# Evaluation of the OfS 2023 reforms to regulating equality of opportunity in higher education: Wave one interviews research report

A report to the Office for Students by Shift Learning

November 2023

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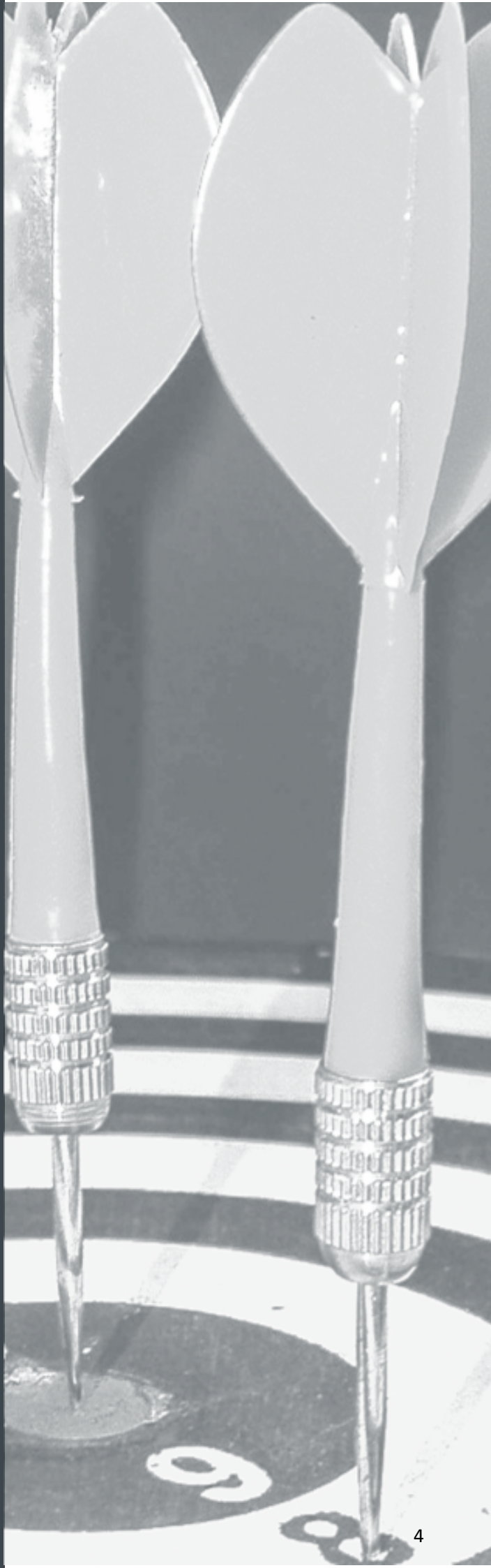
# Executive Summary



# Executive Summary

## Introduction

In 2023, the Office for Students (OfS) published reforms to its approach to regulating equality of opportunity in English higher education, including access and participation plans (APPs). Following an invitation from the OfS, 34 higher education providers volunteered to write and submit APPs in 2023 as part of wave 1, with the remaining providers due to submit their plans at a later stage.

Shift Learning conducted in-depth interviews with those who were overseeing APPs in 33 of the wave 1 providers and 18 sector stakeholders (referred to as 'key informants' or KIs) to explore the OfS's key evaluation questions. Interviews explored how these reforms have been understood and acted upon within providers. 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. Interviews were conducted with providers soon after they submitted their APP, but prior to them having received the outcome of their plan from the OfS. Therefore, participants' responses are based on their level of understanding and confidence in the reforms at that point in time. This may change based on the feedback they later receive from the OfS on their initial submissions and as they begin to implement their plans.

## Process evaluation questions

### How well has the OfS communicated its new approach to APPs?

Participants felt that the vision of the access and participation (A&P) reforms had been communicated effectively by the OfS, particularly through John Blake's (Director for Fair Access and Participation) engagement and the initial consultation.

Providers and KIs felt they understood the approach because the vision and principles of the reforms had been well communicated through engagement with the sector. They understood the overall vision to mean working together as a sector in addressing risks to equality of opportunity through a strategic approach to intervention strategies and evaluation.

Despite the reform's vision being well communicated, timescales for testing then publishing final guidance and templates, coupled with submission dates and perceived inconsistencies, created practical issues for preparing and writing the plan. There was also a mixed response to the messaging around and understanding of 'risks to equality of opportunity'. It was generally understood and accepted as a term, with providers identifying risks by using the OfS's Equality of Opportunity Risk Register (EORR) and A&P dashboards as their starting point. However, a few providers felt that they still were being asked to simply close gaps, despite reforms focusing on identifying and prioritising underlying risks to equality of opportunity, which may not always present as gaps in the data. There were also some issues with providers understanding how strongly the EORR should shape their activities.

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

Providers were largely positive about of the new approach and understood the direction of the reforms in relation to addressing risks to equality of opportunity. Many participants, across both providers and KIs, felt that the approach made APPs more strategic and offered providers flexibility in creating their own targets for intervention – meaning that they could consider a broader spectrum of students due to the risk-based approach. Many providers and KIs also appreciated that evaluation was more central to this approach. However, there were concerns from several participants across the sample about the feasibility of running intervention strategies for certain focus areas, such as work in schools, due to financial or time constraints.

## What do providers think works well and what could be improved about the guidance, tools and activities employed in the delivery of the approach?

### *Equality of Opportunity Risk Register (EORR) and A&P data dashboards*

All participants had engaged with the OfS's EORR in some capacity, recognising it as a key change implemented as part of the reforms. Perceptions of the EORR were largely positive – though a few raised concerns around its usability and contents, including issues around not all risks being applicable to their provider, and certain student groups being missing, which perhaps showed some confusion about its purpose as it is not intended to be an exhaustive tool. The way in which providers used the EORR varied – it either took a central role in how providers identified risks or was used to review and prioritise risks that had been established through other means.

Alongside the EORR, the A&P dashboards were well received by the majority of providers interviewed and was seen as a helpful tool when identifying indicators of risks and preparing their plan. Challenges were largely caused by providers having to wait for the data to be updated, or the time it took them to consider all internal data sources alongside the dashboards.

### *Written guidance and templates*

Providers paid close attention to the contents of the guidance documents, which were regarded as essential sources of instruction when preparing their APPs. However, a few providers felt the guidance was issued later than they anticipated and, when it was released, a few felt there were issues with implementing changes to their APPs based on differences between the draft and the final versions and lack of detail in examples in the final guidance.

Similarly, providers were broadly positive about the templates, feeling that they helped make the new APPs more detailed and focused, which in turn would help direct providers' actions. However, a few did experience challenges using the templates, finding certain areas unclear, repetitive or inaccessible.

### *Webinars and telephone surgeries*

Interviews showed that the webinars were a useful tool in embedding a broad understanding of the reforms. Several providers thought the webinars were a useful tool to help build understanding of the reforms, alongside the written guidance. A few also specifically mentioned that the Q&A sessions were particularly useful, allowing them to check their own understanding and enabling them to hear answers to other providers' questions. However, many providers also wanted these sessions to be more interactive and pitched as less of an introductory briefing, to build on what is already available in the written guidance. While they felt that the webinars did not add anything new to the written guidance, they saw them as having a core role in embedding key messages.

The telephone surgeries were seen as a useful tool in the process of developing provider APPs, offering a point to check the direction of travel and ask more provider-specific questions. However, a couple of providers felt that they had not been offered at the most convenient time of year, considering which tools and guidance were available and how far into development of their plan they were.

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

Questions about providers' steps in their APP preparation were used to surface any comments about workload and burden – however, this was not top-of-mind for providers, and few mentioned workload or regulatory burden directly in relation to A&P.

KIs were specifically asked about workload and generally felt that the regulatory and administrative burden was worthwhile, but did point to areas where this could become an issue for providers. Areas where the risk of burden may be higher revolved around the following:

- The number of people involved in preparing the plan.
- Working within a small provider.
- High workload across all regulation.

- The capacity to make strategic decisions.

The few providers who did mention burden felt that it was worthwhile because access and participation is important and there is a wider moral imperative to do it well.

### Do stakeholders understand and agree with the OfS's approach?

KIs largely agreed with the concept and the chosen focus areas because A&P is already well established in providers. They also understood the focus on evaluation, which both they and providers thought was already becoming more ingrained in the sector as seen in increased demand for evaluation specialists.

KIs were asked to specifically comment on the new focus areas: evaluation, raising pre-16 attainment, student mental health and diversifying pathways and flexible provision. They generally agreed that these areas were important to the sector and demonstrated work already being done – but there were concerns about the feasibility of impact when collaborating and working with other organisations, which they felt was required to achieve it. The vast majority of KIs were concerned about the involvement of providers in the school system to raise attainment – providers may not have experience in designing interventions to raise attainment.

## Emerging outcomes evaluation questions

The reforms' impacts are still emerging. Given the recent submission of plans that will be implemented in the academic year 24/25, changes in planned activity, as well as 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, while 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?

Broadly, providers were identifying risks to equality of opportunity. To identify their risks, providers generally held discussions with staff and students to consider their context, and used internal data and the A&P dashboards to identify target groups and gaps, i.e. indicators of risk. A few also used the EORR. On the whole, providers were prioritising risks based on which were the greatest potential risks for students at their provider – recognising that they did not need to try to address all risks they identified as the focus of their APP. They did so by reviewing data and through discussions with staff and students.

Several providers and KIs mentioned finding evidence for their intervention strategies through Centre for Transforming Access and Student Outcomes in Higher Education (TASO), which in turn supported them in making decisions around how to evaluate those strategies. This could be linked to providers who were considering feasibility to evaluate when prioritising their risks.

As the EORR was introduced for these reforms, any use is different to a provider's previous approach. Although use of the EORR in identification was not always explicitly noted in their process, providers largely reported that the EORR was a helpful starting point. A couple of providers also noted looking at the EORR after deciding which groups and indications of risk to target.

