comments on the approach – for example, concerns around the potential for inconsistency in interpretation (as participants anticipated some providers drawing solely from the EORR and others generating their own risks), leading to challenges in comparison across the sector.

3. Emerging outcomes evaluation

3. Emerging outcomes evaluation

3.1 Exploring and identifying risks to equality of opportunity

This section reports on changes providers have made in their approach to deciding what risks were included in their APPs. All providers were able to describe their process for identifying risks, but not all were able to report differences in their approach, as they had not worked on the previous iteration of the APP. Key informants were less aware of the detail of how providers explored and identified risks, but a few were able to offer insight into how providers were using internal discussions and what they described as ‘consultations’ as a means to explore and identify risk, reported below.

3.1.1 Current approaches to exploring and identifying risks to equality of opportunity

As in the wave 1 research, participants mentioned three key ways they identified risks to equality of opportunity.

Internal data	External data	Internal discussions and consultations
•The majority of providers used internal data. This often complemented the A&P dashboards – it provided more granularity and was compiled more recently. Internal data also offered alternative sources of evidence, for example: •Evaluation data from current interventions. •Regression analysis on degree outcomes. •Admissions data. •Module progress and virtual learning environment (VLE) access data.	•The majority were using external data. This formed part of the assessment of performance process, which was used to uncover indicators of risk, usually – to use the providers’ words – as ‘gaps in the data’. •Key sources were A&P dashboards and UCAS data. •However, a few of the small and specialist providers found the A&P dashboards less useful as their data was often repressed for groups where the numbers were low, so they used internal data instead.	•The majority reported that they conducted internal discussions and consultations, either with staff or students, or both. •Half of the providers across all types stated that they consulted with students, asking them unprompted what risks they felt most impacted students at the provider, or asking them to consider the risks the OfS identified in the EORR and the extent to which they resonated.

In addition, the majority used the recently introduced EORR, as described in the next section.

3.1.2 Changes to approaches to exploring and identifying risks to equality of opportunity

Four key areas of change were identified:



Using the EORR to identify risks to equality of opportunity

As the EORR was introduced as part of the reforms, providers using it to create their plans represents a different approach compared to previous years. Previously, work around exploring and identifying risks was more focused on ‘closing gaps’. The majority of providers mentioned that they had used the EORR in some capacity in identifying risks. However, as mentioned earlier in the process section, there was an almost even split in the sample between those

who mapped findings from their data analysis onto the EORR and those who used the EORR as a starting point for identifying risks.

The majority of providers felt that the EORR encouraged looking across the whole lifecycle and helped move away from focusing purely on access. However, a small number, across all provider typologies, indicated that they had already embedded looking across the whole lifecycle in their process and the EORR was not a driver for doing so.

Providers also generally indicated that the EORR encouraged them to look at a broader range of evidence – over half reported this. As well as helping generate evidence from staff and student discussions, a couple of providers commented that the attached references given as evidence used to inform each risk were useful, while a few others felt it encouraged looking more deeply into internal data. However, a few did not feel that the EORR encouraged them to consider a broader range of evidence, stating other factors had influenced this, such as previous iterations of the APP, pre-defined internal processes and access targets being less of a focus because they perform well nationally when looking at key target groups in access.

There was a more mixed response to whether providers felt the EORR encouraged them to consider a broader range of student groups – the majority agreed but several did not. The providers who felt that it did encourage them reported that they were now considering student groups such as those given below, with each example mentioned by one or two participants, with the exception of Gypsy, Roma, traveller, boater and showmen communities, who were mentioned specifically by several.

- Students from Gypsy, Roma, traveller, boater and showmen communities.
- Commuter students.
- Care leavers and care experienced students.
- Students from military families.
- Mature students.
- Students who are prisoners.

In most cases, the impact of considering these student groups was not mentioned. However, a few providers reported that looking at more groups drew attention to their lack of data on these, which they sought to augment. A couple of providers also mentioned seeking collaborations to support certain groups, e.g. for students who are prisoners, but not necessarily within this current APP.

On the other hand, those who did not feel the EORR encouraged them to consider a broader range of student groups often pointed to their internal data as the driver to identifying at-risk groups.

Increased use of data to identify indicators of risk and risks to equality of opportunity

Many providers indicated that the process of preparing their APP was more data-driven than previously. They were looking at different data types and considering data from across the whole lifecycle rather than solely focusing on access data.

Increased use of internal discussions and consultations to identify risks to equality of opportunity

Many providers indicated that there was more discussion or consultation with staff and students during the identifying and prioritising risks stage than previously, and a few explicitly mentioned conducting consultations or introducing working groups, committees and strategy groups.

During this round of APP preparation, consultation appeared to be embedded in providers' processes of identifying and prioritising risks to equality of opportunity. Providers used discussions in a variety of ways and at various points, such as early discussions with internal teams about the extent to which risks on the EORR were relevant to them.

Changes to the language used in exploring and identifying risks to equality of opportunity

The majority of providers were using the language of ‘addressing underlying barriers / risks’ rather than of ‘reducing gaps’ when discussing these issues. However, this was still not the case for many participants. For many of these, this occurred in the context of discussing data specifically – for example, talking about an ‘attainment gap’ in their internal data. In several cases, participants used both the language of addressing underlying barriers / risks and the language of ‘identifying or reducing gaps’, indicating perhaps a partial shift in thinking.

Where providers were talking about identifying or reducing gaps, they were asked what they saw as the difference between these two approaches. The majority saw these concepts as strongly linked, with gaps described as the outcome of risks, which were considered to be the underlying factors.

“I think I’d use those words relatively interchangeably because the gap indicates a risk.”

