Evaluation of the OfS 2023 reforms to regulating equality of opportunity in higher education: Wave 1 collaborative partner interviews

A report to the Office for Students by Shift Learning

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Introduction

In 2023, the Office for Students (OfS) published its reforms to regulating equality of opportunity in English higher education (referred to subsequently in this report as 'the reforms'), including access and participation plans (APPs).[1] Shortly afterwards, the OfS invited 34 providers to submit their APP early and take part in a wave 1 reference group.

Following two other rounds of interviews with providers and sector stakeholders (known as key informants), this report covers findings from a third phase of interviews with 25 collaborative partners of wave 1 providers. Collaborative partners are organisations that work in collaboration with providers to deliver activities set out in their access and participation plans across the student lifecycle. For the purposes of this report, we have identified six key types from the partners interviewed, for which definitions are provided in the full report:

- Internal partners
- Uni Connect partnerships
- Third sector partners
- Private sector partners
- Public sector partners
- Higher education provider partners.

This executive summary highlights key findings under each of the core research questions. The full report provides more detailed findings from the interviews, as well as references to previous phases of research. This research constitutes part of a wider evaluation of the reforms by the OfS.

Note that the partners who participated in this research are more likely to be engaged with their providers compared to the wider sector, as they were largely recruited through their partner provider. While this gave us richer data, it may also have resulted in an over-representation of the usual level of knowledge and involvement that collaborative partners have in the process of providers preparing their APPs.

Process evaluation questions

What do wider stakeholders think works well and what could be improved about the Equality of Opportunity Risk Register (EORR)?

The majority of partners were generally aware that providers were using the EORR, but only a small number felt able to comment on what worked well and less well when preparing APPs. However, some partners were able to comment more generally on the EORR from their experience in the sector.

A small number of partners indicated the EORR was well structured, making it easy to understand. Additionally, a few partners mentioned that the EORR was particularly useful for their organisation in demonstrating the value their activity could deliver to providers when addressing risks. A few partners also mentioned that it was useful to have a consistent framework that providers across England and their partners could work from. They noted that providers they were working with now used the same metrics, which facilitated easier comparisons across the sector.

[1] See Analysis of consultation responses and decisions: Consultation on a new approach to regulating equality of opportunity in English higher education - Office for Students. Find out more about APPs: Access and participation plans - Office for Students.

A few partners felt able to comment on what worked less well and what could be improved with the EORR. A small number were concerned that it may be restrictive by narrowing the providers' focus to the risks listed, which they believed might lead providers to ignore other risks. A couple of partners also mentioned that the EORR may skew providers' access and participation (A&P) work towards smaller-scale, focused and measurable activities that 'fit neatly' into the specific risks listed. Furthermore, a couple felt that the EORR was nationally focused and were concerned this might lead to risks at a regional level being ignored in favour of either smaller-scale institutional risks or wider national risks – potentially leading to a decline in local collaboration.

Emerging outcomes evaluation questions

To what extent do providers explore and identify their risks to equality of opportunity? How does this reflect a change from their previous approaches?

To examine this area, collaborative partners were asked how the providers they worked with decided which activities to undertake. Several were not able to discuss providers' processes as they were not involved or informed. However, the majority, when prompted, indicated that providers explored and identified risks to equality of opportunity using the EORR and other forms of evidence, such as internal discussions and consultations, external discussions with the collaborative partner and A&P dashboards.

The EORR was seen to encouraged providers to:

- Use a range of evidence to identify risks to equality of opportunity, e.g. requesting a broader range of data (several reported this).
- Consider a broader range of students, e.g. male students from lower socio-economic backgrounds (a few mentioned this).
- Look across the whole student lifecycle, particularly the success stage (a few mentioned this).

The EORR was introduced with the reforms, and its use was mentioned by the majority of collaborative partners as a driver to changes in provider approaches to exploring and identifying risks. However, several partners also mentioned the reforms more broadly, the access that providers now had to data, and Director for Fair Access and Participation John Blake's communications on collaboration as drivers for changes in exploring and identifying risks.

While the reforms – and the EORR in particular – appear to have been influential in generating change around exploring and identifying risks, they may have had less impact in changing the language in which risk is framed. Only a few partners mentioned that the providers they worked with were using the language of 'risks' rather than 'gaps', in line with the language used in the reforms.

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

Collaborative partners did not describe any completely new intervention activity but did mention some changes to existing activity. This may be because all the collaborative partners we interviewed had been working with providers since before 2022 and the announcement of the reforms. Providers may have looked to new partners to deliver new activity.

Changes to activities, each reported by a few collaborative partners, were:

- Changes to target populations to make them 'more targeted', e.g. local students at schools with a high proportion of free school meals.
- Greater focus on activities in the success stage of the student lifecycle.

- Changes to activity elements, e.g. switching subject focus.

Many collaborative partners reported that the reforms were a driver for changes in planned activities. They attributed the emphasis on more targeted activities to the reforms, particularly the introduction of the EORR. Other influential factors included budget constraints, changes to providers' local contexts, internal evaluation and the needs of students.

However, many also reported that budget constraints were a barrier to responding to the reforms. A few mentioned human resourcing was a challenge, including limited teacher capacity in schools to support activity in the access lifecycle stage. A further few indicated that the feasibility of evaluating an activity was a barrier to designing intervention strategies – for example, requiring ethics approval for evaluating work with care experienced students.

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

Many collaborative partners stated that the quality of plans this time was higher. Only one partner mentioned that the quality had remained the same and no partners indicated that it had decreased.

Partners noted several key improvements to plans, each mentioned by a few:

- More evidence based.
- Clearer or more structured.
- More focused.

Only a few partners clearly articulated the reasons for any change in perceived quality, but those who did generally attributed it to the reforms. A couple also mentioned the availability of more evidence, additional resources devoted to the area by the university or the input of a specific key member of staff.

While many partners could not comment on credibility, a small number noted changes in the way that providers used evidence. Specifically, they mentioned the role of the EORR in encouraging the use of a wider range of evidence sources. In addition, a couple noted there was an increased use of internal data that supported providers in devising their targets for intervention, e.g. data around continuation and completion rates. Several partners also commented that an increased emphasis on evidence had improved the credibility of providers' plans. While their comments were largely general in nature, knowing that providers' strategies were based on a firm foundation of evidence increased their confidence in the credibility of the plans.

Many collaborative partners did not feel able to comment on the perceived reach and ambition of the APPs, as they were largely only aware of their own collaborative activities and felt this unlikely to be representative of the provider's wider ambition. However, several partners did indicate that provider ambition had remained the same, largely because they thought that the teams that they worked with had always been ambitious. Several partners mentioned that they thought ambition had increased because there was wider institutional buy-in, a tangible increase in the reach of activity or more defined, evidence-driven targets.

Several partners had seen positive outcomes of the reforms in terms of working more closely with their providers, and a few indicated that this was due to the reforms' emphasis on collaboration. However, a few indicated there had been no changes to their collaborative partnerships. A couple commented that the providers they worked with had always been consistently engaged and open to communication, while another couple in larger national charities felt that collaboration was already 'ingrained' and 'embedded' at their providers, so had not changed.