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

The reforms to regulating equality of opportunity were leading providers to explore new intervention strategies, activities and collaborations that could help to address their prioritised risk areas. However, for a few providers there was confusion over whether plans were only allowed to include new activities, at the expense of maintaining existing interventions.

Many providers spoke about intended new collaborations as part of their A&P work, often focused on risks associated with access to higher education and raising pre-16 attainment. Collaborations were often with third sector organisations, and local schools and colleges. Collaborations were seen as necessary in addressing certain risks that were beyond the control of any individual provider in isolation. A couple of providers commented that the reforms gave them more weight and power to initiate some of these collaborations, which may not otherwise have been authorised or given funding. However, while collaborations were seen as useful and necessary to address certain risks, a couple of providers discussed reluctance to formally write these into APPs, as their success was not solely in the hands of providers but also external organisations.

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

On the whole providers felt that their plans were higher quality than previously because they enabled them to be more focused and strategic – and ultimately more realistic about what they could achieve. The required detailed intervention and evaluation strategies made them feel more committed to ensuring they met their objectives.

## Are providers actually delivering a change in practice?

This research was conducted shortly after providers submitted their APPs. As such, it is too early to assess the extent to which there have been changes in practice across the sector as a result.

## To what extent has there been a change in evaluation culture?

Providers reported that they had more evaluation planned than before, as it was an important and renewed focus of the reforms to regulating equality of opportunity. This involved greater investment in evaluation capability of staff and improving the quantity and quality of evaluation activity. Planned changes involved upskilling staff and hiring evaluation specialists, among other more specific activities, such as creating theories of change. KIs also noted that there had been an increase in evaluation across the sector, not only due to the reforms to regulating equality of opportunity. Other regulation, such as previous reforms to regulating equality of opportunity and Teaching Excellence Framework (TEF), were seen as requiring a greater sector focus on evidencing 'what works'.

## What other factors have influenced providers response to APPs? What barriers exist?

Although burden was less frequently mentioned, it is important to note that providers were working on other regulatory work at the same time – those in smaller providers may have the same staff working across all regulatory work.

## Are there any unintended/unexpected consequences?

A key concern from participants was around how evaluation publishing could limit the activities providers write about or focus on in their plans due to a fear of investigation and risk aversion. It was understood that publishing evaluations would help the sector in the long run, but there was a feeling of vulnerability about being the first to publish something that didn't work. For a few, this caused concern about being investigated by the OfS and made them wary of being transparent. In turn, funding may be limited only to those activities written about in the plan, reducing funding for other activities.

# 1. Background, research objectives and methodology

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## 1.1 Background

In 2023, the Office for Students (OfS) published reforms to their approach to regulating equality of opportunity through its guidance on access and participation plans (APPs), which are strategic documents produced by higher education providers outlining how they will 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) and Regulatory advice 6 (RA6), as well as the production of the Equality of Opportunity Risk Register (EORR). The access and participation (A&P) dashboard also received its annual update.

Following an invitation from the OfS, 34 providers volunteered to write and submit new APPs in 2023 for the academic year 2024-2025 onwards, in response to the reforms. These providers, referred to as wave 1, were invited to provide feedback on additional guidance and templates prior to their publication as part of a 'wave 1 reference group'. They were also offered additional support in the form of telephone surgeries, webinars and a reference group meeting. Wave 1 providers submitted their APPs in July 2023. Most of the remaining providers will be asked to write and submit their new APPs in 2024 for the academic year 2025-2026 onwards. These wave 1 plans have been assessed by the OfS, who as part of the assessment process work with providers to ensure that plans sufficiently meet expectations. The OfS has made decisions about their approval, and approved plans will be made available on the OfS website.

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

- March 2023 – updated RN1, the EORR and the Consultation on a new approach to regulating equality of opportunity: Analysis of responses and decisions were published. The A&P dashboard was updated on 28th March (part of its annual update schedule).
- May 2023 – updated RA6 and templates were published. The OfS hosted webinars and telephone surgeries on the reforms.
- July 2023 – Submission window opened for wave 1 APP assessment. (Deadlines were agreed with each provider and some went into early August.)

The key elements of these reforms include:

A refocusing of what 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.
- A focus on national priority areas: working with schools to raise pre-16 attainment; developing more diverse pathways and flexible provision into and through higher education; and improving student mental health.
- A focus on increasing the quality and quantity of evaluation, which underpins all key priority areas and reforms.

Underpinning this is improving the quality and volume of evaluation of APP activity.

A restructuring of the APP format and content, with the following new requirements:

- Accessible plan summary.
- Identifying and setting out a provider's risks to equality of opportunity, alongside having regard to the EORR.
- 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.
- A 30-page limit for the length of the APP, not including any of the annexes or the accessible plan summary.

The research presented here constitutes part of a wider evaluation of the reforms to regulating equality of opportunity by the OfS.

## 1.2 Research objectives

This research aimed to understand providers' experience of taking part in wave 1, in terms of how the reforms to regulating equality of opportunity were communicated, providers' understanding and their experience with the tools and support provided by the OfS. The reforms' impact was also considered, by exploring how providers identified and prioritised risks, and changes to planned activity, alongside changes to how providers are thinking about and undergoing evaluation. These aims were addressed through in-depth interviews with those who were overseeing APPs in 33 of the wave 1 providers and 18 sector stakeholders (referred to as 'key informants' or KIs). Insight from this research will be used to inform any future guidance issued by the OfS for providers submitting plans.

The research aimed to cover the following evaluation questions.

Process-related sub-evaluation questions:

1. How well has the OfS communicated its new approach to APPs?
2. What do providers think works well and what could be improved about:
    a) the overall OfS approach to APPs?
    b) the guidance, tools and activities employed in the delivery of the approach?
3. What is the provider perspective on the burden associated with the new approach to APPs?
    a) How did the level of burden impact provider responses?
    b) Are there any ways burden could be minimised or better managed?
    c) Despite the work involved, do providers feel that the reforms are worthwhile in terms of improving the APPs?
4. Do stakeholders understand and agree with the OfS approach?

Impact-related sub-evaluation questions:

1. 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?

2. To what extent have providers chosen to plan different interventions?

    What has influenced their decisions?

3. To what extent are plans:
    a) high quality
    b) credible
    c) ambitious

    and to what extent does this reflect a change compared to previous plans?

4. Are providers actually delivering a change in practice?

5. What other factors have influenced providers response to APPs? What barriers exist?

6. Are there any unintended/unexpected consequences?

7. To what extent has there been a change in evaluation culture?

Please note that the impacts of the reforms are still emerging. Given the recent submission of plans that will be implemented in the academic year 2024-2025, changes in planned activity, as well as wider impacts of the reforms 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, while a more comprehensive understanding of the reforms' impact will be considered in subsequent stages of the OfS's evaluation.

## 1.3 Methodology

Shift Learning were commissioned to undertake this research. Interviews took place in Summer 2023, over eight weeks between July and August. The following research methodology was used.

### 1.3.1 Scoping

- Purpose: To provide a firm foundation, ensuring the research design matched the objectives.
- Method: A kick-off meeting and review of relevant documents and data sources for Shift Learning onboarding, consolidating research questions and establishing core audiences.

### 1.3.2 Qualitative interviews

Overall, we conducted 51 interviews with providers and KIs.

Provider interviews

- Purpose: To generate deep qualitative insight from those actively involved in responding to the reforms, to understand how they engaged with the provided support and guidance, and their experience developing their APP. This included any barriers or challenges they faced, any changes to the quality of their plan or planned activity and what impacts they expected to see as a result.
- Method: Semi-structured interviews, lasting up to one hour, with representatives from 33 of the wave 1 providers. Interviewees were those involved in submitting the provider's APP, such as those in A&P roles, senior leadership roles or strategy roles. 14 of the 33 interviews were conducted with more than one representative in the call, for example, where staff had less experience with APP submissions. Interviews were scheduled as soon as possible after providers submitted their APP and conducted before the outcome of the plans was shared with individual providers.

Key informant interviews

- Purpose: To triangulate findings from the provider interviews and provide a sector-wide perspective on how providers are responding to the reforms, including feedback on national priority areas: mental health, diversifying pathways and flexible provision, evaluation, and working with schools to raise attainment. The KIs were also asked about any sector changes they may have observed around evaluation culture as well as their perspective on how providers had engaged with the OfS's guidance around the reforms, including the EORR.

- Method: 18 semi-structured interviews, lasting up to one hour, with KIs from across the higher education sector. KIs came from organisations including third sector organisations, provider representation organisations, evidence generators and brokers, and national organisations.

### 1.3.3 Analysis and reporting

- Purpose: To analyse and link findings with research objectives, to improve clarity of findings.
- Method: Interview data was analysed using a thematic coding framework agreed with the OfS. This was then used to inform the development of a report plan, culminating in the full report.

### 1.3.4 Protecting participant anonymity

The OfS is aware of which providers agreed to take part in wave 1, given that they are the 34 providers who volunteered to help the OfS pioneer the new approach to the APP. The OfS is also aware which KIs have taken part in the research and what organisation they are from, as they were sent personal invitations to complete an interview by the OfS.

To encourage open and honest communication in the interviews, participants were given the option to remain anonymous. We have anonymised interview findings by removing personal names, provider names and any other identifying information from transcripts. The full transcripts won't be seen by the OfS. Participants were also offered the opportunity to review and remove elements of the transcript that were particularly sensitive. This final report contains analysis of aggregated findings and brief, anonymised quotations from interviews. Given the small sample size within the research, quote attributions have been confined to either 'provider' or 'key informant' so participant anonymity is not compromised.

### 1.3.5 Limitations of the research approach

Interviews were conducted with providers as soon as possible after they submitted their APP, to aid recall of the process of planning and submitting their plan. At the point they were interviewed, providers had not received the outcome of their plan from the OfS. Therefore, participants noted that they could provide responses based on their level of understanding and confidence in the reforms at that point in time, though this may change based on the feedback they later receive from the OfS on their initial submission.