Small level 4/5 provider

In several cases, providers indicated that although they had tried to move away from the language of ‘reducing gaps’, this had been hard for them to fully grasp or for them to communicate internally. One described the movement toward the language of risks as ‘wordy for the sake of being wordy’, while others described it as ‘tricky’ or ‘confusing’.

3.1.4 Drivers to changes to approaches to exploring and identifying risks

The majority of providers indicated that the reforms had impacted their approach to exploring and identifying risk. As discussed above, the main area in which this was apparent was in the introduction and uptake of the EORR.

In addition, a few providers reported specifically that the reforms had influenced them to consult with staff and students more while identifying risks.

“We did much more student engagement [around identifying risks]. We’d done an okay job previously, but we did a bit more this time around, and that partly was because the OfS are clear on the importance of that as well.”

High tariff provider

Providers taking a more data-driven approach was an impact not only of the reforms – because the guidance encouraged usage of the A&P dashboards and completing an assessment of performance – but other influencing factors.

“I would say that this is a more evidence-informed approach to our plans than what we’ve seen previously. Just based [on] the regulatory guidance, you know, it’s pushed us in that direction. I think naturally, as an institution we would have done some of that reflection work, but through the risk register, it really has prompted those particular deep dives.”

Low or unknown tariff provider

More detailed coverage of this area is covered [in section 3.6 of this report](#) on the impact of the reforms on approaches to using evidence.

3.2 Prioritising risks to equality of opportunity

3.2.1 Approaches to prioritising risks

Providers often needed to prioritise risks to decide which to tackle, as there were often a large number identified but only limited capacity to address them.

The majority reported that they held discussions with senior leaders and colleagues across the provider to facilitate prioritisation. Within these discussions, many providers considered what the data indicated were the 'largest gaps', a term participants often used. Several explicitly reported looking at the most statistically significant differences in outcomes, particularly if a percentage difference looked large despite a small number of students affected. Many also considered the overall number of students who would be impacted by a risk – they mentioned prioritising risks that affected a large proportion of their students to ensure coverage. However, smaller, more specific target groups (such as care experienced students) were also considered, even though their numbers at a specific provider were small.

Many providers took into account their finite financial and staff resources when prioritising risks, considering whether they would be able to make a sufficient impact on the identified risks. Many also took into account the potential impact on an area of risk that they could have as a single provider – especially when risks were seen as deep and systemic. For this reason, many of these providers decided to focus on fewer targets but to address them more thoroughly. Relatedly, others moderated the language around their aims – for example, one small provider reported steering away from the language of 'eradicating gaps' in their previous APP to considering what they can realistically achieve.

For the most part, prioritisation necessitated not including all risks in the plan. The majority of providers were keen to report that all identified risks were generally covered because:

- There was work planned outside that reported in the APP (see [section 3.3 on planned activities](#), below), e.g. activities which might sit under other frameworks, such as the University Mental Health Charter.
- There was significant overlap between at-risk student groups, e.g. between those in IMD1 and students belonging to particular ethnic groups.

Many providers indicated that risks that were not included in the APP were still earmarked for internal monitoring.

The OfS does not give guidance on how to prioritise risks. Therefore, we did not ask questions specifically about the reforms' contributions to provider approaches in this area, nor did we ask about how approaches had changed. However, a few providers did say that their approach had changed subsequently. One stated that OfS communications on focus areas and the reforms enabled them to look at their data through a 'different lens', encouraging them to be more methodical. Another noted they were less 'scattergun' in their approach, having started to prioritise students by considering both large, broad-based groups – with small differences in outcomes – and narrower, more precise groups where the impact of interventions might be higher. In this case, the driver for this change was a desire to 'streamline' provider activities, rather than regulatory reform.

3.3 Planned intervention activities

Providers reported there was a range of intervention activities included in their plans. Indeed, in many cases they indicated that there was not time in the interviews to discuss the extent of these activities, or even sometimes to fully talk through just the new activities they had introduced.

3.3.1 Current planned activities in focus areas

Following the reforms, focus areas around raising attainment, diverse pathways and flexible provision, and mental health, were identified by the OfS in the guidance for providers. We asked specifically about activities in these areas in the interviews.

Overall, the majority of participants noted a shift in planned activities towards more focused, evidence-based interventions aimed at improving outcomes for specific student groups – such as care-experienced, disabled students or Gypsy, Roma and Traveller communities – and/or an emphasis on evaluation and measurable impact. As in the wave 1 research, some of this was an extension or refinement of old activity, perhaps now realigned with new target areas, but many completely new activities had also been introduced. Specific changes in key focus areas are discussed below.

Raising attainment	
Overview	The majority of providers included at least some activities around raising attainment. However, several told us they did not include activity related to raising attainment, as they felt they did not have any issues around access.
Changes to planned activities	Many providers mentioned they had introduced completely new activity or extended existing activity here, to include more or different student groups or to focus more on specific student groups, e.g. asylum seekers or those on free school meals. Extensions to activities included: expanding A Level revision tutoring schemes to include more students and additional areas of the country; extending access programme activities, e.g. summer schools; and moving access programmes away from subject insight or tutoring, towards developing event-based or residential programmes to support with social capital. Several providers mentioned deepening relationships with schools to better understand challenges in raising attainment. However, one key informant specifically stated they did not feel there was a sufficiently strong relationship between providers and schools – multi-academy trusts (MATs) specifically. Many initiatives were delivered in collaboration with other providers via the Uni Connect programme.³

Diverse pathways and provision	
Overview	Many providers specifically stated they had not included activity or targets related to diverse pathways and provision. In a few cases, this was because it was already such a core part of the provider's way of operating that it was not seen as an activity in itself.
Changes to planned activities	The majority of providers did not include any new diverse pathways and provision activity at all, often suggesting this was because it would involve changing the structure or profile of the university's current offering – perhaps bringing it into competition with other local providers. This

³ For more information, see [Uni Connect - Office for Students](#).

would constitute a more fundamental change than they would be able to implement in their role.