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

Many collaborative partners indicated there was an increase in evaluation practice – in particular the use of theories of change. A couple of collaborative partners had changed their offer to assist here, providing a new service supporting evaluation and designing theories of change for providers. A small number of partners were aware that the providers they worked with had hired evaluation specialists or had sought external help with evaluation. More broadly, a small number of partners indicated there were changes in attitudes towards evaluation, such as an increased level of consistency in the application of evaluation and best practice sharing across the sector. Although only a few felt able to comment on this, these partners mentioned the reforms as a factor in this change because the OfS's focus on evaluation in the reforms brought it more firmly to the sector's attention and teams were more able to ask senior leadership for resources. A few also mentioned that budget constraints had resulted in more evaluation, as a means of focusing scarce resources solely on what was effective.

Are stakeholders engaging with the plans/summaries and how do they plan to hold providers to account?

Collaborative partners were asked about their familiarity with providers' past plans. The majority were familiar with past plans, with varying levels of engagement – ranging from having conversations about their role in the past plan's targets to supporting its development. However, a few were less familiar, but understood how their work fits into the current plans.

The majority of collaborative partners did not feel it was their role to hold providers to account on the delivery of their plans. Several mentioned they lacked the authority to do so – especially as their work was funded by the provider. In these cases, they viewed the provider as a client rather than an equal partner and saw the provider holding them to account for executing the work they had been commissioned to deliver.

Those who felt they were able to hold a provider to account mentioned a few different mechanisms, such as being on committees with wider stakeholders within the provider and contractual obligations. A few mentioned how their evaluation processes made both them and the provider accountable for the activity's outcomes.

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

Collaborative partners were less likely to be aware of barriers to responding to the reforms than providers or key informants in the previous wave 1 research. However, many still mentioned financial or resource constraints within providers as barriers to planned activities. A small number specifically mentioned barriers around the resourcing required to bring in evaluation expertise, and a couple noted that this was a particular problem for smaller providers. A couple mentioned there were challenges in engaging academics and wider stakeholders in the provider, and a further couple discussed the lack of robust processes for collecting internal data.

Are there any unintended/unexpected consequences of the reforms?

Collaborative partners were asked if they could foresee any negative outcomes as a result of the reforms. Comments largely related to anticipated changes in provider activities that may have had negative impacts on the operation of their own organisation – for example, providers using their services to target a smaller number of learners than previously. One partner also mentioned a 'hyper-focused' approach to institutional-level activities, which they felt increased the likelihood of ignoring the potential to address risks at the regional level, where they operated. Whether this would create negative unintended consequences depends on the relative effectiveness of these approaches – on which the partner could not comment.

1. Background, research objectives and methodology

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1.1 Background

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

Refocusing what the APPs seek to address:

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

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

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

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

- **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 –** The submission window was opened for wave 1 APP assessment. (Deadlines were agreed with each provider and some went into early August.)

The research presented here constitutes part of a wider evaluation of the reforms to regulating equality of opportunity by the OfS. It is the third piece of research conducted by Shift Insight on behalf of the OfS in this area. Previously, we carried out interviews with wave 1 providers – a reference group of 34 providers who submitted their APPs in July 2023. Shift carried out interviews with 33 of these in July and August 2023, alongside 18 interviews with key informants from across the higher education sector. Key informants came from organisations including third sector organisations, provider representation, evidence generators and brokers, and national organisations. In the second wave, over 180 providers in three cohorts submitted APPs to the OfS in response to the new guidance. For

the second piece of research, Shift conducted interviews with 46 of these between May 2024 and January 2025, as well as 12 interviews with key informants.

This piece of research aims to gain the perspective of collaborative partners, who work in collaboration with providers to deliver activities set out in their APPs. Collaborative partners included in this research were working with providers who submitted their APP as part of wave 1 at the time of the research, and had been working with them since before 2022 and therefore before the reforms had been introduced.

Throughout the report, we will refer to the wave 1 providers and key informant research.[2] The insights gathered from collaborative partners are compared to those reported in the first phase of the research, carried out with wave 1 providers and key informants, where it is appropriate and meaningful to do so.

1.2 Research objectives

The research aimed to gather data from a range of collaborative partners to capture different stakeholder perspectives on changes in providers' thinking and behaviour, with reference to the reforms to regulating equality of opportunity.

Key evaluation areas covered:

1. **Process-related evaluation questions**
    a. What do wider stakeholders think works well and what could be improved about the EORR?
2. **Emerging outcomes evaluation questions**
    a. To what extent do providers explore, identify and prioritise their risks to equality of opportunity? How does this reflect a change from their previous approaches and what part did the reforms play in this?
    b. To what extent have providers chosen to plan different interventions? What has influenced their decisions?
    c. To what extent are plans (a) high quality, (b) credible and (c) ambitious, and to what extent does this reflect a change compared to previous plans?
    d. To what extent has there been a change in evaluation culture? What part do the reforms have to play in this?
    e. Are stakeholders engaging with the plans/summaries and holding providers to account?
    f. What other factors have influenced providers' responses to APPs? What barriers to the reforms exist?
    g. Do stakeholders anticipate any unintended consequences of the reforms?

1.3 Methodology

Shift Learning (part of Shift Insight) was commissioned to undertake this research. Interviews took place between January 2025 and February 2025. Overall, Shift conducted 25 qualitative interviews with collaborative partners. The project comprised several stages, outlined below.

[2] Wave 1 providers and key informant research: Evaluation of the OfS 2023 reforms to regulating equality of opportunity in higher education - Office for Students

1.3.1 Scoping

A kick-off meeting and review of relevant documents and data sources was held for Shift onboarding and to consolidate research questions. The OfS also held a separate supplier briefing on the reforms, including how the pieces of research link together as part of the wider evaluation.

1.3.2 Qualitative interviews

25 semi-structured qualitative interviews, lasting up to 45 minutes each, were conducted with collaborative partners. Partner organisations were represented by individuals in senior roles who were involved in the delivery of collaborative work, such as programme managers, head of careers, directors, head of university partnerships, head of programme delivery and CEOs.

1.3.3 Analysis and reporting

Interview data was analysed in Atlas.ti using a thematic coding framework, which was agreed with the OfS. This was then used to inform the development of a report plan, culminating in the full report.

1.3.4 Recruitment methods and criteria

The recruitment of collaborative partner organisations for this research evolved over the course of the project.

Initially, Shift requested that the 33 wave 1 providers previously interviewed share a list of their collaborative partners with no contact details. Shift then selected a few collaborative partners from each of the eight providers who shared a list and asked for their contact details. Shift reached out to the collaborative partners and invited them to interview. Using this method, 16 partners were recruited from eight providers.

To boost responses, Shift also shared an expression of interest form with providers to pass on to their collaborative partners. Partners completed this form and were invited by Shift via email. Using this method, seven partners were recruited from five providers.