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 KIs 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 over half of participants. This means it was mentioned by 16+ providers or 25+ of all participants.

Given the qualitative nature of fieldwork and analysis, and the use of semi-structured interviews, questions asked and considered across the interviews varied. Therefore, the number of participants who shared their thoughts and experiences on each individual topic discussed cannot be regarded as directly representative of the proportion of providers who share these views within wave 1 or the wider sector. The evidence considered includes what was directly stated by participants and what was brought together and triangulated from wider context during analysis. Therefore, while some views and opinions expressed may have been voiced by a minority of participants within this research, they may be indicative of a larger sentiment among providers, and in the sector more broadly.

Additionally, this methodology relies on self-reporting. Therefore, findings are limited by what participants felt willing and able to share. The regulatory relationship between the OfS and providers may have affected participants' ability and inclination to speak openly. Moreover, participants may have different definitions of given terms, as well as various levels of familiarity with them. This report relies on our understanding of what participants mean by certain terms (e.g. 'gaps' or 'risks') based on context gathered throughout the interview. Where there was clear

ambiguity, interviewers attempted to clarify the participants' terminology, but this was limited by time restrictions within interviews. Therefore, there may be a degree of variance between the reported findings and the meaning intended by participants.

In addition, analysis was undertaken continuously throughout the course of fieldwork, which informed later stages of thematic coding and analysis. This was done to provide opportunity to explore and relay emerging themes as they came to light. However, initial expectations as well as hypotheses generated throughout the research may have impacted the resulting conclusions and the extent to which certain themes were probed into within interviews.

# 2. Process evaluation

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## 2.1 Overall communication and understanding of the new approach

### 2.1.1 The vision and focus of the reforms was communicated well and understood

Both providers and KIs reported attending talks with John Blake (Director for Fair Access and Participation), where he explained his vision for addressing risks to equality of opportunity in the future. Participants spoke positively about this engagement with the higher education sector around the reforms to regulating equality of opportunity. They felt that, during these talks, Blake was confident and not afraid of being candid, answering questions and sharing ideas. As a result of this engagement, they largely reported that they understood the overall vision – of the sector working together in addressing risks to equality of opportunity through a strategic approach to intervention strategies and evaluation.

The focus on evaluation was also well understood by the majority of providers and KIs. They reported that the sector has been developing its evaluation capacity and expertise over the past decade and welcomed considering evaluation at the outset of creating intervention strategies. A couple of providers also specifically mentioned that they recognised the importance of encouraging publication of evaluations of intervention strategies that haven't worked and it not being seen as a failure, but an important part of collaboration across the sector.

Along with John Blake's engagement, a few providers reported that the initial OfS consultation supported their understanding of the new focus areas, such as evaluation and working with schools to raise pre-16 attainment. These providers felt that the consultation had given them a good initial impression of what was changing in terms of focus, and what to expect in the reforms. It also meant that they felt confident in starting their internal processes prior to the publication of the formal guidance.

Several providers felt that despite tight timescales and a small delay in publishing RN1 and the EORR, communication from the OfS had been good in terms of understanding the reforms and preparing the plans, with a few feeling that it was an open dialogue.

*"I would say the way in which the changes to APP [have been explained] and the ongoing communication and dialogue has been very useful, very high quality, and has felt like a dialogue."*

**Provider**

### 2.1.2 There was a mixed understanding of 'risks to equality of opportunity'

Several providers recognised that by identifying 'risks to equality of opportunity', they were identifying the barriers to a student's success in accessing or participating in higher education (many of which are systemic). Two providers and a KI specifically saw this as a move away from the previous approach of looking at individual students and gaps, to instead focusing on systemic risks.

*"The risks to equality of opportunity for me are the social, societal, educational barriers that some groups experience through no fault of their own, and no choice of their own."*

**Provider**

Providers reported their own interpretation of 'risks to equality of opportunity' and what it enabled them to do contrasted with the previous approach. For example, the following were mentioned by one provider each:

- They could consider a broader range of students.
- They could ask questions of the data they may not have otherwise, e.g. important factors at sector level.
- They could think about national issues but localise them to their context.

However, a few providers felt that the change in language did not reflect a change in what they were being asked to do. A couple of providers felt that, ultimately, they were still looking at closing gaps, for example, the ethnic minority attainment gap. Another provider felt that the OfS had 'invented' the concept and were not clear on the distinction between terms themselves, i.e. the difference between a 'risk' and 'an indicator of risk'.

Although there were a few providers that were not persuaded by the terminology, providers generally accepted the new language and thought that it reflected the change of focus. KIs largely agreed that providers understood the concept of the EORR, although a couple suggested that the language could still be clearer.

### 2.1.3 Short timelines to submission following communication of updated guidance affected confidence in preparing plans

Although the initial consultation supported understanding of the reforms and the vision, the majority of providers reported that the short timeline for submission following the publication of formal guidance made OfS communication for wave 1 poor. A few providers were also frustrated with the wait between the consultation and the publication of the formal guidance. These providers felt that the OfS had not adequately communicated what the plans would need to contain, as they expected there would be differences between what was discussed at consultation and in the guidance. This suggested they felt less reassured about their preparation.

*"The overwhelming feeling from wave 1 was that of consternation. We agreed to come into a highly pressurised two-month development process and we're effectively getting stonewalled, [with] repetition of guidance with very little give – as opposed to having stepped back and waited for wave 2 where we could've had 12 months to do the exact same thing with the exact same support."*

**Provider**

Furthermore, a few providers suggested that the OfS did not understand academic processes and timings – because the overall timelines were so short it did not allow time for governance sign-off. Although it was mentioned that the OfS stated that they did not require governance sign-off, these providers were keen to the point out that as the APP is a strategic document, they would still need to follow their own internal processes – which meant they had tight turnarounds to fit to the governing body's schedule. Additionally, a couple of providers also wanted the OfS to recognise how the workload from other regulatory activities (TEF, B3) could impact smaller providers' work in this area. This led to many providers and KIs wanting timelines for the overall process to be more clearly communicated.

### 2.1.4 Inconsistencies from the OfS also impacted providers' APP experience

Tight timescales and publication of RN1 and EORR a month later than anticipated meant that providers were working with drafts of the guidance rather than final versions. This meant that once the updated guidance was released there were differences to mitigate for, which were expected. However, while waiting for the written guidance, many providers reported inconsistencies between communications from the OfS, which led to some uncertainty. For example, although John Blake's engagement was largely felt to be positive, one provider explained that because the reforms had first been articulated in speeches or blog posts, providers might have felt they had to react before they were turned into workable policy:

*"One of the things that has been an issue for us is that a lot of the reforms have been first articulated in a speech or a blog post or something fairly informal […] which have then had to be considerably modified, dialled back, dialled up, toned into something like a workable policy because the initial communication has perhaps stated a position that ultimately wasn't going to be workable for the sector, or indeed workable for the OfS. […] It costs us, as a provider, time and therefore money and opportunity every single time we have to pick up a blog post or something and think, 'What does this mean for us? Are we doing enough? Are we doing the right things?'"*

**Provider**

There were also inconsistences reported once the guidance documents were received, specifically in relation to the written guidance documents, webinars and telephone surgeries (described in more detail later in the report).

A few providers also said that some information was spread through informal channels between providers, particularly as the time taken to publish the final guidance led to speculation, so there was a sense that providers had to be 'in the room' to understand all that was being shared.

A few KIs reported that the advice and guidance could have been clearer to avoid speculation about what was expected from providers. This was further supported by two providers who were keen to see more sharing of good practice in terms of APP development from the OfS.

### 2.1.5 A few providers did not feel they had enough support or consultation

Of the 33 interviewed providers, two felt that they did not receive the extra support promised by the OfS for being part of wave 1. One of those commented that, in addition to having more time, wave 2 providers will have available all the webinars and the telephone surgery – therefore affording more support to wave 2 than wave 1. The other reported that the wave 1 reference group only met once; even though they had been told they would meet again, they did not. This provider had also expected that the person who ran the telephone surgery would be the person who assessed the plan, but this was not the case for them. Another provider similarly felt that the process lacked the collaborative, consultative element that was promised. This led to calls for communication to be more of a dialogue with the sector and individual providers, and for a more consultative approach to be taken.

### 2.1.6 KIs and wider stakeholders received less communication

While KIs felt confident in commenting on the focus areas because of their own work within the sector and with providers, a few noted that they had not been involved in the reforms since the first OfS consultation. This meant they were unclear of the role that the OfS wanted them to play in the reforms, and were making their own arrangements to support providers in their networks in the way they felt was best.

Additionally, a few providers and KIs reported that they were unsure how well wider stakeholders in universities and colleges understood the reforms, because of the amount of information involved. This meant they thought it might be difficult to embed all the changes across a provider.

## 2.2 Overall approach to APPs

As reported in the previous section, providers were largely accepting of the new approach and understood the direction of the reforms in relation to equality of opportunity. Many participants felt that the approach made APPs more strategic and offered providers flexibility in creating their own targets for intervention – meaning that they were considering a broader spectrum of students due to the risk-based approach. Many providers and KIs also appreciated that evaluation was more central to this approach.

However, there were concerns from several participants about the feasibility of running interventions for certain focus areas, due to financial or time constraints. KIs in particular voiced concerns about the feasibility of working with schools to raise pre-16 attainment, and about what diversifying pathways would look like.

*"Raising school attainment is a worthy cause, but for a small provider, unless there's a strategic reason why they need to do that, that's very much a nice to have/probably impossible to deliver."*

**Key informant**

### 2.2.1 What worked well

Several providers reported that the overall approach was more flexible than the previous one, meaning they were able consider their own context and set objectives and targets based on the risks they identified. This enabled them to think about their students in a different way and place greater emphasis on intersectionality, and therefore incorporate a wider range of students within their APP.