However, a few providers mentioned new activities, including increasing marketing around degree apprenticeships, and working to increase the degree apprenticeship offering or creating higher technical qualifications. A few were also looking to change their mode of delivery to include greater use of flipped classrooms and part-time learning.

Mental health

Overview

A large majority of providers included activities around mental health in their plans. The majority were either signed up to or working towards the University Mental Health Charter, which is less targeted and has broader goals and aims.

Changes to planned activities

Several providers indicated they had introduced new activity in this area. This included: new support around the transition to higher education; peer mentoring; life coaching; exercise referral programmes; new wellbeing teams at department or academic school-level; offering students access to a mental health app; providing 24/7 access to mental health support; and expanding CPD for front-line staff dealing with students, and for educational partners. A few providers indicated that the activity here may not necessarily be new, but moving it under the purview of the plan – and it being formalised and evaluated – was.

A few providers mentioned that activities included in their APP are a small part of their overall current inclusivity work, reporting that additional work may sit under other frameworks, e.g. the University Mental Health Charter. Alongside this, many mentioned aiming to improve success across all current students at their provider. This meant they designed activities that were open to all, not only targeted students, which therefore may not be considered as intervention strategies. These included changes to approaches in areas that were identified as causing students anxiety, e.g. assessment and transition. It was unclear from participant responses whether these activities were designed to support general student wellbeing or to specifically support students with declared mental health conditions.

A few participants mentioned that they were reluctant to set targets in some of these areas. In the case of raising attainment, a few indicated that this was because the impact of activities was too difficult to evaluate:

“Well, we couldn’t include everything, and some things, because they’re very complex, they have so many facets that they couldn’t be evaluated easily, so they didn’t make the cut.”

High tariff provider

One provider noted that there was more institutional risk in committing to activities about which they would then be required to publish an evaluation, which might fail to show proven impact, leading to a requirement for them to obtain a sign-off for inclusion of activities at a higher level of seniority than previously. However, they went on to explain that the OfS guidance supported them in engaging in discussions with senior leaders about what they were being asked to commit to and deliver.

One key informant was concerned that providers do not need to include all their activity in their APP. They felt that this might affect access and participation teams securing funding and that it did not give the OfS a clear picture of all activity in the sector. This echoed the responses of some providers in our wave 1 research.

Similarly, several providers noted that, while they may have activity related to diversifying pathways, which may have been referenced broadly in their plans, they did not include specific targets related to this activity. This was often because the conversations were still too early to specify targets at this stage. Others may have included some reference to activity in their plans but no concrete interventions or targets. These providers discussed the wider use of collaboration in this area, which they felt made it harder to create realistic targets.

"I think for us it has been more about kind of exploring how we can work with others rather than necessarily offer a new course here at the university... it's how we work in partnership and collaboration rather than introducing a new two-year degree."

High tariff providers

In the case of mental health, a few felt that creating these might not be in the interests of students:

"I don't necessarily agree that it's appropriate to like build targets in around mental health or to make it statistical because I think if, if a student is experiencing poor mental health and feels that they need to withdraw from university, they shouldn't be discouraged from doing that if that's what's in their best interests because of what's in an APP."

Specialist creative provider

3.3.2 Drivers to changes to planned activities

Overall, the majority of providers indicated explicitly that the reforms had an impact on their planned activities through the extensions to existing programmes and introduction of new activities described above. A few providers indicated that there was an expectation from the OfS that they would include new activities in their plan. However, other drivers were also mentioned, both internal and external, including work that was being done with disability action plans, mental health action plans, Equality, Diversity and Inclusion (EDI) action plans, the OfS's B3 metrics, the need to look for new avenues for funding (e.g. apprenticeships, the lifelong loan entitlement) and concerns around the financial and reputational implications of not retaining students. Each of these drivers was mentioned explicitly by one or two participants.

Raising attainment

When mentioned, the most commonly cited driver for changes to activity around raising attainment were the reforms. However, these were often combined with other factors, including those linked to recruitment:

"Two reasons [for the focus on raising attainment]. One is that obviously John Blake, prior to the onset of this one, did say that he wanted us to all put in a variation to focus on attainment and GCSE attainment. So that was one driver. The other driver is that we have analysed our data... we have requirements for GCSE grades [and we recognised that] even if we were helping attainment increase at A Level... they didn't have the right GCSEs, so the barriers were there."

Specialist: other provider

Diverse pathways and flexible provision

Changes to diverse pathways and flexible provision appeared less likely to be influenced by the reforms, not least because responsibility here was often held at a more strategic level. One key informant noted that the sector more broadly is moving towards greater consideration for flexible pathways due to funding changes:

“We’re having a whole sector conversation about the lifelong learning entitlement and so that is sparking discussions about step-on, step-off points.”

Key informant

Similarly, this key informant mentioned that apprenticeships were often seen as an opportunity for increasing recruitment. This aligned with comments from some providers, who noted activities in and conversations around diversifying pathways were ongoing, extending work that may have been included in previous access and participation plans.

Mental health

New activities were driven by a number of factors. A few providers specifically mentioned that the reforms and the OfS’s declared approach to this issue were drivers.

“OfS were driving that and [said] we expect you to look at mental health. So that’s where you come back to OfS helping steer because they, you know, that’s the thing we did... and that’s led us to do things like sort of an external app on mental health, for example... it’s a good example, I think, of where the OfS have helped steer the sector into doing something.”

Low or unknown tariff provider

However, there were many other factors influencing change here, not least that providers had already identified this as an area of need within their student body, alongside the impact of the University Mental Health Charter.