Additionally, the OfS invited collaborative partners to interview through their own forums. Using this method, two partners were recruited from two providers.

To take part in the research, the collaborative partner organisation had to be working closely with a provider which submitted its APP in wave 1, and needed to have been working with that provider since before 2022.

Effort was made to recruit a range of partner types working across different stages of the student lifecycle. However, the OfS was aware that most collaborative partners sit within the access lifecycle stage and, although this sample is proportionate by lifecycle stage to the wave 1 partners, this may have limited representation from other stages. Representation may also have been limited by the number of partners who were willing and available to take part in the research.

1.3.5 Protecting participant anonymity

The OfS is aware of which collaborative partner organisations agreed to take part in an interview, as it wanted to avoid over-contacting collaborative partner organisations that use its forums if they had already been contacted through their provider. However, the OfS was not given access to either the interview recordings or transcripts. Participants were also offered the opportunity to review and remove any elements of the transcript they felt were particularly sensitive. To promote a safe space for candid dialogue in interviews, all individual participants were anonymous to the OfS and the names of participating organisations are not included in this report.

This final report contains an analysis of aggregated findings and short, anonymised quotations from interviews. Given the small sample size within the research, quote attributions have been confined to 'partner types' – defined below – so participant anonymity is not compromised. Attention was also given to selecting quotes which do not include identifying information, such as references to specific initiatives.

1.3.6 Limitations of the research approach

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

- 'A couple' – stated by two participants
- 'A few' and 'a small number' – stated by three to five participants
- 'Several' – stated by six to nine participants
- 'Many' – stated by 10 or 12 participants
- 'Majority' – stated by over half of participants, 13 or above.

Given the qualitative nature of the fieldwork and analysis, and the use of semi-structured interviews, questions varied across interviews. 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 partners who share these views within the wider sector. The evidence considered includes what participants directly stated and what was brought together and triangulated from wider context during analysis. This means that, 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 collaborative partners, both within those that we interviewed and in the sector more broadly.

Furthermore, as this methodology relies on self-reporting, findings are limited by what participants were willing and able to share. It is important to consider that, although participants were asked to focus on their experiences with a specific provider, many were working with multiple providers and their responses may be influenced by their experiences across the sector.

Additionally, collaborative partners were asked to reflect on their perceptions of change in providers' current use of evidence, evaluation practices, activities and overall approach to addressing risks to equality of opportunity in comparison to their use before 2022. Although all the organisations involved in this research were working with their respective provider since before 2022, a few participants had not been in their role for as long and were therefore unable to comment on all aspects of providers' past thinking and behaviour compared to now.

It should be noted that in some cases, collaborative partners were explicit when stating that a comment was an assumption – for example, assuming a provider had used the EORR when preparing their APP. However, there may be some cases were a participant presented information as fact when it was an assumption.

It should also be emphasised that collaborative partners who participated in this research are more likely to be engaged with their providers compared to the wider sector, as they were largely recruited through their partner provider. Therefore, findings in this report may overrepresent the level of knowledge and involvement that collaborative partners have in the process of preparing APPs. Findings should be considered with this context in mind.

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

1.3.7 Defining a collaborative partner

After speaking to a range of collaborative partners, we categorised them into six key types:

- **Internal partners** – departments within the provider other than the main access and participation departments.

- **Uni Connect partnerships** – regional partnerships bringing together a group of providers and other local partners 'to offer activities, advice and information on the benefits and realities of going to university or college.'[3]
- **Third sector partners** – charities and not-for-profits which are funded to provide a service.
- **Private sector partners** – for-profit organisations which provide a paid-for service.
- **Public sector partners** – partners in the public sector, such as schools, colleges or councils.
- **Higher education provider partners** – higher education providers which work with other local providers to deliver access and participation work.

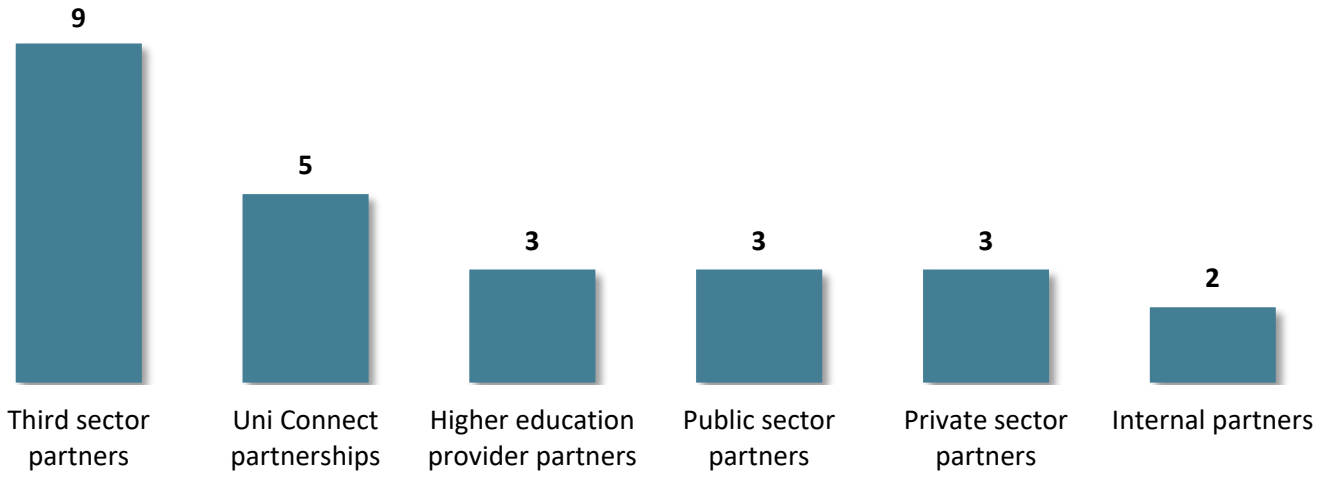
In cases where an organisation fits into multiple types, such as a charity that is also a limited company, the organisation was categorised using their self-definition in the expression of interest form.

Of the five participants interviewed from Uni Connect partnerships, one was based in the provider they were interviewed about. The other participants were interviewed about other providers within the partnership.

1.4 Profile of participants

Partners by key types

Figure 1: The number of collaborative partners interviewed by key groupings (n = 25).



[3] Uni Connect, https://www.officeforstudents.org.uk/for-providers/equality-of-opportunity/uni-connect/, accessed 24/04/25.

Partners by lifecycle stage focus

Figure 2: The number of collaborative partners interviewed by the stage of the lifecycle that their work focuses on (n = 25). By lifecycle stage, this sample is proportionate to the full sample of wave 1 partners.

Access	Success	Progression	Multiple lifecycle stages
19	1	1	4

Activity offered by partners

Collaborative partners offered a range of activities across the student lifecycle stages, aimed at different target groups. However, as the majority of collaborative partners worked in the access lifecycle stage, more activity was described within this lifecycle stage. The table below indicates activities and/or services offered by collaborative partners.