A perceived change in being able to set their own targets meant that several providers felt this approach enabled them to be more strategic about addressing the barriers and risks their students faced. One provider in particular felt that they were better able to incorporate their A&P objectives into their overall strategic ambition, because they could focus more on student success than access. This provider felt they had already been on a positive journey with access and so wanted to focus on other parts of the student life-cycle. A few providers also commented on how helpful it was for the target groups to be identified through evidence.

A small number of providers felt that having detailed intervention strategies was useful because it encouraged them to be more specific about what they were going to do and what the outcomes might be.

Although evaluation has always been part of APPs, both providers and KIs welcomed the increased focus on evaluation in the approach. This focus was seen to encourage the sector to investigate which interventions work and don't work, and share these with each other.

### 2.2.2 What worked less well

KIs were asked to specifically comment on the new focus areas (evaluation, raising pre-16 attainment, student mental health, and diversifying pathways and flexible provision). There was general agreement that they were all important to the sector and reflected work already being done, but there were several concerns about feasibility of impact in these areas – due to a necessity to work with other organisations for these to be achieved, and the nature of collaboration.

The vast majority of KIs were concerned about the involvement of higher education providers in the school system to raise attainment, with a couple highlighting that prior work in this area had traditionally centred on raising aspirations. They understood the principle behind it, but felt that because there is a lack of evidence to suggest that higher education providers can raise attainment in this area, interventions in this space may not have much impact despite investment over a long period of time.

A few KIs mentioned that there were also practical barriers to consider, such as availability of higher education staff to provide interventions, engagement of pupils in interventions and removing students from lessons. This implies that these barriers are potentially challenging to overcome and may drive resources away from areas where providers may ultimately be better placed to take action. Furthermore, one key informant questioned the use of undergraduate fees to fund work in schools (since mentioning these interventions in an APP implies that funding will come through this route), despite universities having worked strategically in this space for years. Alongside KIs' concerns about the feasibility of providers addressing the new focus areas in terms of reach, a few providers had concerns about the feasibility of financing interventions and evaluations.

There were also a couple of concerns that focus on diversifying pathways and flexible provision implied that the OfS was telling providers what to offer in their curriculums. Two KIs further reported that there may be difficulties in access to degree apprenticeships because the evidence suggests that white, middle-class students are currently benefitting from them instead of other potential target groups. There were also concerns about the lack of control providers have over how many degree apprenticeships are available. In relation to access and alternative qualifications, such as T Levels, another KI mentioned that they and the providers they represented were concerned that the OfS could be 'treading the line of telling universities what kinds of skills are needed to get into courses'.

While the strategic focus on student mental health raised fewer concerns than the other focus areas, a small number of KIs felt it was important to note that while universities do support their students, they don't have the financial capacity to improve mental health services for young people.

Participants suggested that the need to collaborate with other organisations in order to address these focus areas suggests there is an expectation that the providers are the conveners. Several providers and KIs would like the OfS to share the responsibility of instigating collaboration with schools and industry and between providers. This could support providers who have very few students who fit particular target groups.

## 2.3 Equality of Opportunity Risk Register

### 2.3.1 What worked well

The majority of providers felt that the EORR was a helpful starting point for establishing the key risk areas for consideration and opening up discussions at their providers. As a starting point, it was seen as useful in demonstrating the shift from thinking solely about 'gaps' towards identifying other indications of underlying risk, as well as reiterating the focus on the national priorities. Similarly, a few providers described it as a useful 'checklist' for prompting consideration of a range of areas. While a few providers noted that the content of the register did not form a radical change of focus, it was a useful framework in consolidating, drawing together and contextualising key risk areas. One provider commented that it was useful in articulating both more systemic and more localised issues.

*"The EORR was extremely useful in setting out what the national priorities are, and basically saying 'here's a whole pile of things you should think about' […] it was useful, both in telling what the national issues were, and also in provoking things I hadn't thought about."*

**Provider**

Many providers felt that the way in which the EORR facilitates an intersectional approach to risks and student characteristics worked well, by showing risks broken down by groups and characteristics. For these providers, it was seen as helpful in thinking specifically about how these risks might affect different groups, encouraging further interrogation of their own data to generate more targeted responses. It was noted by a small number of providers that this also called attention to groups of students that may otherwise have not been considered, as well as helping maintain focus on the national priority areas. One provider highlighted how the EORR encouraged them to look at a broader range of student groups and consider risks across the student life-cycle.

A small number of providers commented that the EORR was useful in visualising and aiding communication of their risks and aims internally, helping to better articulate them in discussions with other stakeholders in their providers.

### 2.3.2 What worked less well

While largely seen as a useful tool, a few providers noted that late publication of EORR limited its usefulness. Due to the timeframe pressures, a few providers had already determined their risks ahead of publication of the EORR. One of these stated that, at that point, the EORR appeared to be more of a 'hurdle' – something that they had to spend time working to understand but which did not ultimately impact their risk selection. A couple of providers also explicitly noted that they had already constructed their own risk registers and therefore the EORR was not used to identify their risks. Furthermore, there was a lack of clarity around the extent to which providers could include risks that did not feature on the register.

In terms of the EORR itself, several users – both providers and KIs – noted concerns and challenges about its functionality and content.

Concerns around its usability included:

- A few providers noted that they would have found it more user-friendly if it was in a downloadable format. These participants anticipated it being formatted as a spreadsheet, and a couple stated that they recreated the register in Excel, so it could be more easily shared with colleagues.

- A few providers made broad comments around the register being quite 'complex' and difficult to navigate, at least initially. Two noted difficulties in understanding how risks linked to indicators, and how to view the risks in relation to student characteristics.

Concerns about its content included:

- A few providers commented that, due to their nature or the region in which they were based, the risks included in the EORR were not entirely applicable in their case.
- A couple of providers noted that they initially struggled with the change in terminology, from considering gaps to risks to equality of opportunity, which they felt would be an adjustment among their colleagues. One mentioned that some work was needed to raise awareness of this transition and what it would mean within the sector.
- A couple of KIs and a provider mentioned that some groups they anticipated would be included seemed to be missing in the data, such as children from military families. They were concerned this may result in them being overlooked in providers' strategies.
- One provider and a KI commented on how the risks had been categorised within the register. The provider stated that while they appreciated that the categorisation of risks into three sections was intended to make them more digestible, they were concerned this may undermine the interconnectedness of risks across the student life-cycle.
- One KI noted being unclear on how the OfS had defined and categorised certain risks within the EORR and wanted to see more evidence behind why certain associations had been made between different student groups and risks.
- One provider flagged that they would have liked for the EORR to have been more explicitly linked with the A&P dashboard, and the risks and characteristics more closely aligned between the two tools.
- A couple of providers felt that the EORR was slightly more top-level than they expected and they were hoping it would incorporate more research and evidence of 'what works'. One provider noted that the Centre for Transforming Access and Student Outcomes in Higher Education (TASO) had completed a rapid literature review and they were slightly surprised to not see more of the findings incorporated, including some reasoning behind why risks are linked to certain groups.

## 2.4 Written guidance (RN1 and RA6)

### 2.4.1 What worked well

The guidance documents RN1 and RA6 were seen as indispensable, providing the foundation of providers' understanding of the reforms and therefore a few struggled to evaluate them as 'tools', considering them instead to be the reforms themselves. The most common comment from many providers regarding what worked well about the guidance documents was that they provided necessary instruction.

A few providers noted that they found the guidance documents easy to follow. One mentioned that they were well numbered, which helped them reference and refer back to them more easily. A few providers also said they liked the use of examples.

### 2.4.2 What worked less well

As with the EORR, the key criticism of the guidance raised by many providers and KIs was the timing. Many noted that if they had waited for the finalised version of the guidance to be published, they would have been unable to submit on time. This meant, as several providers noted, that they had to make informed judgements around what to include and how to present their plans based on their impressions from the draft guidance and other more informal conversations they had been privy to. These providers noted that this created backchannels in which unofficial information could circulate as providers discussed ongoing changes with each other. The late publication of RA6 and the more detailed guidance it offered was a particular frustration. A couple of providers felt this short timescale

indicated a lack of understanding within the OfS as to how long the preparation and governance approval of APP would take.

*"The feeling was that there'd been a bit of a drip-feed of information, and that obviously the providers appreciated the OfS trying to keep them updated, but it left this sort of void into which speculation or partial understanding of what was down the track started to take root."*

**Key Informant**

The publication of RA6 so close to the webinar sessions was also noted by a couple of providers, who felt that it did not allow them time to properly digest the documents, so they could ask relevant follow-up questions. This was felt, in turn, to limit the usefulness of the webinars.

Additionally, a few providers noted small perceived inconsistencies between the draft and final updated guidance, which meant that some work had to be changed or re-done at a later stage of their preparation, creating additional stress or workload. However, one provider noted that where there were differences, it was clear which version took precedence. One provider noted that the updated RA6 included evaluation tables, which they had not anticipated. They felt this indicated a lack of consolidation by the OfS in their approach. Another perceived an inconsistency between RN1 and RA6, which offered contradictory guidance on whether or not hardship funds could be included in the plan.

Other areas where providers felt there was room for improvement related to the level of detail in the documents. A few providers noted that the length and detail of the guidance made it hard to digest, and that it was written in slightly inaccessible language. While these providers appreciated that the guidance needed to be detailed to stand up to scrutiny, a couple noted that this made it unapproachable and overwhelming. This meant they had to perform some translation work to simplify it, so they could effectively relay it internally.

Conversely, a few providers and KIs felt the documents lacked detail, specifically in relation to the examples provided. While the inclusion of examples was something participants were broadly encouraging of, a few providers noted that they would have liked to have seen a greater variety of examples addressing a broader range of risks and regional considerations.

## 2.5 Templates

### 2.5.1 What worked well

Several providers mentioned that they found the templates a helpful tool, as they provided a useful steer on what the APP should include. A few mentioned that they found the templates particularly good for providing a focused, structured response that was to the point. A couple felt this was an improvement on the vaguer structure of previous plans, enabling them to identify and generate more targeted responses.