3.4 Changes to the quality of plans

3.4.1 Providers’ views on the extent to which the quality of their plans has changed

As in the wave 1 research, the majority of providers in wave 2 reported that the quality of their plans had improved. They articulated changes in quality in three ways: they were more focused, more evidence-driven or better structured – again in much the same way as wave 1 providers spoke about changes in the quality of their plans. A couple of providers also mentioned that they felt more confident in the activities and the delivery of their plans. A few felt the quality had stayed the same compared to the previous plans, while a couple felt it had declined.

More focused

Many providers reported that their plans were better quality as they were more focused, meaning they had fewer targets or more specific target groups. For a few providers, being more focused resulted in a plan that was more achievable. A couple of key informants also mentioned that providers’ plans were better quality because they had a strategic focus alongside explanations of how to operationalise these plans, which one felt would ‘hopefully lead to more meaningful work being delivered’.

More evidence-driven

As mentioned in the [use of evidence section](#) (3.6) and the [evaluation section](#) (3.7), many providers reported that their plans were more evidence-driven. Many providers across all types linked improvements in quality to grounding their plans in evidence and developing clear intervention strategies.

“It’s quite clearly a better-quality plan. Some of that is where the institution is and the people who are involved in developing it. But I do think the guidance and the structure of this plan meant that we did interrogate evidence and we did rely on evidence more so than ever before. We did work more collaboratively, internally with stakeholders, much more so than we would have ever done before.”

High tariff provider

“You can see a clearer rationale now, which is certainly a marker of quality.”

Key informant

A few providers, including a couple of small and specialist providers, felt their plans were higher quality as they had created better evaluation plans. They felt this would lead to more robust collection of evaluation data, helping inform subsequent work.

Better structured

Another interpretation of quality was around the plan’s structure. Many providers reported that their plans were better written, better structured, clearer and more concise than previously. For a couple of providers, this meant they felt their plans were more accessible to a wider range of staff.

A few providers thought that having fewer people writing the plan had improved its quality because they were no longer writing by committee, which previously resulted in many varied styles.

Quality declined

A couple of high tariff providers reported that the quality of their plans had declined. They felt the emphasis on evaluation restricted the activities they had included to those they could comfortably evaluate, and had not encouraged the creation of innovative activities. While they acknowledged evaluation’s importance, they were concerned about the impact of publishing evaluation on included activities. One of these providers also felt the plan was more project-based, and did not look at the whole strategy as an outcome of evaluation expectations.

Similar or neutral about quality

A few providers and a key informant felt that the quality of the plans was similar to before, but acknowledged that they were structured differently and had a different focus.

3.4.2. Drivers to changes to quality of plans

The majority of providers felt the reforms had a strong impact on the quality of plans – whether positively or negatively. As mentioned in [the evidence section](#) (3.6), the reforms were often mentioned as a driver for creating more evidence-based plans, which meant that the many providers who felt their plans were higher quality because of this increased use of evidence were influenced by the reforms. Additionally, as in the wave 1 research, a few providers mentioned the templates were useful in laying out their plan, suggesting that the reforms impacted how they were structured and, therefore, on improvements in quality. For the couple of providers who felt that the quality had declined, the reforms and their emphasis on evaluation were seen as a key driver.

However, another contributing factor was institutional changes at providers around which members of staff were involved in writing and developing the plan, such as no longer writing by committee. They felt this led to a better structured and/or more accessible plan.

3.5 Changes to the reach and ambition of plans

3.5.1 Providers' views on the extent to which the reach and ambition of their plans has changed

In the wave 1 research, a few providers felt their plans appeared less ambitious than before because their targets were more realistic and achievable. However, in wave 2, in all but a few cases, many providers felt the plan being more realistic and having achievable targets did not indicate decreased ambition. Instead, many wave 2 providers described their plans as more ambitious, viewing ambition not necessarily in terms of targets but in wider institutional changes and senior leader buy-in.

Increased ambition and reach

Many providers and one key informant reported that providers' ambition had increased. This was generally not expressed in terms of targets but in how they approached the APP, which included broader senior leadership involvement and buy-in for activities, and sharing the APP work more widely across the provider due to the whole student lifecycle approach.

"So, I think the seriousness with which the changes... were taken by senior leaders meant that we could we put in some fairly ambitious activities that otherwise we would not have got institutional buy-in and funding for. But we were able to kind of capitalise on that and push through some things that we never thought we would have previously been able to get through. And perhaps if we'd have carried on with the previous APP approach, we might have just been an attitude of let's just carry on and see what we can get through with this time. So, I think that that did increase our ambition."

High tariff provider

A few providers noted that they considered different target groups and looked more widely at where they might have 'gaps', indicating they felt their reach had increased.

One key informant thought that, while budget constraints may have influenced the approach to targets, overall ambition across the sector had increased because targets are more thoughtful and more focused and providers are committing themselves to activity, which was 'quite exposing'.

Decreased ambition and reach

A few providers and one key informant indicated that plans were not as ambitious as before. These providers stated they had specifically moved away from the 'eradicate' or 'eliminate' language in the previous APP to include targets that were contextually achievable. Furthermore, one high tariff provider said that the targets were overall less ambitious because the reforms had removed sector targets and 'common ways of measuring' them. Additionally, one key informant felt that budget constraints may have played a part in what they saw as decreased ambition across the sector.

Unchanged ambition

In the wave 1 research, many providers reported that their level of ambition had not changed because they felt that they had set similar, ambitious targets to the previous plan. In wave 2, fewer felt it had not changed – but several providers still indicated this. These tended to be larger providers, although one small and specialist provider also

indicated that this was the case. Reasons for ambition remaining unchanged included budget constraints and the changes in a plan's focus due to contextual factors.