Access	Success	Progression
• Mentoring secondary school age pupils, e.g. those in year 9 or year 11, by undergraduates. • Skills workshops, e.g. writing applications, subject-specific skills. • Academic classes run by PhD candidates. • Frameworks and guidance for running clubs with under 18s. • Group visits to university campuses. • Residential visits to universities. • Support for professionals and carers working with care experienced students. • Financial support for students, e.g. bursaries. • Bursary and funds management for the provider.	• Financial support for students, e.g. bursaries and hardship funds (also noted with Access). • Bursary and funds management for the provider.	• Targeted scholarships for postgraduate study. *Note: The following activities are based at one provider through an internal collaborative partner.* • Named advisors who provide longer careers appointments. • Financial support, e.g. bursaries for buying interview clothes. • Targeted work experience and internship opportunities.

To facilitate these activities, the majority of collaborative partners worked with widening participation or access and participation teams based at the providers, and many with the heads or managers of the department. This was unsurprising given that the majority of collaborative partners were access-focused. Several collaborative partners working in the access stage of the lifecycle collaborated with academics. A few partners worked with other departments, such as Equality, Diversity and Inclusion and careers services.

2. Process evaluation

2. Process evaluation

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

Local third sector, public sector and private collaborative partners knew less about the process of preparing the APPs than internal partners, Uni Connect partnerships and national third sector partners specialising in this area.

The majority of partners were generally aware that providers were using the EORR but were not able to comment on the specifics of how they were using it, as they were not involved in APP preparation. A few assumed that providers were using the EORR as they were aware that this was potentially part of providers' processes, but could not confirm this as they were unaware of the processes prior to their involvement in actively delivering interventions and activities. A few third sector and private partners were unaware of the EORR.

As partners lacked awareness of how providers use the EORR, only a small number were able to comment on what worked well or less well about its usage as part of the process of preparing APPs. However, some partners were able to comment more generally on the EORR from their experience in the sector.

2.1.1 What worked well

In the wave 1 providers and key informants research, providers reported that the EORR was a helpful starting point, and many appreciated that it made them consider issues of intersectionality. Where collaborative partners were aware of their provider's use of the EORR, it was viewed positively. A small number of partners indicated that the EORR was well structured, making it easy to understand. Additionally, a few partners, including those in Uni Connect partnerships, had used the EORR in their own work or for their own purposes. They used it to demonstrate to providers how different areas of their work or various interventions could help address certain risks.

"It's worth saying we actually use the EORR to be able to kind of demonstrate to providers how our different areas of work or different interventions can help address certain risks... We've been able to work with providers to kind of then match the risks for the right intervention… which has been quite helpful."

Private sector partner

A few also mentioned that it was useful to have a consistent framework that providers across England and their partners could work from. They noted that providers they were working with now used the same metrics, which meant comparisons were easier. They felt this was useful for best practice sharing and collaboration across the sector.

2.1.2 What worked less well

Although they viewed it positively overall, a few providers in the wave 1 providers and key informant research had criticisms of the EORR, including that it was published late and could have been delivered in a more user-friendly format. Perhaps because collaborative partners were not directly using the EORR, they offered fewer comments on what might not be working well.

Of those that felt able to comment, a couple of partners thought the EORR skewed providers' access and participation work towards smaller-scale, more focused and measurable activities that 'fit neatly' into specific risks in the EORR. Additionally, a few were concerned that it may be restrictive, feeling that potentially effective activities might be disadvantaged if they were not completely aligned with the way the risks are now specified by providers after the reforms. In some cases, this was because they did not agree with the student characteristics associated with particular indications of risk – for example, that estranged students should be associated with risk 3, which is about perception of higher education and the idea that 'students may not feel able to apply to higher education, or certain types of providers within higher education, despite being qualified'. Alongside this, a couple of partners felt

the EORR was nationally focused and were concerned this might lead to regional risks being ignored in favour of either smaller-scale institutional risks or wider national risks – potentially leading to a decline in local collaboration.

"There's the EORR, which is recognising, really, the national challenges. You've then got the institutions which can use that as a framework, but they're looking at their institutional challenges. That therefore feels to me like there is a little bit of a gap in terms of what the regional challenges are and how you match those up."

Uni Connect partnership

3. Emerging outcomes evaluation

3. Emerging outcomes evaluation

3.1 Exploring and identifying risks to equality of opportunity

3.1.1 Changes to exploring and identifying risks to equality of opportunity

Collaborative partners were asked about how the providers they work with decide which activities to undertake. Several were not able to discuss providers' processes as they were not involved. However, the majority, when prompted, indicated that providers explored and identified risks to equality of opportunity using the EORR and other forms of evidence, such as internal discussions, A&P dashboards and student consultation. This is consistent with findings from the wave 1 provider and key informant research.

Collaborative partners who knew more about decision-making processes tended to be internal partners based at the provider, Uni Connect partnerships or national charities, alongside a couple of private companies. Notably, a few were also involved in providers' processes here, and a couple advised on the overall development of their APP.

The majority of collaborative partners reported that providers used the EORR in exploring and identifying risk, representing a change in their processes. However, even in the cases where collaborative partners were aware that providers used the EORR, several felt they were not able to comment on the impact of this change, as they were not involved in the process of identifying risks or deciding which activity to undertake.

Many collaborative partners were positive about the use of the EORR at providers. Those who were able to comment, because they were aware of the provider's processes, were prompted on the extent to which they felt the EORR encouraged providers to use a range of evidence, to consider a broader range of students and to consider risks across the whole student lifecycle.

Using a range of evidence

Several partners reported that the EORR encouraged providers to use a range of evidence to identify risks to equality of opportunity. A couple of these felt the EORR was used as a framework for looking at data, resulting in providers requesting a broader range of data from partners than before, e.g. local authority data.

One Uni Connect partnership noted that the providers they worked with appeared to be more data-driven than previously, as they were conducting more data analysis. They felt this gave providers a 'better understanding of where the gaps are'.

Another Uni Connect partnership observed that the EORR encouraged more conversations within providers to gather insight on access and participation, with staff, students and collaborative partners – rather than relying solely on statistical data.

Considering a broader range of students

A few partners noted that the EORR encouraged providers to consider a broader range of students. All partners who referred to specific groups now being targeted mentioned male students from lower socioeconomic groups, with a couple mentioning white boys from lower socioeconomic groups specifically. The reasons for this change were discussed by one partner, who mentioned how issues around risks to equality of opportunity are now framed:

"I think there was always the list of underrepresented groups, [as] it used to be called. Now it's those who experience inequality of opportunity. I think it's given people a bit of permission to include men… particularly men from less advantaged backgrounds, and it's the first time ever that I've seen people like properly include males as a group. So, I think it's broadened in that respect."

Higher education provider partner

One Uni Connect partnership felt individual providers now have 'groups that they specifically want to work with' based on the evidence they have gathered and analysed, which are all different to each other – meaning they need to consult with the partner to ensure work can be conducted with these groups. This partner also noted that the access targets at most providers they have spoken to have 'shifted significantly' in terms of who they want to target – leading providers to consider building relationships with schools to achieve these.