A couple of providers mentioned that the inclusion of financial costings in the templates was a particularly useful exercise – not only as they could be used in institutional planning meetings but also because they were seen as lending initiatives extra weight, to help secure funding. A couple of providers also praised the structured approach and inclusion of evidence and interventions explicitly linked to specific risks to help push through new activities. The intervention strategy plan was mentioned by one provider as being particularly useful.

*"I think they [the templates] were really helpful. They certainly provided that structure and the focus. I think sometimes it would have been nice to have had a little bit more information about how to structure certain parts or the level of detail that might be useful. But yes, I would say overall that they were really useful."*

**Provider**

### 2.5.2 What worked less well

Areas for improvement raised by providers either related to a lack of clarity in how to use the templates or broader concerns around the objectives of the documents.

A few providers felt the templates did not give much indication of the level of detail they should include in each section, such as indicative word limits. This was noted by a few as being particularly tricky for calculating the financial elements. This lack of clarity links to a few providers' concerns around fitting their plan within the 30-page limit. A couple mentioned that, to include the level of detail and justification they felt was appropriate, they resorted to extensive annexes, making the total document size significantly longer (over 70 pages in one or two instances). Another provider noted that if they wanted to include multiple intervention strategies, they would reach the page limit very quickly. A few providers suggested that additional communication to improve clarity around the level of detail expected within the APP may be beneficial.

One factor that a few providers felt exacerbated this difficulty was the repetition within the document. The repetition of objectives in both the intervention and evaluation sections was mentioned by a couple of providers who felt it was unnecessary, especially considering the space constraints. One provider mentioned that they chose to merge the tables evaluating activities with the tables relating to the activities themselves, to be more space-efficient.

Although a few providers thought they were valuable, the inclusion of tables was also seen to add to the difficulty in confining their plans to 30 pages. One provider mentioned that these tables also led to additional time spent formatting to reduce the proportion of space they consumed. Another provider mentioned that the size of the tables made them difficult to read and slightly 'unworkable'. This led two providers to switch the template from landscape to portrait, so they could include more detail. A few providers indicated that reviewing the tables' formatting to improve space efficiency would be beneficial.

Two providers mentioned that some perceived inconsistencies between the draft template and the finalised template were a challenge – and one noted that, given the time pressure, they started using the strategy and intervention table from the draft, which they subsequently had to re-work. Another provider believed there to be some inconsistencies in the template guidance around the breakdown of financial elements, in terms of how they needed to be structured and the level of detail to include in the final plan.

As with the written guidance, several providers felt that the templates were not accessible, particularly to lay audiences. They felt that the level of technical detail required and the terminology included would make them indigestible to parents, students and even colleagues who are less involved in A&P. It was suggested by these providers that trying to make the document meet the regulatory requirements, while making it accessible to such a wide range of non-expert audiences, diluted its value in achieving either. Therefore a few providers suggested that it may be beneficial to further develop the plan summary templates to help make these a truly accessible document to lay audiences without removing crucial detail.

## 2.6 Webinars

### 2.6.1 What worked well

The majority of providers had attended the OfS A&P reform webinars. Several providers thought the webinars were a useful tool to help build understanding of the reforms alongside the written guidance. These providers felt the webinars gave a clear explanation of the written guidance, helping to make it more digestible and less overwhelming – making them feel more secure in their understanding. They also saw the webinars as useful in creating a shared understanding of the reforms within their provider, as multiple colleagues were able to attend.

A few specifically mentioned that the Q&A sessions were particularly useful, allowing them to check their own understanding of the reforms and enabling them to hear answers to other providers' questions.

*"The webinars I thought worked really well, very informative. I liked the format where they talked specifically through the guidance and there was the opportunity for Q&A and it was useful to hear other people's questions, which I don't think you'd get if it was a recording, it was good that I was able to attend live and see other people's thoughts."*

**Provider**

A couple of KIs also commented on the usefulness of webinars, in terms helping to raise general sector awareness of the reforms alongside the written guidance. While they felt that the webinars did not add anything new to the written guidance, they saw them as having a core role in embedding key messages.

### 2.6.2 What worked less well

Many providers who had attended the webinars commented that their usefulness was limited due to the format and level they were pitched at. They felt that the webinars were a repeat of the written guidance and did not add anything to this. Because of this, a few thought that the webinars had been pitched at the wrong level, seeing them as too introductory and too top-level – instead of supporting the A&P specialists who were going to be developing the plan.

Many providers also felt that the Q&A sections were currently limited in their usefulness, but thought this was the part of the webinars that had potential to add most value – as they were able to ask questions about their interpretation of written guidance and how it applied to their provider's circumstances. These providers reported the following responses to the Q&A sessions (in order of relative frequency):

- Not addressing enough of the questions posed / being too short.
- Giving vague answers to questions.
- Not going beyond what is already stated in the written guidance.
- Facilitated by people without the knowledge or authority to be able to answer queries with certainty.
- Not recorded and so not able to be referred back to.

Many providers wanted the webinars to be less focused on delivering an overview of the written guidance, and instead allow more space for interactive discussions with other attendees and more in-depth Q&A with the OfS facilitators – enabling providers to build on their understanding of the written guidance. Several providers also suggested that the webinar discussion be recorded, in particular the Q&A sessions, so that attendees could refer back to this information at a later date.

One provider reported that they thought they were only allowed to have one attendee from their provider in the webinar. With such an important document to create, they wanted more colleagues to be able to attend, which would allow them to discuss key takeaways. There may be a miscommunication here in terms of webinar access rules. To mitigate this, a couple of providers suggested developing a rolling FAQ document following the webinars to record and share this information more widely.

## 2.7 Telephone surgeries

### 2.7.1 What worked well

Many providers stated that the telephone surgeries had been a useful tool when preparing their APP – several specifically commented that they were a useful checking point in the process of writing their plan. The fact that these were individual provider conversations allowed them to discuss their own context and data, which was not possible within the webinars. Providers appreciated this more personalised approach, as it allowed them to ask specific questions and share work-in-progress parts of their plan. Providers saw sessions as helpful, reassuring them that they were developing something that broadly fit within the OfS's expectations.

*"The online telephone surgery, that was quite useful. I think that was by far the most useful in the sense that we got to talk about our approach because this new way has much more interpretation, it was just useful to say, 'This is how we are thinking of approaching it, does it sound fitting?' […] Then they would give the response like, 'Well from how you have described it that seems a logical approach to us.'"*

**Provider**

### 2.7.2 What worked less well

Several providers found that the telephone surgeries did not give them as much clarity as they had hoped for, and thought the answers to their questions were sometimes too vague. For example, one provider wanted clarity over how many targets would be deemed appropriate based on the size of their provider, seeking some ballpark expectations, but felt they did not receive enough clear guidance on this within their session.

While a few of these providers acknowledged that the phased approach to the new APPs meant that much of this detail was still in development and that the OfS wanted providers to help shape best practice, they were seeking more of a collaborative approach and direction from the OfS, particularly within the telephone surgeries.

A couple of providers felt that the time of year of their telephone surgeries made them less useful than they could have been. One of these providers commented on not having enough of their plan written or in development when the call was offered, while the other spoke of surgeries being booked in before the guidance had been released, meaning discussions were then limited. They suggested having a scheduled follow-up call or additional surgery to allow for further questions and another point to check-in.

A couple of providers cited inconsistencies between information they had received in the telephone surgeries and what had been communicated in webinars, guidance documents or from John Blake. This impacted their confidence in their plan, as they were not sure which information source to rely on.

One provider also noted that because they were limited to four people, they could not include other wider colleagues, namely senior managers. They suggested allowing more than four attendees from a provider, which they thought would help create a unified, whole-provider approach to their APP.

## 2.8 A&P data dashboards

### 2.8.1 What worked well

The majority of providers said that the data dashboards were a useful tool when creating their APP, giving them a wealth of data to explore. Several thought the dashboards were a useful starting point for identifying areas they may want to focus on within their APP. While many would supplement this with other internal data to give more granular analysis, they were happy to do so, and felt the dashboards were a useful comparison point for their internal data.

*"I was able to download the data, look at it, do our own analysis of that and complement it with internal qualitative data that we had from the university. That is quite helpful, and I really appreciate that because it makes sure that we are on the same page in terms of data and it updates quite quickly, and I can refer back to it again. In the previous plan, that didn't exist, and we'd have our own data, and they would query us because they've got a different set of data."*

**Provider**

A few providers specifically spoke about the benefit of being able to look at different student groups; for example, having apprenticeship split out as its own group. A few smaller providers particularly liked that the dashboards gave them aggregated data where student groups were small, as it allowed them to see broader trends.

### 2.8.2 What worked less well

As previously noted, many providers stated that they needed to supplement the data in the dashboard or recreate this internally to achieve the level of intersectionality required. While they often understood that a public dashboard

like this should not have this level of detail (and noted that it offered a useful point of comparison, as mentioned above), it did still create additional work for providers and a few felt this could lead to inaccuracies and inconsistencies when recreating these datasets. Consequently, several providers felt that the OfS could offer more granular data with intersectionality privately to providers, rather than on the public dashboard. They felt this would save them time and also reduce risk of inaccuracies when trying to recreate datasets.

*"I appreciate that, because there is one published dashboard that is available to the whole world, that detail isn't there, but I find it frustrating that OfS couldn't produce effectively what our data insights team produces for us, because they have got the data, and produce a provider-access-only dashboard. That would save us, especially in a compressed timeframe like this, considerable time. [There is a] risk of inaccuracy because when you're recreating something and you're trying to match somebody else's rounding methodology, for example, that is just prone to inaccuracy."*

**Provider**

A few providers also mentioned challenges when using the data dashboards alongside the EORR and the time it took to consolidate information together from across sources. One provider also mentioned issues in the dashboards not including all student groups that are on the EORR, such as care-experienced students. This again meant additional time was needed to consider other information sources. These providers suggested that the dashboards could be better linked with the EORR. They felt that given the OfS had the data on providers and knew what the areas of priority were, they could indicate these in the dashboard data, to give providers a starting point to work from.