Use of collaboration

In the wave 1 research, providers indicated that collaborations were necessary to address risks that were beyond the reach of any individual provider in isolation. Many discussed their intended new collaborations associated with access to higher education and raising attainment here. Similarly, in the wave 2 research, many providers reported that they had begun new collaborations, particularly in the raising attainment and access space. These were often regional partnerships aiming to address access risks, such as awareness of higher education and skills for higher education for particular student groups (for example, those from low socioeconomic backgrounds). One provider also mentioned expanding collaborations with employers, but had not named them in the plan as they felt these relationships might change over its time period – potentially some employers may even cease trading.

Many providers, some of whom also reported starting new collaborations, mentioned that they were increasing the amount of collaborative work with existing partners. Many also mentioned maintaining current collaborations. As with new collaborations, these tended to be regional, with several mentioning Uni Connect partnerships.

However, several providers – mostly low and unknown tariff providers – reported not including any new collaborations, but they had maintained current collaborations. This was often due to budget constraints – some mentioned, for example, that they had not included Uni Connect in their plans because of misalignment in funding periods and their financial precarity. Although funding was an issue, one key informant mentioned that funding calls were useful for encouraging collaboration.

Key informants had mixed responses around the amount of collaboration – a few felt there was more collaboration in the sector, while a few had not observed any change. One key informant felt that there had been positive changes in partnering with Uni Connect, but thought higher education providers were not engaging with the school system on a strategic level, particularly when considering the proportion of large regional multi-academy trusts (MATs). They suggested that universities could collaborate strategically with MATs at a Vice Chancellor to CEO level to support access into higher education.

3.5.2 Drivers to changes to ambition and reach

Many providers felt the reforms had driven the changes in their plans' ambition and reach. Elements of the reforms they felt contributed to this change included the overall approach and the focus on risks, the EORR, emphasis on evidence, and the seriousness of OfS communications.

The few providers who spoke of a decrease in ambition linked this to the reforms. Although they did not mention a specific element of the reforms themselves, many noted more generally that the reforms prompted them to set more realistic targets and include more data, which in turn reduced their ambition.

On the other hand, several providers who described an increase in ambition and reach of their plans also linked this to the reforms. Specifically, several providers spoke about engaging with more staff from across the provider and considering their own context. Several also indicated that the emphasis on the whole student lifecycle within the reforms had increased their ambition and reach.

While the reforms were felt to have influenced ambition and reach, budget constraints also influenced the ambition of activity and the amount of collaboration that several providers could incorporate. Additionally, institutional changes, such as new hires or new senior leaders, influenced how providers felt about their plans' ambition.

3.6 Use of evidence to inform intervention strategies and credibility of plans

3.6.1 Current approaches to using evidence to identify risks and inform intervention strategies

Providers used a large range of evidence to identify risks and to understand what works around intervention strategies.

The majority of providers mentioned using the following tools and resources for identifying risks:

- The EORR.
- Internal data.
- The A&P dashboard.
- Student consultation.
- Internal discussions and consultations.

Many providers also mentioned using the references cited in the EORR and insight from other providers. Several were also using UCAS data.

When looking for evidence to inform intervention strategies, the majority mentioned using evidence from TASO. The other most common resources and tools, each used by many providers, were:

- Academic papers.
- Insight from other providers.
- Internal knowledge and expertise.
- Internal evaluation.

A few also mentioned using the OfS self-assessment evaluation tool, evidence from external partners and networks, research and consultancy, Higher Education Access Tracker (HEAT) and a couple were using [Education Endowment Foundation](#) toolkits.

A few key informants commented on how the sector were using TASO, but were sometimes concerned by its nascency and how much evidence there was available to the providers.

3.6.2 Changes to how providers used evidence to identify risks and inform intervention strategies

The vast majority of providers indicated that they had changed their approach to using evidence for their new plan, either around identifying risks or informing intervention activities or both. Half of the providers across all types (including all specialist creative providers) reported using more evidence and more varied types of evidence. A key informant also reported observing providers using more evidence to inform their decision-making. A few providers indicated that this made them feel that their APP was either better informed or more focused, while another few mentioned it enabled them to explain in more detail why risks were occurring.

Several providers indicated that their evidence usage had changed because they had hired staff in particular roles, such as data and insights and evaluation officers. Introducing these roles enabled providers to either analyse their data more carefully or generate more useful data to understand the impact their projects were having.

Two providers reported creating more internal dashboards. For one this meant they now had access to early indicators of issues. Another noted it helped drive institutional change around their approach to evidence and evaluation; it helped make the process less siloed, while encouraging them to consider both how they access data and what data they want to capture.

There were other changes to how providers approached using evidence to identify risks. These included:

- A few providers engaged more with students, gathering more data to support identifying risks.
- A high tariff provider commissioned a charity to conduct an external evidence review of their priority areas.
- A low/unknown tariff provider engaged in more conversations internally around evidence.
- A large level 4/5 college-based provider compared their data to similar providers' data.

When using evidence to support designing intervention strategies, a couple of providers mentioned that they were now being more consistent with using data.

3.6.3 Drivers to changes to approaches to using evidence

Many of these changes were driven by the reforms. It appeared that providers understood the call to action around evidence, leading to better informed APPs because the vast majority had made changes to how they approached using data.

Many providers used more evidence because the reforms and OfS communications emphasised the importance of the APP being informed by evidence. A key informant also felt the reforms were a driver:

“The focus on evidence-based decision-making [in the reforms] is incredibly important... Over a billion pounds being spent through universities from their APPs... getting universities just to think about that and actually starting to change the nature of what they’re doing based on evidence is an incredibly powerful and important thing to do, even if we’re not yet at [the] perfect end result for it.”

Key informant

Several providers reported that it was not only the reforms that influenced their approach to using more evidence – wider institutional factors were also at play, such as hiring new staff, new provider priorities and broader institutional discussions.