A small number of partners inferred that the EORR had not encouraged the providers they work with to consider a broader range of students as they had not noticed a change in the target groups they were asked to address. One partner who worked with smaller providers offered a potential reason for this, explaining that looking into more granular student groups posed too large a challenge for those with smaller student numbers. These providers might have only small amounts of data on students within what they perceived as the 'core groups' the OfS wanted them to look at included in the EORR – those who were disadvantaged, underrepresented, mature or living with a disability.

Considering risks across the whole student lifecycle

Although many collaborative partners worked predominantly in the access space, several reported that the EORR had encouraged providers to look across the whole student lifecycle, particularly at the success stage.[4] One partner mentioned OfS funding directly targeting this area as a reason for this, another that the EORR helped with 'joined-up thinking' from access to progression – they felt the list of risks contained in the EORR encouraged providers to think outside the access issues they might have previously mainly considered.

Several other partners noted that providers thought about their own context more when identifying risks – for example, considering what they can offer students in their local area. A Uni Connect partnership noted that school attendance and low literacy levels were an issue in their region, and providers had included activity addressing this in their APPs.

3.1.2 Drivers to changes in providers' approaches to identifying risks

The EORR was introduced with the reforms, and its use was mentioned by the majority of collaborative partners as a driver to changes in provider approaches to exploring and identifying risks. Several also mentioned the reforms more broadly or the access they now had to data as key drivers. These drivers were not mutually exclusive:

"Speaking to [the provider] there's definitely this sense of looking at the EORR and the data dashboard, side by side, this is what matters... this is what we're going to focus on. So, if we were previously looking at People Premium, that doesn't matter anymore..."

Private sector partner

Communication in November 2024 from the Director for Fair Access and Participation, John Blake, was also mentioned a couple of times specifically as encouraging a regional approach to exploring risks.[5]

While the reforms – and the EORR in particular – appear to have been influential in generating change here, they may have been less successful in changing the language in which risk is framed. Only a few partners mentioned that the providers they worked with were using the language of 'risks' rather than 'gaps'. The other partners tended to use 'gaps' themselves, suggesting that providers had not changed their language when talking to partners.

[4] The success stage of the student lifecycle covers continuation, completion and attainment.

[5] See What's next in equality of opportunity regulation - Office for Students.

3.2 Planned intervention activities

While the majority of providers in the wave 1 providers and key informant research[6] reported that they included new activity in their APP, collaborative partners did not describe any new activity, but rather changes to existing activity. This difference could be explained by either providers not requiring collaborative partners for this new activity or due to the collaborative partners selected for interview in our sample not being those that they require for their new activity. Those selected for interview had to have been working with providers since before 2022 and the announcement of the reforms to regulating equality of opportunity. This means that there were no **new** collaborative partners interviewed. Providers in the wave 1 providers and key informant research[7] described new activity in the success stage of the student lifecycle, such as personal tutor schemes, developing a sense of belonging and increasing IT literacy, while the sample of collaborative partners in this research largely delivered activity linked to the access lifecycle stage.

3.2.1 Changes to planned activities

Providers in the wave 1 providers and key informant research[8] often indicated that more recent activities had a slightly different focus and many collaborative partners in this research reported the same. Changes were noted around target population, including lifecycle stage and specific activity elements undertaken.

Changes to target population

A small number of collaborative partners described a variety of changes to activities' target populations and, in general, activities were felt to have become 'more targeted'. Examples of these changes included:

- A couple of partners targeting more local students – one focused more on schools with a high proportion of students receiving free school meals or in Index of Multiple Deprivation quintiles 1 or 2 in their area, and another on children from local families working in the armed forces.
- A couple of partners focusing more on targeting white, working-class boys for their provider.
- One internal partner working in the careers service was now looking specifically at courses with 'larger awarding gaps between white students and global majority students' to better target the activity.

"We're more targeted in how we're promoting [the careers service activity] and we are looking specifically at what programmes those students are coming from and trying to ensure that they're coming from the right programmes or the most important programmes."

Internal partner

Changes to lifecycle stage

A small number of partners reported that there appeared to be more focus on activities in the success stage of the student lifecycle – interestingly, two of these worked in the access space. These partners felt that this change was caused by what they perceived to be a focus in the reforms on working across the whole student lifecycle.

[6] Wave 1 providers and key informant research: Evaluation of the OfS 2023 reforms to regulating equality of opportunity in higher education - Office for Students

[7] As above

[8] As above

"I think they've reduced the access activity that's under the plan. That's not to say they're not doing some of that activity, but I think it's come out of the plan and it's more general kind of recruitment outreach and not part of the plan because the focus now is more… across the lifecycle. So, I think there's just now a smaller component of the plan's activity in the access space. And now we're looking [at] much more, much more activity across that success space."

Internal partner

Changes to activities

A few collaborative partners indicated that there had been changes to the activities they provided. Changes were varied, and included:

- Changing subject focus of the activities – in one case from film and media to science and engineering, and in another from a science summer school to a creative one.
- Increasing mentoring opportunities, in some cases targeted at raising attainment and developing skills for higher education in specific student groups.

3.2.2 Drivers to changes to planned activities

Several collaborative partners reported that the reforms were a driver for changes in planned activities. A few noted that an emphasis on 'more targeted' activities was driven by the reforms to regulating equality of opportunity, particularly through the introduction of the EORR. However, other influencing factors were also discussed. A few partners mentioned budget constraints – which encouraged lower-cost, more targeted approaches – and a few reported that providers were taking into account their local context, such as one provider with a high proportion of commuter students.

One Uni Connect partnership and one internal partner reported that an increased emphasis on evaluation in the reforms influenced their change in specific activity elements. They looked at their activity's impact and decided to alter it, aiming to increase its effectiveness. The remaining few partners did not elaborate on the drivers to their changes.

3.2.3 Barriers to designing intervention strategies

Collaborative partners described a few barriers that might have influenced providers' decisions on which activities to include in their intervention strategies in response to the reforms. Collaborative partners saw resourcing as a key barrier to delivery of activity, whether financial or human, which may have influenced providers – in terms of what they were able to include in their plans. Many reported that budget constraints had impacted activities, such as not being able to hire staff to deliver them. Two Uni Connect partnerships mentioned that they either had to stop or will have to stop delivering activity to certain age groups due to funding and changes in target population focus. A few partners working in the access lifecycle stage also mentioned that schools had limited capacity to support activities, meaning that providers may not be able to deliver activity where they feel it would help.

A small number across types of collaborative partner indicated that the feasibility of evaluating an activity was a barrier to designing intervention strategies – for example, an internal partner now requires ethics approval for the evaluation of an activity with care experienced students due to the collaborative approach with local authorities.