*"It is the mother of all analysis to do for them, because they have got a lot of providers, but fundamentally, if they've got a series of risks and they have got our data, they know our context, I'm pretty sure somebody could tell us indicatively what they think our targets are, what our risks are, and then put a comment on them."*

**Provider**

A few providers reported challenges around timing of the dashboard updates and their APP preparation. Publishing the data later in the APP preparation period meant they were having to use historical data to inform their plans. One provider also commented that the data dashboard update coincided with the Easter holiday – meaning there were limited staff resource to incorporate this data into their plan.

A few providers reported issues with the dashboards' accessibility. This included issues with the following:

- The dashboards lagging or crashing, mentioned by a few providers.
- The colours not being accessible to those who are colour-blind, mentioned by one provider.

A few providers and a few KIs mentioned difficulties understanding specific data terms in the dashboard, in particular the Associations between Characteristics of Students data (ABCS). A couple of providers also commented on the removal of statistical tests (at a single significance level) from the dashboards. While they could understand the OfS's rationale for doing this, they found it challenging to have to make this judgement internally, and the issue it presented when they were asked for this information by internal stakeholders.

## 2.10 Perceptions of burden

Questions about providers' steps in their APP preparation were used to surface any comments about workload and burden – however, this was not top-of-mind for providers, and few mentioned workload negatively in the context of regulatory burden directly in interviews. However, those providers who did mention it felt that APP preparation remained worthwhile, believing that A&P is important and that there is a wider moral imperative to do it well. KIs also generally felt that the regulatory and administrative workload was worth shouldering.

*"The work is exactly right. It should be that amount of work. This is really important, and it will become easier over time as we begin to get used to the approach and embed it."*

**Key informant**

However, KIs pointed to areas where the workload could become an issue for providers. Areas where the risk of burden may be higher revolved around the following:

- The number of people involved.
- Working within a small provider.
- High workload across all regulation.
- The capacity to make strategic decisions.

Many participants, across providers and KIs, reported that the number of people involved in developing and managing APPs within a provider has increased, because of the need to consult on theories of change, intervention strategies and evaluation. This meant that there was more time spent coordinating discussions and workload. However, providers liked the whole-provider approach and it was accepted that this necessitated support from a wider pool of colleagues – when this may have been more siloed for past plans.

On the other hand, a couple of small providers reported that the burden of producing the plan was high for them – they will usually have one person writing the majority of it, and don't have multiple departments working on it. Being able to complete all the necessary reviews and consultation in the timeframe was tricky.

Furthermore, a few providers and KIs felt that the regulatory burden could not be separated from other regulatory burdens, and these all need to be considered together. There is high administrative burden in preparing the APP alongside other regulatory work, such as TEF and B3 conditions, which does not only affect small providers.

One KI specifically mentioned that 'strategic capacity to do something different' in providers is limited at the moment due to other factors impacting their financial and human resources, such as the war in Ukraine, the cost-of-living crisis and the inflation crisis. They would also like the OfS to acknowledge that these reforms are 'radical' and that departments within the OfS should work together to ensure that priorities, and therefore demands on provider time, are not overlapping.

*"In a given academic year, there's only so many hours in the week and only so many things you can do, and when you are dealing with a unit of resource on the undergraduate level that's a third less than it was ten years ago […] the available strategic capacity to do something quite radically different feels like it's at an all-time low, so these reforms land where [the OfS] are asking for something quite radical to happen, probably more radical than parts of OfS realise, at precisely the time when that available strategic capacity to do things differently is shot."*

**Key informant**

Other issues related to workload and burden were mentioned. One provider commented on difficulties surrounding student consultation due to the time of year of writing, and therefore not being able to provide a student submission because the students did not have the capacity to develop it. Another provider raised a concern about how to report on the financing for the APP and the additional work this created, because they felt they were receiving conflicting information: the APP requires estimates for intervention strategies, but the OfS requires the overall A&P spend to be reported.

# 3. Emerging outcomes evaluation

# 3. Emerging outcomes evaluation

This research was conducted shortly after providers submitted their APPs for implementation in the academic year 2024-2025. As such, it is too early to assess the extent to which changes in providers or the wider sector have occurred as a result of the reforms. Therefore, at this point of the evaluation, this research has only considered emerging outcomes and indications of change shared by participants.

## 3.1 Identifying risks to equality of opportunity

Prior to the 2023 reforms, APPs encouraged providers to set targets that aligned with the OfS's key performance indicators. The new approach requires providers to consider the risks to equality of opportunity within their own context. The EORR shows a range of evidenced national-level risks at each stage within the student life-cycle, but providers are not expected to cover each risk within their APP, allowing them the flexibility to identify risks specifically within their provider.

A key evaluation question was to understand the extent to which providers were identifying risks to equality of opportunity and to understand if the approach taken was different to before. It is important to note that not all providers were asked directly if their approach was different to before, and not all had worked on their provider's previous APP, so there were only small numbers who mentioned a specific change in approach.

### 3.1.1 Using internal discussions to identify risks and indicators of risk

As a starting point, many providers reported that they held internal discussions with staff and students to understand what they felt to be the most important risks to students. For example, one provider reported speaking to students who have characteristics associated with risks about the barriers they faced in the application process. Focus groups and conversations with students tended to be centred on identifying what the risks were at a provider, whereas discussions with staff also included understanding who the target groups might be and what gaps might need addressing, i.e. focusing on indicators of risk. These staff discussions helped providers to consider their context and wider groups of students who might be affected.

A few providers explicitly talked about how their approach to identifying risks and developing their plan was now more consultative, taking a more provider-wide approach, than in previous iterations. This was because of the requirement from the OfS for this to be a strategic document and due to the associated requirements around evaluation. One provider in particular indicated that previously only one person would have worked on the plan, so bringing colleagues together to discuss was different to their previous approach.

### 3.1.2 Using data and the A&P dashboards to identify risks and indicators of risk

Alternatively, many providers carried out an assessment of performance as the first step in identifying risks and indicators of risk, using a mix of internal data, the A&P dashboards and other data sources. As mentioned previously, providers often supplemented the A&P dashboard data with their own internal data and other sources, as it was accepted that a national dataset could not provide the necessary granularity. However, several providers reported using the A&P dashboard to understand their place in national gaps, such as the awarding gap. A few providers continued to refer to gaps over 'indicators of risk' – perhaps because the A&P dashboards are framed around gaps, which may mean they have not understood the move towards addressing underlying risks rather than gaps. This approach appeared to be similar to their previous approach to APPs – the focus was on data and assessing their current performance, rather than looking to wider sources to identify underlying indicators of risk.

*"We would do the analysis gap, so we can see where we got the worst issues, the biggest gaps that we did have to address. We also discussed them with the students who could give us a bit of background information about why that might be happening […] It is really useful to understand that side of things. Also, once you've got your gaps you then look at the EORR, and then look at each of them in turn, think about what could be going on in relation to that where you've got the big gaps."*

**Provider**

This approach appeared to be similar to their previous approach to APPs – the focus was on data and assessing their current performance, rather than looking to wider sources to identify underlying indicators of risk.

### 3.1.3 Use of the EORR in identifying risks

As the EORR was introduced for these reforms, any use is different to their previous approach. Although use of the EORR in identification was not always explicitly noted in their process, the majority of providers reported that the EORR was a helpful starting point. A couple of providers also noted looking at the EORR after deciding which groups and gaps to target. Providers felt they had enough information to start their process in other ways, particularly with data analysis.

The few providers who explicitly mentioned how they used the EORR said that they found it useful – for example, one provider mentioned centring discussions with their teams around the EORR.

*"Those first few weeks of discussion prior to writing the plan were key, we went through the Equal Opportunities Risk Register with everybody. We worked our way through it, and looked at the various demographics, and the various risks by characteristics and so on."*

**Provider**

However, a few providers reported that the EORR did not steer the design of their plan. A couple of providers who did not use the EORR to identify risks reported that they did not feel it was particularly relevant to their provider and instead carried out other research to identify these.

Another two providers referenced the timing of the EORR's publication as a reason that their provider wrote their own risk register, which they then mapped onto the EORR once it was published and found that it largely aligned with the risks they had identified.

One KI mentioned the use of the EORR and felt that that providers were not starting with it because they were still focusing on gaps, following what they said in their previous plans. However, two other KIs commented that they had heard providers find the EORR helpful in identifying risks.

Overall, while providers were largely using terms such as 'risk' and 'indicator of risk', they often relied on their prior understanding of data and discussions of gaps. This is perhaps because closing a gap is how they have previously understood reaching outcomes within A&P.

## 3.2 Prioritising risks to equality of opportunity

After identifying their risks to equality of opportunity, providers sought to prioritise either the risks for which they felt they could produce a successful outcome (e.g. closing an attainment gap) or those that were the greatest potential risks for their students, based on internal data and discussions. Several also considered other external factors, such as the feasibility of evaluating the impact of interventions or outcomes.

As with identifying risks, providers tended to prioritise their risks through discussions with staff and students. Many providers reported that they discussed their potential greatest risks with colleagues, such as senior leadership and steering committees, and students, such as the student union, to collect a range of opinions. One provider used the EORR to first help identify risks, then asked students which they felt were most relevant to their context. Another provider conducted a voting process. These consultation processes led many providers to prioritise between three to six risks each.