A few providers across types also reported that the previous reforms influenced how much evidence they used and what types of evidence they looked for, as the previous reforms had shifted ‘the narrative around in terms of outcomes rather than outputs’. A couple reported that using more evidence had been driven by cost efficiency measures – one mentioned, for example, that it was now necessary to include more evidence on an intervention strategy for the governing board to sign it off.

The providers who hired new staff or created new roles were largely driven by the reforms, due to their emphasis on evidence and evaluation – a few specifically mentioned this. However, a couple did not link the hiring of new staff to the reforms but indicated that there was a drive within the provider to ensure they better understand their data and understand how well their activities are working.

3.6.4 Barriers to using evidence

Many providers reported that a lack of available evidence had impacted their APPs, specifically a lack of evidence around:

Particular student groups, e.g. students who had received free school meals, LGBTQ+ students or Gypsy, Roma and Traveller students.

A few providers indicated that where there was less evidence across the sector about particular groups, they were not able to explore the group in as much depth as they would have liked, or were not able to evaluate properly or complete a causal evaluation, as they were not able to collect accurate data on them.

Some intervention activities, e.g. bursaries or raising attainment.

Of the providers who reported having less evidence on intervention strategies, a couple noted they either had not included activity in the plan or spent less money on the activity in the short term to see if it was a valuable investment. This linked to concerns voiced by one key informant that a lack of evidence discouraged innovation in intervention strategies due to the perceived risk. However, a couple of providers indicated only having a small amount of evidence had encouraged them to create new intervention strategies to see impact, aiming to complete more causal evaluation. With less evidence for bursaries, on-course success and progression, a few providers looked for examples from outside the UK, such as the US or Australia, or from outside the sector. One provider mentioned finding evidence around on-course activities, but realised it was too specific to that provider's context and that the activity evaluated was not necessarily replicable in theirs.

Specific stages of the student lifecycle, e.g. progression.

One provider felt the progression lifecycle stage was an 'emerging market' for evidence on intervention strategies – they were aware work was going on here but a full evidence base was not yet established.

Providers mentioned several solutions to combat a lack of evidence, including working collaboratively to build an evidence base, publishing results of evaluation and improving internal data collection.

3.7 Changes in attitudes to and the practice of evaluation

Participants were asked about general changes in attitudes to evaluation across the provider and any specific changes in practice that have occurred, if any, since the reforms. The majority of providers described changes to their evaluation practice, stemming from a discussion in the interview on attitudes to evaluation, which were felt to be positive by many providers.

3.7.1 Increased awareness of the importance of evaluation

The majority indicated that there was an increased awareness of the importance of evaluation in their provider, which then led to changes in evaluation practice. Generally, as discussed in [the evidence section](#) (3.6), many providers mentioned taking a more evidence-led approach and noted that evaluation was becoming more embedded in their processes. The reforms included a requirement for providers to design evaluations alongside the relevant intervention strategy, so teams had to understand from the start how the activities were going to be evaluated.

3.7.2 Embedding evaluation and increased use of evaluation

As in the wave 1 research, the majority of wave 2 providers indicated that they had increased evaluation activity or had embedded evaluation within access and participation work – and occasionally across the provider – in response to the reforms, recognising that evaluation played an important part in them.

Providers who reported that evaluation was being embedded noted it was done in several ways. Mentioned most to least frequently, these included:

- Developing theories of change at project outset.
- Creating evaluation frameworks and reporting templates.
- Increasing the frequency of collaboration between practitioners and academics.
- Piloting projects.

“We’ve just introduced some new reporting templates, so the big focus on those reporting templates is tell us what the impact of the activity has been, not just what you’ve delivered and the numbers, it is really around ‘Well, what have you learned? What has worked? What is the impact of this? How does it align to your theory of change?’”

High tariff provider

The majority of providers mentioned using theories of change. There was also a perception among a small number of key informants that theory of change usage was embedded in providers. However, one felt that while there was greater awareness, it did not indicate expertise in using them.

3.7.3 Increased evaluation capacity and resourcing

As in the wave 1 research, wave 2 providers reported increasing their evaluation capacity and expertise to support the increased evaluation required in their APP.

The majority of providers, including nearly all small and specialist providers, reported that over the past few years they have been upskilling staff in evaluation. Staff members being upskilled varied by provider, but ranged across different departments, including:

- Access and participation teams.
- Practitioners.
- Academics.
- Professional services.
- Evaluation teams.

Forms of upskilling also varied. Several mentioned attending TASO workshops and training or completing projects with TASO. A few whose main role was in the access and participation team mentioned running internal workshops for other staff. A few providers also linked this to now having a more standardised approach to evaluation across the provider, e.g. by creating evaluation frameworks and supplying clear templates for a theory of change.

Over half of the providers reported that they had hired, or were planning to hire, an evaluation specialist to develop evaluation expertise. This was mostly reported by larger providers with larger budgets, and a few providers mentioned that they were not able to hire new staff due to budget constraints. To increase their evaluation capacity, a few small and specialist providers reported that they outsourced evaluation due to lack of internal expertise. They mentioned using Specialist Evidence, Evaluation and Research (SEER).

Despite the current financial climate, and that several providers indicated they would not be investing any more into evaluation financially, many providers reported that there were plans to increase their budget for evaluations. These tended to be larger universities, rather than college-based or small providers. Increased investment was sometimes linked to hiring more staff, as well as resourcing time from existing roles.

“We’ve invested some money in it. We’ve got a new role. We’ve got an evaluation manager role, and they have spent the last twelve months working with research colleagues developing a theory of change, a framework that can be used for both the APP, but also outside of the APP, and trialling that so we’re in a better position to use it on the APP when we’re there. We’ve done two pilots this year using that framework.”