3.3 Changes to the quality of plans

3.3.1 Changes in perceived quality of APPs

In the wave 1 providers and key informant research, the majority of providers felt that their plans had improved in quality as they were more focused and strategic than previously. Collaborative partners were asked what they thought of the quality of their partner provider's plan compared to previous years', but only in cases where they had seen both (around 50% of our sample). Many stated that the quality this time was higher. Only one partner mentioned that the quality had remained the same and none indicated that it had decreased.

Collaborative partners noted several key improvements. They felt plans were more evidence based, clearer or more structured, or that they were more focused – each mentioned by a few partners. One commented that it was easier for providers to be held to account on the new plans, while another felt there was greater internal provider buy-in as their plan had been developed more collaboratively.

One partner described how all these improvements in quality worked together to produce a significantly improved plan, articulating the feelings of many providers:

"I think it's clearly more evidence-led and it's more strategic. We have a proper theory of change behind these activities. We know what we're trying to do and what we are looking to achieve where. Whereas I think previous iterations and arguably they were a collection of good work being done across the university… rather than really looking beneath the surface of that as to what we know is having the impact we need."

Internal partner

3.3.2 Drivers to changes in perceived quality

Only a few partners clearly articulated the reasons for changes in perceived quality. Those who did generally attributed them to the reforms to regulating equality of opportunity, particularly OfS guidance that plans should be more specific both in terms of students targeted and their end goals and targets.

However, a couple of partners spoke about alternative drivers to changes in quality besides the reforms. These included the availability of more evidence, additional resources devoted to access and participation by the university, and the input of a specific key member of staff.

3.4 Changes to the reach and ambition of plans

3.4.1 Changes in perceived reach and ambition of APPs

In the wave 1 providers and key informant research, many providers reported that their current plan's level of ambition was similar to previous ones, while several reported an increase in ambition and reach. Similarly, within the collaborative partner interviews, there were mixed perspectives on changes in reach and ambition – some thought ambition remained the same, while others thought it had increased. None of the partners thought ambition had decreased.

Again, many collaborative partners did not feel able to comment on the perceived reach and ambition of the APPs, as they were largely only aware of their own collaborative activity. These partners did not think that the ambition of their own collaborative activity was necessarily representative of the provider's ambition overall and therefore declined to speculate.

Several partners felt that provider ambition had remained the same. This was largely because they thought the teams that they worked with had always been ambitious. A couple of these partners specifically mentioned this was despite external factors – such as reduced funding – making delivery more challenging. A few also noted that the

targets included in the APPs felt more achievable than previously. This was because of the impact of the increased evidence and evaluation used to design the plan, alongside the increased awareness and buy-in from senior management.

"I think that ambition has always been there, but it's the ability to do it that's been the problem. And like I said, this work has always been people led by the on-the-ground practitioners. And it's always been historically hard to get senior manager buy-in, whereas now with the APP, it's probably easier to get that buy-in because there's a directive that senior managers are more interested in."

Third sector partner

Several partners felt that ambition had increased. This was largely in terms of the overall provider approach – a couple felt this was due to a greater institutional buy-in driving change at the provider. Additionally, a couple saw a tangible increase in the reach of the activity they were delivering in collaboration with their provider, such as expanding a regional activity to become national. As the ambition of the activities they were involved with had increased, they felt the provider's ambition more broadly had also increased.

A small number of partners who thought that ambition had increased suggested this was because targets were clearer, more defined and more evidence-driven. They thought this meant the overall provider approach had become more ambitious to both achieve these targets and demonstrate they had been achieved. One of these partners specifically stated that the targets themselves were more ambitious, while others noted that increasing the measurement of outcomes was implicitly more ambitious.

"I seem to remember in the last plan, they maybe got away with being a bit more generic, so saying things like 'narrowing the degree gap' or 'diversifying our provision' or '[diversifying] our student body'. I think now they've kind of been forced to think a bit more specifically about why those gaps exist and then put ambitious targets across the next five years to not just narrow that, but put a number on it and back it with evidence."

Private sector partner

3.4.2 Drivers to changes to perceived reach and ambition

As many partners felt unable to infer if there had been any changes to providers' ambition, only a small number were able to comment on what they thought had driven these changes. Interestingly, these partners identified the reforms as the driver to both maintaining similar levels of ambition and increases in ambition.

Of those who felt that ambition had remained the same, a couple reported that the reforms resulted in more structured and evidence-based plans, and therefore the targets felt more achievable. Additionally, these partners also mentioned that institutional awareness and engagement with the APPs increased and, although they did not directly attribute this to the reforms, they noted that this had risen during the writing and implementation of the new APPs.

Of those who mentioned that ambition had increased, a couple suggested that the reforms had encouraged providers to produce APPs with more defined targets. While these were sometimes more directly ambitious, they felt this also increased the responsibility of the provider to meet these targets, which necessarily required an increase in ambition. One partner believed that the introduction of the reforms and the EORR had encouraged a more granular, whole provider approach to examining the needs of their students, which made their plans more ambitious.

3.4.3 Changes to collaboration

Several providers in the wave 1 providers and key informant research mentioned revising their activity with organisations they had existing relationships with. As noted in the planned activities section, partner interviews supported this. A couple of providers in the wave 1 providers and key informant research commented that the reforms gave them more weight and power to initiate collaborations, which may not otherwise have been authorised or given funding. One partner also noted that partnership-working seemed to be 'more celebrated' and 'less taboo', since there was now recognition from senior leaders that this work is related to access and participation, rather than to competitive recruitment activities. This enabled providers to act more collaboratively and share best practice.

"I think we're able to be a lot more open than we have been able in the past. We've been able to work towards a common goal and it to benefit all the universities involved. It feels like it's the right thing to do. And like I said before, it's something that the OfS and kind of our senior leaders actually encourage and celebrate, rather than something that sometimes some teams are very protective over their outreach work and their kind of work with young people because of the recruitment aspect of what we do. So, I think that's been the biggest change, is the ability to share best practice and look at things and what we're doing from the point of view of a student who requires support to get to university, it doesn't matter which university."

Higher education provider partner

There were mixed perspectives about changes to collaboration among partner organisations. Many indicated there had been changes to their collaborative partnerships, including several working more closely with providers than before the reforms, and a couple working less closely. A few indicated there had been no changes to their collaborative partnerships, while a couple commented that the providers they worked with had always been consistently engaged and open to communication. Another couple in larger national charities felt that the collaboration was already 'ingrained' and 'embedded' at their providers, so had not changed.

"If [someone moved on from the role and was replaced, and if our team moved on and were replaced, it would still work well. It's just quite well ingrained and the processes have been there for years. So no, I've not noticed much change there."

Third sector partner

Several partners across types mentioned that they were now working more closely with their providers than before. For example, an internal partner said they were more involved in developing the APP and sharing best practice. One public sector partner even noted providers had been more responsive to emails.

Collaborative partners were not always aware if providers had entered new partnerships. However, a couple (one internal and one private sector) mentioned they were aware of more engagement with industry and local employers, who had identified a need to diversify their recruitment. A third sector partner noted more work with Uni Connect in general.