Alongside consultation, several providers reported using a more systematic method to prioritise their risks using rating systems, assessing feasibility or impact. A few also looked at the reputational optics to help prioritise which risks they focused on. Throughout this process, providers used internal data and dashboard data to inform decisions. A few providers were considering the size of a gap and the size of the population affected to decide what were the greatest risks. For example, one provider stated:

*"We created an impact rating where we looked at the gaps in terms of continuation and progression and multiplied that by the population number, so the demand of population. We then prioritised any gaps that had the greatest number of students that it is impacting. So, not just looking at how big the gap is."*

**Provider**

Feasibility was another consideration in prioritising risks. A few providers mentioned that they considered how feasible it was to carry out an intervention strategy due to the costs involved, as they had limited resources and wanted to ensure they were prioritising those where they could have the greatest effect. In particular, a small provider mentioned that they had heard through OfS meetings that they were expected to pick two to four risks, with the idea of doing less but doing better, to ensure adequate resourcing. Two KIs also reported that they felt that the feasibility of conducting evaluations might feed into how providers prioritise their risks; i.e. if an intervention strategy is more difficult to evaluate, they may not consider it. This may suggest that groups who are traditionally more difficult to design interventions for may not be taken into account in plans because those interventions may be more difficult to evaluate.

One provider also considered how prioritising one risk over another might look externally; for example, putting in an intervention strategy for male students receiving free school meals might be negatively perceived because they may ultimately have more privilege than female students once they have graduated due to societal imbalances.

## 3.3 Planned activities as a result of the reforms

### 3.3.1 Planned activities

The majority of providers spoke about including new activities in their APP. While they did not always explicitly state that this was driven solely by the reforms to regulating equality of opportunity, they very much spoke about these activities as being a response to analysis of the data dashboards and the EORR. A few providers talked about now having access to crucial data through the dashboards and evidence to support initiatives and address specific risks. These were areas that these providers historically knew or suspected were priority areas but they did not have the evidence to back this up previously, such as free school meals data.

Examples of activities and areas of focus that providers described as new in their provider included:

- Resilience training for mental health.
- Outreach and workshops in schools, including awareness and understanding campaigns for access to higher education.
- Personal tutor schemes.
- Developing sense of belonging among students.
- Addressing student cost pressures.
- Supporting students who are care-experienced across the student life-cycle.

- Increasing IT literacy.
- Employability support programmes.

While these were often not wholly new activity areas, they typically had a slightly different focus, based on the reforms or on what had been flagged as specific risks for their provider through reviewing the EORR and the dashboard data. In this sense, providers did not always class these as new activities, but spoke about maintaining and refining existing activities, and including these in their new plan.

*"We've got a split of existing activity and a new activity, and some of that is because we've identified new targets that we otherwise hadn't had in the previous plan. Some of that is because our thinking has changed about how to address it based on research and looking more at the EORR, so thinking about those risks in terms of personalised academic support and things like that. It has allowed us to reframe it."*

**Provider**

One provider said that some of their activities, such as personal tutor schemes, were not completely new to the provider, but that the reforms and the new evaluative approach had helped them to see how application of these existing activities could address A&P. As such, these activities were being tweaked and written into their APP.

*"I think that the evaluation part of the project made all of the intervention strategies new in a way. So, we delivered the personal tutor schemes once, but the personal tutor scheme never had the evaluation in it, never had the APP context to it, so now all the tutors are going to be trained on how to use the contextual background information to conduct their tutorials with their personal tutees. We are going to have data that we are going to evaluate to see whether the personal tutor contact is, in fact, helping those students that we are worried about. We didn't have that before."*

**Provider**

While many providers appeared to be happy with the approach of identifying new activity areas and refocusing existing ones, a few explicitly mentioned confusion over what was expected in their plans in terms of new and old activities. They were unclear about whether old activities were allowed to be written into plans or if it was intended to only be completely new activities. This led a few providers to be concerned that worthwhile existing initiatives could be deprioritised, if they were not formally written into the APP. They were concerned that these activities would not receive funding and be discontinued.

*"I remember at one of the webinars somebody from the OfS just scared everybody by saying, 'It all has to be new activity', and there was well, 'We have been doing APPs and trying stuff for a few years now. Why would we keep trying things and then stop doing them?' If it works, we would carry on with it. It did not make sense, I think it was explained afterwards that yes, you can target it, or yes you can use it, but don't include lots of business as usual. So I did understand eventually, but I think the first explanation, when they first said that, that did worry everybody."*

**Provider**

### 3.3.2 Planned collaborations

Many providers spoke about intended new collaborations as part of their A&P work, often focused on risks associated with access to higher education and raising pre-16 attainment. Collaborations were seen as necessary in addressing certain risks that were beyond the control of any individual provider in isolation. A couple of providers commented that the reforms have given them more weight and power to initiate some of these collaborations, which may not otherwise have been authorised or given funding.

Collaborations included groups and programmes such as the following:

- Uni Connect.
- IntoUniversity.
- TASO.
- APP special interest groups, such as FACE (Forum for Access and Continuing Education).
- Local schools and colleges.
- Other universities (on specific initiatives as well as sharing best practice).

In a few cases, these were completely new collaborations, but several providers specifically spoke about revising their activity with organisations that they had existing relationships with, and refocusing activities to address their new priority areas.

*"I don't think we've got any new collaborations as such. I think we do different projects. We're definitely doing different interventions with those partners, so it's helped us to develop different, totally new interventions for those partners."*

**Provider**

However, the time frame made the ability to develop and write these collaborations into the APP difficult. One provider in particular commented on this:

*"I think it was really interesting in the guidance that there was a lot of discussion around collaboration with employers, and thinking of the life-cycle which is all super positive and really good. In terms of time frames to be able to put something confidently in the plan, there wasn't that. I think it's more about taking on board that that is something that would be good and trying to develop it, but it wasn't established enough to be able to have it in the plan as something we definitely think we'll be able to do. Those conversations haven't been able to happen within that time frame."*

**Provider**

One provider and one KI raised concerns over the risk of including collaborations into provider APPs. They felt that writing another organisation into the plan, whom the provider had little control over, was risky to outcomes. It was felt that this could lead to collaborations not being written into plans for fear it could negatively affect a provider reputation when outcomes are published. One other KI raised concerns over there not being a specific target around collaborations in the guidance from OfS, which they felt might mean they get deprioritised.

*"We have purposefully avoided writing anything into a regulatory document that relies on somebody else. Because if they do not pull their weight or if they go under or who knows what, and then they cease to be, where does that leave us for a regulatory perspective? You haven't met outcomes, this, and this? You think, 'Was that our fault? They went out of business.'"*

**Provider**

## 3.4 Anticipated changes in practice as a result of the reforms

This research was conducted shortly after providers submitted their APPs. As such, it is too early to assess the extent to which there have been changes in practice across the sector as a result.

Beyond the planned activity areas (as discussed previously) anticipated sector changes were largely discussed in terms of a more joined-up, holistic view of A&P. A few KIs anticipated the reforms might positively result in senior managers at higher education providers taking the issue of A&P more seriously, because of the level of focus the OfS are now placing on it. Similarly, a few providers felt the reforms would help them gain more senior leadership buy-in to A&P work, as it is now a stronger focus in regulation and requires a more joined-up approach. One provider also spoke about senior personnel being able to now see clearer links between work in the TEF and their APP, as opposed to viewing these in siloes.

*"There has been a major shift in my institution in terms of me having support from senior personnel. In previous submissions I have been very much working alone. This time there was a real concerted effort to get comms out there, to get staff on board, to get familiarisation sessions up and running. I felt much more supported."*

**Provider**

One KI discussed how the reforms may help providers that historically might not have seen A&P as their top priority to challenge their existing practices. They gave an example of providers that may have had high-tariff admissions policies starting to consider contextual offers, with these providers aiming to provide evidence of this process working and challenge current thinking in the sector.

A few KIs did question the extent to which wider sector change would be seen, based on how providers would be held accountable to what is written into their plan. A couple had the impression that the OfS want wider sector bodies to work with providers and hold them to account over their planned activities – but they were dubious about whether there would be capacity to do this, or ultimately if they had enough authority to do so with no powers for sanction. They also talked about seeing their place as being a support to the sector, offering safe spaces for providers for discussion and collaboration, as opposed to helping regulate the sector.

In the upcoming second phase of this research, and as wave 2 providers begin submitting, it is likely that more sector changes will have begun to play out and will be observable.

## 3.5 Changes in quality of APPs as a result of the reforms

### 3.5.1 Changes in perceived quality and credibility of APPs

The majority of providers felt that their plans had improved in quality because they were more focused and more strategic than before. Many providers also reported that their plans felt more 'realistic' and their targets were more achievable than in previous iterations. Providers generally felt that these plans were stronger than previous APPs because they contained detailed intervention and evaluation strategies, as well as cost and resource implications, which in turn made them feel more committed to ensuring they met their objectives. A few specifically mentioned the templates being useful in ensuring that the plans were focused, because they centred the interventions and evaluation, placing the data analysis in the annex.

*"It feels [like] we've pinned ourselves down, in a good way, and we've committed, and also it's more specific around evaluation, around impact, around cost, and it feels more internally consistent because of the nature of the template, but you could just pick up those blue boxes and go that's what you're doing."*

**Provider**

However, one provider mentioned that time pressure impacted their perception of quality because they were not able to carry out full literature reviews for each intervention strategy, instead relying on 'rapid reviews'.

### 3.5.2 Changes in perceived ambition and reach of APPs

Many providers also reported that their level of ambition had not changed because they felt that they had set similar, ambitious targets in the previous plan. However, it should be noted that there is some chance that this could be a result of social desirability bias, because providers may not have wanted to suggest they had been less ambitious. The few providers who did think that their plan appeared less ambitious than their previous one felt that this APP was more realistic and achievable.

On the other hand, several providers felt that their ambition and reach had increased because they were considering the whole student life-cycle, were more focused in their targets or had improved evaluation strategies. One provider also felt they were more ambitious in their evaluation strategies, specifically mentioning a significant change to their actions by now pushing to publish positive and negative findings.

A provider who reported that their plan had more reach stated:

*"We've picked our student groups and we want to see it throughout that full life-cycle. Rather than just about the awarding gaps or just about retention, we're looking across the board in terms of that work."*

**Provider**

## 3.6 Changes in evaluation practice as a result of the reforms

Providers reported that they had more evaluation planned than before as it was an important focus of the reforms to regulating equality of opportunity. KIs also noted that there had been an increase in evaluation across the sector, not only due to the reforms, but also because of other regulation, such as previous reforms to regulating equality of opportunity and the TEF. For example, one KI specifically mentioned that there was some awareness in providers that the evaluative evidence needed for the TEF is not dissimilar to the impact evidence needed for A&P.