Low or unknown tariff provider

3.7.4 Increased best practice sharing

Many providers across all student typologies mentioned that they were going to share best practice from evaluation externally. This could come in the form of:

- Publishing in journals.
- Publishing on their websites.
- Sharing with sector publications, such as WonkHe.
- Speaking at conferences.
- Sharing at networking groups.
- Feeding back to collaborative partners, such as headteachers in schools.

A few providers were already doing this – for example, working with TASO on evaluation projects – and were planning to increase their outputs. One small and specialist provider was aiming to raise the profile of their outreach projects, which they had done by winning awards and sharing findings in blogs and podcasts.

3.7.6 Drivers to changes to evaluation

While there were also other drivers, there was a clear indication that the reforms had influenced the amount of evaluation that providers were planning and the importance of including theories of change. Many providers had implemented changes in their approach to evaluation due to the emphasis on it within the reforms. Many also mentioned the OfS's Director for Fair Access and Participation, John Blake, emphasising the importance of evaluation when introducing the reforms.

"I think just knowing that the guidance is really asking for that publication of evaluation now puts a lot of pressure on it being a high-quality evaluation, now that it's not just going to be used for our internal purposes. We need to make sure that it's sound."

Specialist: creative provider

However, participants also reported several other influences on the amount of evaluation. Although the reforms encouraged providers to consider evaluation use more carefully, a few providers and a key informant noted that the sector had already been increasing its use of evaluation for the past few years – as a result of the previous reforms and other regulatory guidance. Furthermore, a few noted that senior leaders were encouraging more evaluation due to cost saving measures in the current financial climate, as they wanted to ensure that the activities they were committed to were having an impact. Additionally, a couple of providers indicated that the emphasis on evaluation for the TEF had encouraged more financial investment around evaluation because the providers are required to provide evaluation evidence as part of the submission.

Less clear was the extent to which investment in evaluation expertise, including upskilling, was strengthened as a result of the reforms – providers frequently discussed this in terms of an evaluation journey, which often started with the previous reforms.

3.7.7 Barriers to evaluation

The most common barriers – identified by several providers – related to providers not having the expertise available to conduct evaluations that could produce strong evidence of their own interventions. A few providers also indicated that they did not have the resource capacity to conduct evaluations, which meant they felt they were unable to evaluate interventions as effectively as they would like or to be able to establish a causal link between the intervention and the outcome.

A key informant felt that publishing an evaluation was beneficial to share best practice but had some concerns around the timing of an intervention strategy and its evaluation if it was constrained by a publication schedule. This point was similar to findings in the wave 1 research where participants voiced concerns that evaluation publishing could limit the activities providers write about or focus on in their plans due to a fear of investigation and risk aversion.

3.8 Stakeholder engagement and accountability

Key informants came from organisations that were felt to have some influence over plans or the sector. Of the 12 key informants interviewed as part of wave 2, the majority indicated that they had some involvement in the development of plans, though a couple described this as ‘tangential’. These key informants were also relatively familiar with current plans, either having seen wave 2 plans in development or published wave 1 plans. Roughly half also had awareness of previous plans from prior to the reforms.

A couple of key informants indicated they had no direct involvement in the development of plans. For one key informant, this meant they had limited familiarity with them but they were generally aware of the reforms and had spoken with the Director for Fair Access and Participation, John Blake. For the other, their lack of direct involvement with plans did not preclude their familiarity with them.

The majority of key informants did not plan to hold providers to account in terms of actioning their APPs. They did not see this as part of their role, nor did they feel that they had the power to do so. In a few cases, they viewed their role as more like a supplier, since the provider paid for their services.

While a couple of key informants specifically mentioned that they had no capacity or formal mechanism for accountability, a few others discussed their role in supporting providers. They mentioned pushing on collaborative targets, encouraging engagement with the resources they offer and discussing the provider’s needs.

“We’re built on a collaborative ethos of learning from each other and we’re all in it together and we’re better together and we can learn from each other. And I think because of our position as a collaborative organisation that supports our members rather than trying to force them to do anything, we’re quite successful in that and we’re quite comfortable with that ethos. So, in terms of holding to account... I wonder if there are ways that we do that... we can support people like APP managers to hold their own universities to account by providing them with the [services] they need to do that.”

Key informant

An exception came from one key informant. They mentioned they would be hiring an evaluation manager within their own organisation to delve further into providers’ activities across APPs in relation to the types of students targeted, such as their social and economic characteristics. For this key informant, holding providers to account meant their organisation ‘tightening their expectations’ around the types of students providers selected, ensuring they were choosing those who were ‘most in need’.

3.9 Barriers to responding to the reforms

As mentioned throughout this report, providers mentioned a number of barriers to responding to the reforms. Key barriers are summarised below.

Key barrier	Area in which it acts as a barrier	Details	Link to area in the report
A lack of available evidence	Using evidence	Mentioned by many providers – particularly around specific student groups, activities or stages in the student lifecycle. Conversely, a few mentioned they had too much evidence. Several mentioned issues around the analysis of data on very specific groups of students or where concepts were hard to define, e.g. social capital.	Lack of available evidence
Expertise in data collection and analysis	Increased use of evaluation, generally responding to the reforms	Several providers indicated that lack of evaluation expertise across the provider was a barrier. A few also highlighted lack of staff resources, which meant they felt they were unable to evaluate interventions as effectively as they would like or to be able to establish a causal link between an intervention and an outcome. A few providers also brought up issues around data as a barrier to responding to the reforms in general, mentioning both lags experienced in receiving up-to-date data from external sources – which they appreciated was not the OfS's issue – and expertise in analysing this data.	Evaluation barriers
Timelines for APP submission	Quality, generally responding to the reforms	Many providers thought the burden of responding to regulation could be better managed with longer timelines. One provider mentioned the timeline of the APP submission as a barrier to its quality. This was also mentioned by a few participants as a more general factor in limiting their ability to respond to the reforms or develop their APP and associated work in the way they would have liked.	Timelines
Finances	Ambition, generally responding to the reforms	One provider mentioned this explicitly in the context of the ambition of their plan, though many others mentioned the state of institutional finances as a broader barrier to responding to the reforms. As a general barrier, a few specifically mentioned issues around resourcing – both in terms of having staff members to work on related activities and money to implement them.	Ambition

3.10 Anticipated unintended consequences to the reforms

In discussing the impact of reforms, participants were asked if they foresaw any potential negative outcomes as a result of the reforms. Across our discussions of the reforms' impact, participants mentioned a number of potentially unintended consequences. Potential unintended consequences have also been gathered from answers to other questions, often from those about what worked less well, alongside those about the reforms' impact on risk exploration and identification, use of evidence, planned activities, evaluation and collaboration.