However, one Uni Connect partnership and one third sector partner indicated that they now work less closely with their providers than before the reforms. The Uni Connect partnership felt they had a weaker relationship as the provider had stopped funding certain activities, and had begun focusing instead on their own identified target populations. The partnership had also undergone an intensive review process, which included evidencing their effectiveness.

3.4.4 Drivers and barriers to changes to greater collaboration

The reforms were seen to have emphasised the importance of collaboration and several partners had seen positive outcomes in terms of working more closely with their providers. A few indicated that this closer-working style was due to the reforms' emphasis on collaboration. However, one higher education partner mentioned that financial issues in the sector had influenced the amount of collaboration – they felt it was becoming 'more and more important to do anything.'

In one case, a weakening collaboration with a Uni Connect partner was attributed to the reforms. This partner felt the provider had identified their risk factors, which did not necessarily align with the activities undertaken by this partner.

A few partnerships had been adversely affected by budgets and financial pressures, which acted as a barrier to greater collaboration. One Uni Connect partnership speculated that the weaker relationship they now had with their provider was due to an institutional restructure, changing the provider's focus to recruitment over widening participation due to budget constraints. A third sector partner stated that budget constraints meant providers, at the time of the interview, were not sending their staff to paid events, had stopped continuing professional development and were not renewing quality marks.

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

3.5.1 Changes to evidence usage

Collaborative partners reported that providers were using a range of evidence. This included data provided by TASO, the Higher Education Access Tracker (HEAT), the A&P dashboards, providers' own data, evidence from previous work and insight from other providers. However, a couple also indicated again that they were not privy to the details of how evidence was used within the providers they worked with.

While many partners could not comment, a small number noted changes in the way that providers used evidence. Specifically, a small number of collaborative partners mentioned the role of the EORR in encouraging the use of a wider range of evidence sources, as discussed elsewhere in this report. In addition, a couple of partners talked of an increased use of internal data that supported providers in devising their targets for intervention, e.g. data around retention and completion rates.

3.5.2 Resulting changes to perceived credibility of plans

Providers in the wave 1 providers and key informant research felt their plans were stronger than previously as they contained detailed intervention and evaluation strategies based on evidence. Similarly, several collaborative partners believed an increased emphasis on evidence had improved the credibility of providers' plans. While their comments were largely general in nature, they felt that knowing strategies were based on a firm foundation of evidence increased their confidence in the plans.

"We'll need to still see these new APPs to understand better how [use of evidence] has had an impact. But I think in terms of credibility, I think it's definitely [more credible] being able to read someone's APP or understand what interventions they're putting in place and knowing that they've gone through such a rigorous process... that's definitely a more credible approach than maybe what we were doing before."

Private sector partner

3.5.3 Drivers to changes in evidence usage

As discussed, several partners mentioned the use of the EORR specifically as a driver to considering more diverse evidence sources. However, another driver of change noted was recent reductions in providers' financial resources. A couple of partners mentioned that this was driving an increased use of evidence at providers to ensure intervention activities gave good value for money.

3.5.4 Barriers to the use of evidence

Collaborative partners were not asked specifically about barriers to the use of evidence. However, a couple mentioned lack of robust processes for collecting internal data as a challenge – particularly for smaller or newer providers.

3.6 Changes in attitudes to and practice of evaluation

3.6.1 Changes to evaluation attitudes and practice

In the wave 1 providers and key informant research, providers reported planning more evaluation, while key informants also noted a sector-wide increase in evaluation. Corroborating this perspective, many collaborative partners indicated there was an increase in evaluation practice, specifically the use of theories of change models. As a result, a couple of partners started providing a new service supporting evaluation and designing theories of change for providers. The use of theories of change was emphasised more strongly here than in the wave 1 provider and key informant research.

A small number of partners were aware that the providers they worked with had hired evaluation specialists or had sought external help with evaluation. One also mentioned they were aware the provider they worked with had an increased budget for evaluation. However, another partner noted specifically that this was not the case at the provider they were working with.

More broadly, a small number of partners indicated there were changes in attitudes towards evaluation. Comments here focused on increased levels of consistency in the application of evaluation. Several also mentioned an increase in sharing evaluation information and best practice across the sector. These developments were seen positively.

3.6.2 Drivers to changes in evaluation attitudes and practice

The majority of collaborative partners were not able to attribute change in providers' evaluation practices to any specific factors. The few who were able listed a variety of drivers influencing changes in evaluation:

- A few mentioned the reforms, both because teams were more able to ask senior leadership for resources – as it was seen as a statutory responsibility that the OfS felt to be important – and because the OfS's focus on this area had brought it to the sector's attention, via conferences, for example.
- Another few felt that squeezed budgets in the sector resulted in more evaluation as a means of focusing resources solely on what was effective.
- A small number also mentioned broader attitude changes within the sector. While one discussed the impact of the Education Endowment Fund and another the influence of Uni Connect activities in this area, a small number of partners attributed broader changes in attitudes towards evaluation to the reforms. One specifically mentioned OfS guidance:

"OfS guidance [prompted the change]. Because it wasn't really talked about like that until the guidance came through. We work with multiple universities, and I work across the higher education sphere. Every single university I've spoken to, as soon as that came out, were like, we need to look at our evaluation and talk about evaluation."

Third sector partner

- A couple also mentioned that the increase in evaluation activities came not from providers themselves but that it was prompted by them.

3.6.3 Barriers to changes in evaluation attitudes and practice

Although collaborative partners were not specifically asked about barriers to evaluation, a small number mentioned barriers around finances and resourcing – particularly resourcing required to bring in evaluation expertise. A couple indicated that this was a particular problem for smaller providers.

A few partners mentioned a lack of internal expertise in evaluation, with one discussing a lack of expertise in quasi-experimental methods specifically. Another partner indicated that shortages of expertise in evaluation were a particular problem for newer institutions that had come under OfS regulation for the first time. Another mentioned the difficulties – for small providers in particular – in creating large, robust data sets for evaluation of small student numbers.

3.7 Stakeholder engagement and holding providers to account

The collaborative partners were asked about their familiarity with providers' past plans. The majority were familiar with past plans, with varying levels of engagement – ranging from having conversations about their role in the past plan's targets to supporting its development. However, a few were less familiar with previous plans but understood how their work fitted into the current plans.

In the wave 1 providers and key informant research[9], a few key informants questioned if providers would be held accountable to ensure they deliver on their plan, and were dubious that wider sector bodies would have the authority or capacity to do this. The majority of collaborative partners this was discussed with did not feel it was their role to hold providers to account in this way. Partners across almost all types expressed this sentiment.

Several mentioned they lacked the authority to hold providers to account – especially as their work was funded by the provider. In these cases, they viewed the provider as a client rather than an equal partner. A few of these suggested that, because their role was 'facilitating the work' or 'supporting delivery', the provider's role was instead to hold *them* to account executing the work they had been commissioned to deliver.