For many providers, increasing their evaluation capacity was one overall change, which included:

- Upskilling staff.
- Hiring new evaluation specialists.
- Working with external evaluation experts, e.g. Specialist Evidence, Evaluation and Research (SEER).

Several providers specifically mentioned that they had invested in upskilling staff to match the OfS's expectations, such as providing training for A&P practitioners on theories of change. One provider was also training students in evaluation methodology to meet requirements.

Other changes were around improving the quality of evaluation, including the following:

- Developing theories of change for intervention strategies.
- Investigating evidence of 'what works' for intervention strategies, e.g. TASO.
- Using the OfS evaluation self-assessment tool.
- Discussing methodologies for achieving Type 1, Type 2 and Type 3 evidence.

It is important to note that this was not only in response to the current reforms, but that it began a few years ago, potentially around the announcement of the previous reforms to regulating equality of opportunity. Other providers also reported that they were hiring new evaluation specialists, which related to a point a few KIs made about there being a rise in job adverts for evaluation managers at providers.

A few providers, particularly small and specialist ones, were looking to outsource more of their evaluation activities to meet both OfS and sector expectations of evaluation quality. One provider stated:

*"The demands, the rigour, and the level of evaluation that is needed to be able to publish research to the standard that is expected […], there is a real concern amongst small providers, that if we publish our own research […] [that if our] academic papers [are] published globally, our concern is they would just look ridiculous amongst our peers."*

**Provider**

Along with upskilling, several providers and KIs mentioned finding evidence for their intervention strategies through TASO, which in turn supported them in making decisions around how to evaluate those strategies. They hoped that this would be shared across the sector to support future iterations of intervention strategies.

Evidence was also mentioned in terms of the data needed for evaluations – a few participants commented on how challenging it could be to measure and articulate non-numerical change within the plans, such as changes to institutional culture. A couple found it difficult to articulate these changes in the financial section of their APPs due to the type of the data they were planning to use to measure it.

On another note, a couple of KIs felt that the shift towards more evaluation could potentially cause an 'evaluation industry' to be built up around higher education providers due to the increased demand. They felt this could unintentionally have the consequence of more effort being put into evaluation than the interventions themselves.

## 3.7 Anticipated unintended consequences of the reforms

A particular concern for KIs and providers was that providers may be risk averse and therefore choose to set targets and objectives that are more likely to achieve a positive impact because they feared negative consequences and penalties if they did not meet their objectives. It was understood that publishing evaluations would help the sector in the long run, but there was a feeling of vulnerability about being the first to publish something that didn't work. For a few, this caused concern about being investigated by the OfS and made them wary of being transparent.

There was also a concern from a few participants that providers may limit the activities they write about in their plans because of the requirement to evaluate and then publish the outcomes, regardless of whether the intervention strategy has worked or not. There was also a perception that providers may limit activities in plans based on the difficulties of evaluating the impact on small target groups. However, KIs were keen to stress that activities were likely still happening, but that they might not put into the plan because the providers were focusing on other activities that they could evaluate more effectively.

Additionally, although collaboration is a key theme of the reforms, a few providers and KIs felt that the publishing evaluation requirement may lead providers to not include certain collaborations or partnerships within their plans, because there may be less control when relying on an outside party.

If providers were to not put all their activities into the plans, one key informant reported:

*"The biggest [negative] outcome is the regulator is not going to have full oversight of what providers are doing because they are focusing on the things they can evaluate, so that poses quite a serious political challenge for them when, if a minister comes in and says 'why aren't universities doing this?'. In the old times someone would be able to do a quick word search in everyone's A&P plan, and be like 'Actually, ten universities are doing this', whereas now it's not going to show the full spectrum of activity, and we're concerned that that will require the OfS to do more asking for examples on a more routine basis, so that's the most negative part of it is that that will happen and they'll ask for case studies all the time."*

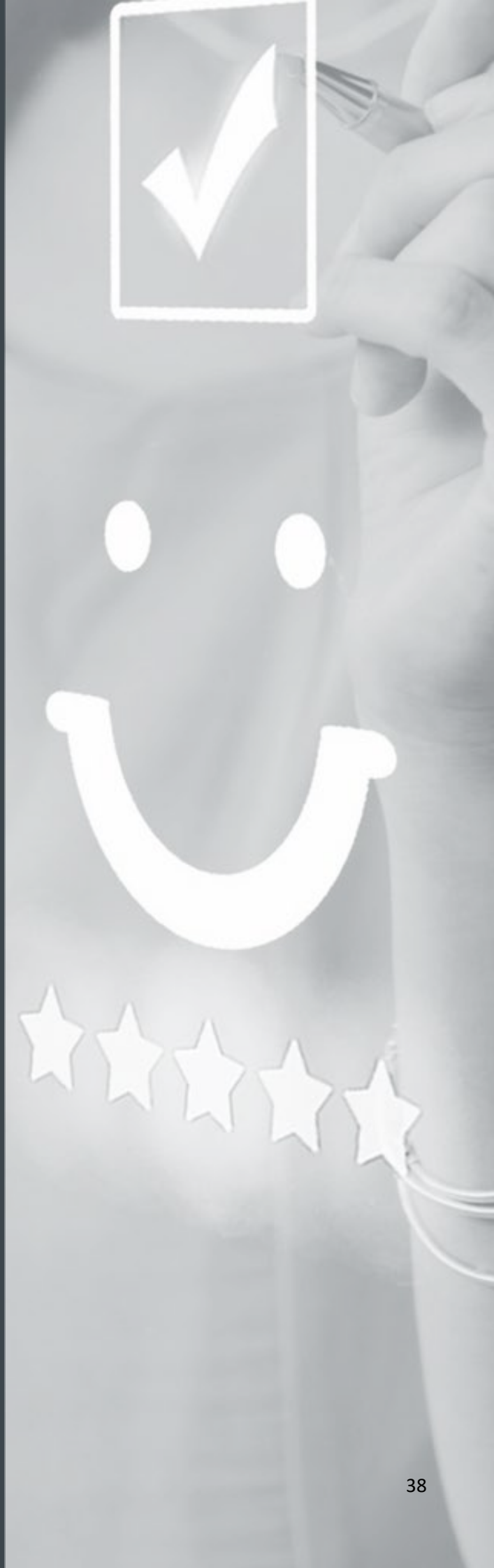
**Key informant**

Although not in itself an anticipated unintended consequence of the reforms, but related to limiting the activities within the plan – a few providers indicated that they may not get funding from their own provider for certain activities unless they are contained within the plan. A few providers and KIs reported that there is only limited funding within the sector and that the higher fees that providers are allowed to charge with an APP would not necessarily route through to the A&P intervention strategies.

*"There is the possibility that you might find that the way we put things forward through the interventions strategy lends itself to putting through your star projects which are high profile that look good, and that means that we've only got so much resource to spend on these types of activities, it might mean that those foundational things aren't included, or being assessed and evaluated in such a strong way. It might mean that there are some unintended consequences that come from that, and they are not invested into the same level that they need to be."*

**Provider**

# 4. Conclusion



# Conclusions

Overall, it appears that the reforms to regulating equality of opportunity have largely been welcomed and accepted so far by wave 1 providers and some key sector stakeholders. There was general agreement that the vision of the reforms, with its focus on risks to equality of opportunity, was well communicated. There was also general support for most of the new priority areas, in particular, the requirement for more rigorous evaluation. However, concerns were raised about raising pre-16 attainment.

It was felt that the reforms supported a whole-provider approach, and had encouraged wider engagement from different departments and senior leaders, which was seen as necessary to make real change in A&P. While providers did feel there was a high workload associated with creating their APP, providers and KIs thought it was a worthy cause, needing to be done right and with the involvement of multiple stakeholders.

However, tight timescales and perceived minor inconsistencies across information sources from the OfS did affect providers' confidence in their understanding and affected their workload. Many providers and KIs wanted timelines for the overall process to be more clearly communicated. There were also calls for communication to be more of a dialogue with the sector and individual providers, and for a more consultative approach to be taken. A few KIs reported that the advice and guidance could have been clearer to avoid speculation about what is expected from providers, which was further supported by two providers, who were keen to see more sharing of good practice in terms of APP development from the OfS.

The reforms to regulating equality of opportunity do appear to be influencing a change in activities within providers. A majority of providers reported including new activities in their APPs, in response to identifying and prioritising their risks (based on analysis of the data dashboards, the EORR and wider provider data and consultations). Some of these were wholly new activities, but many were reframed existing initiatives, refocusing them in relation to identified risks and reframing into evaluable interventions. New collaborations were also being planned, often focused on risks associated with access to higher education and raising pre-16 attainment, and especially used in addressing risks that were beyond the control of an individual provider. Providers have made changes to their evaluation practices to meet the OfS's expectations, such as upskilling staff, hiring evaluation specialists and developing theories of change.

Although there were new planned activities, it is too early to assess the extent to which these are resulting in changes in the sector as the interviews were conducted shortly after the wave 1 providers submitted their APPs. However, providers anticipated sector changes as they now had a more holistic approach to APPs, with more departments and senior leaders taking part in their development and delivery. Providers also largely felt that the quality of their plans had improved as a result of the reforms. The detail required for the intervention and evaluation strategies held them accountable and they were more committed to meeting their objectives – which were more realistic than previous plans.

Unintended consequences of the reforms were also explored in this research. A key concern was around how evaluation publishing could limit the activities providers write about or focus on in their plans, due to risk aversion and fear of investigation. Confusion over whether plans were only allowed to include new activities similarly led to concerns that worthwhile existing initiatives could be discontinued or no longer receiving funding. There was also concern that providers may be reluctant to formally write collaboration activities into their APPs, as their success was not solely in their own hands.