The unintended consequences we have identified mainly stem from choices made by many providers not to include specific activities in the plan, either due to the limited page length specified for the APP, the OfS's emphasis on evaluation/evidence, or from a sense that providers are more likely to be held to any targets/plans mentioned in the plan.

We identified three main areas of potential unintended consequences from this. One was a potential lack of innovation, stemming from providers focusing only on activities where there is clear evidence of the potential for impact – possibly making providers less likely to take risks on innovative approaches. One provider and one key informant mentioned this as an issue. A couple of providers mentioned that there was a risk that providers would focus on activities that could be easily evaluated, with one using the example of focusing on online methods, which providers felt were more easily measured. Related to this, one provider mentioned focusing on activities where evidence of impact can be obtained within a three-year time frame.

One key informant suggested that one approach the OfS could take to ensure that the reforms were having their desired impact at a national level was to undertake a systematic review of APPs across the sector:

"Might [providers] pick [risks] that they view as easier to demonstrate impact in as an individual university? And I think definitely they could. And without a systematic review of how the APPs have changed, you can't tell that, really. So that's one worry, I think."

Key informant

A few participants felt that including fewer activities in the plan overall was potentially detrimental in the current financial climate. They were concerned that activities not in the APP were more likely to be cut as budgets are tight.

In addition, several providers mentioned that increased evaluation has potentially unintended consequences in a system with financial and resourcing restrictions, if resources put into evaluation are diverted from the actual activities themselves. Similarly, a few providers thought that the effort put into creating the APP in itself distracted from actually working on the activities.

A couple of providers also mentioned a potential backlash from non-targeted students or from society more generally, prompted by the fact that APPs are made public; one result of the reforms was increased specificity around who would be targeted, which could raise concerns around prioritising one specific group over another. However, publishing APPs is not new and this was not a concern that was voiced in the wave 1 research.

Finally, one provider also mentioned that encouraging more high tariff providers to recruit students who might previously have attended a low tariff provider might actually lead to a less diverse higher education system.

4. Conclusions

4. Conclusions

Overall, the reforms have influenced how providers approach preparing their APPs, including initial identification of risks, decision-making around activities, evidence usage and evaluation. However, there were several other influencing factors, such as institutional strategies and changes, sector finances, evaluation capacity and prior regulation on APPs. Limited finances and lack of evaluation capacity also acted as barriers, potentially limiting activities included in APPs.

Many participants welcomed the new approach to APPs, as it enabled providers to consider their own context, required detailed intervention strategies and encouraged them to consider evaluation at the outset of designing interventions, which could lead to positive outcomes.

Many providers felt the EORR supported buy-in across the organisation – the clear framework and shared terminology allowed participants to communicate clearly with stakeholders. The EORR shaped how providers approached identifying risks, and all but one provider used it. It was generally thought of as a useful starting point or as a checklist against which providers mapped indicators of risk that had been identified through their assessment of performance. Although providers reported ‘looking for the largest gaps’, it was evident that they were – for the most part – considering a wider range of evidence, a broader range of students and the whole student lifecycle. Where providers indicated that they were not necessarily considering a broader range of students, this was often explained as they were instead targeting more specific groups.

The key focus areas outlined by the OfS (raising attainment, diverse pathways and flexible provision, and mental health) influenced changes in planned activities. This was particularly common around raising attainment, where many providers indicated completely new activity or an extension of existing activity to include more or different student groups, or to have more focus on specific students. Providers and key informants also noted a change in planned activities either towards more focused, evidence-based activities aimed at improving outcomes for specific student groups and/or an emphasis on evaluation and measurable impact. However, planned activities were also influenced by provider budgets.

Many providers reported that their APPs were more evidence-driven – a positive impact of the reforms. Providers mentioned using more evidence and more different types of evidence to inform their APP preparation, from identifying risks to designing intervention strategies. Taking a more evidence-informed approach led providers to feel that their plans were better quality than previously because they had been able to create more realistic and achievable targets.

While a few providers and key informants felt that ambition was somewhat tempered compared to the previous plans, providers generally felt this had increased. This was not necessarily in terms of targets, but because they were changing systems internally, gaining wider senior leadership buy-in and working with more stakeholders across the provider as part of considering the whole student lifecycle.

Although the reforms have in part enabled wider provider conversations about equality of opportunity, and therefore involved more stakeholders, this has led to higher workloads for some providers. Despite this, providers generally felt that the work they had done in developing the plan – and the work they will do when implementing it – is worthwhile.

The reforms were also a key influence in providers planning to complete more evaluation, embedding evaluation into their intervention strategies and thinking about how to evaluate from the outset of activities. However, while building evidence from evaluation of activities was seen as important, a few providers and key informants were concerned that focusing on evaluation had negatively impacted their activities, leading to short-termism and lack of innovation. Despite these potential unintended consequences of the reforms, participants felt the evaluation evidence that will be generated was useful in helping the sector understand which activities work and what does not.