"So there's kind of a commercial reality there. If we hold them to account too much, they won't want to work with us again, to be quite frank… I don't think they would look kindly on us holding them [to] account for these things. [Why do you say that?] Because they're the paying client and they're paying us for outcomes and it's their job to hold us to account, to make sure that we're generating outcomes. It is a partnership and we do ask them for data and we do ask them for support. But when they're the paying client, they have the leverage with that. It's their job to hold us to account, not the other way around."

Third sector partner

[9] Wave 1 providers and key informant research: Evaluation of the OfS 2023 reforms to regulating equality of opportunity in higher education - Office for Students

A few partners also mentioned that they did not feel able to hold providers to account because their activities were not written into providers' plans, despite collaborating to deliver activities. Of these, a couple of Uni Connect partnerships explained that their exclusion from the plan was often due to the disparity between the length of the plans and the funding cycles of Uni Connect partnership – meaning including these activities was a risk for providers.

Of the partners who did feel they had a role in holding providers to account, mechanisms of accountability varied:

- A few partners indicated that accountability was built into their evaluation processes. By gathering data aligned to pre-specified outcomes and objectives, they were able to identify if both they and providers had achieved what was set out. In this sense, they felt that providers and partners held each other accountable.
- A small number of partners were part of committees or groups with a wider range of stakeholders within the provider. They viewed this as an effective way of holding providers to account, discussing ongoing activity and identifying barriers to ensure that work was successful.
- A couple of partners also indicated that they had more formal mechanisms for holding providers to account in their contracts – which required the provider to demonstrate progress towards the goals set out in their plan during contract renewals.

3.8 Barriers to responding to the reforms

In the previous research with wave 1 providers and key informants, a number of barriers to responding to the reforms were mentioned, including short timelines from the OfS for submission of plans, communications issues with the OfS, lack of support in some areas, financial constraints, the EORR's usability and the workload associated with creating APPs.

Collaborative partners were less likely to mention many of these concerns, potentially as they have a different perspective on the process. However, many mentioned financial or resource constraints within providers as barriers to planned activities.

"[I spoke to someone at a provider] and they were saying 'how are we expected to do these bits of work and maintain what we do currently… there's a freeze on recruitment, [we have] had to make cutbacks, how can we achieve our own targets and how can we work with partners and do this at the same time?"

Uni Connect partnership

A small number specifically mentioned barriers around the resourcing required to bring in evaluation expertise, and a couple noted that this was a particular problem for smaller providers.

A couple mentioned there were challenges in engaging academics and wider stakeholders in the provider and a couple discussed the lack of robust processes for collecting internal data.

3.9 Anticipated unintended consequences of the reforms

The wave 1 providers and key informant research identified several unintended consequences of the reforms to regulating equality of opportunity. These included the potential for providers to become risk-averse and choose to set targets and objectives that are more likely to achieve a positive impact; the fear that being investigated by the OfS and the requirement for public evaluation could make providers wary of being transparent about their activities and focus on those that are easy to evaluate; and that providers might be reluctant to formally write collaboration

activities into their APPs where the success of these collaborations relied on external parties. Omissions from the plan might then lead to a lack of funding from providers, alongside a lack of oversight from the OfS.

Collaborative partners were asked if they could foresee any negative outcomes as a result of the reforms. Around half responded here. Comments largely related to anticipated changes in provider activities that may have had negative impacts on the operation of their own organisation. For example, a few mentioned their providers targeting a smaller number of students, while a couple mentioned more resources were being placed on activities around institutional student success, away from activities around access. The same partner also mentioned a 'hyper-focused' approach to institutional-level activities – feeling this increased the likelihood of ignoring the potential to address risks at the regional level, where they operated. Whether this would create negative unintended consequences depends on the relative effectiveness of these approaches – on which the partner could not comment.

4. Conclusions

Conclusions

The majority of partners were generally aware that providers used the EORR, but not all were able to comment on the specifics of how they used it. The small number of collaborative partners who were able to comment on how their provider used the EORR felt that it was well structured, making it easy to understand. They also felt that it was helpful to have a consistent framework that providers across England and their partners could work from as they were using the same metrics, which enabled easier comparisons across the sector. However, a small number were concerned that the EORR may be restrictive, narrowing providers' focus to the risks listed. They believed this might lead providers to ignore other risks, particularly at a regional level, which might lead to a decline in local collaboration.

The majority of partners reported positive impacts for providers using the EORR while exploring and identifying risks to equality of opportunity. Several partners reported that the EORR had encouraged providers to use a range of evidence to identify risks, including requesting more data from the partner than before. A few noted that the EORR encouraged providers to consider a broader range of students for access and participation work – for example, male students from lower socioeconomic groups were now being targeted. Additionally, although many collaborative partners worked predominantly in the access space, several reported that the EORR had encouraged providers to look across the whole student lifecycle, particularly at the success stage.

Many collaborative partners reported that the reforms were a driver for changes in planned intervention activities for the providers they worked with. The changes they highlighted focused on the target population, the lifecycle stage and methods of delivery. A small number of partners reported that activities had become more 'targeted' – for example, specifically targeting local students or schools with a high proportion of students receiving free school meals. A few partners felt there was a greater focus on interventions in the success stage of the student lifecycle, which they attributed to the reforms' and the EORR's focus on working across the whole student lifecycle.

Many partners also observed changes in evaluation culture at providers, such as increased use of theories of change – which a couple of partners were designing for providers – and the hiring of new staff. A few partners felt these changes were driven by the reforms, but a few also mentioned budget constraints, which encouraged more evaluation as a means of ascertaining where would be most effective to focus limited resources. A couple of partners mentioned that their own drive to evaluate had encouraged providers to change their evaluation.

The reforms were seen by a few partners as a driver for the change in quality of plans. Others also mentioned the availability of evidence, additional resources and input of specific members of staff. Several reported that plans' credibility had been improved by the changes following the reforms, which included using more evidence and requesting different forms of data, for example, around continuation or completion rates. Several partners who were able to comment on plans' ambition mentioned they thought this had increased due to wider institutional buy-in, a tangible rise in the reach of activities and more defined, evidence-driven targets. However, several others largely felt that ambition and reach had remained the same as they thought that the teams they worked with had always been ambitious. This aligned with a couple of partners' comments that the providers they worked with had always been consistently engaged and open to communication within their collaborative partnership. Furthermore, a few participants thought collaborative partnerships between partners and providers were now closer than prior to the reforms, which they attributed to the reforms' emphasis on collaboration.

The majority of collaborative partners did not feel it was their role to hold providers to account on the delivery of their plans. In the few cases where partners viewed the provider as a client rather than an equal partner, they felt they lacked the authority to hold providers to account, as their work was funded by the provider. Those few who felt they were able to mentioned a few different mechanisms, such as being on committees with wider stakeholders from the provider and contractual obligations.

Partners felt that other influencing factors in responding to the reforms were barriers, such as budget constraints and lack of evaluation expertise. While many collaborative partners did not foresee any negative outcomes in the sector or OfS as a result of the reforms, they mentioned that changes to activities may impact their own operations – for example, an increased focus on activities in the success stage of the student lifecycle may lead to fewer activities in the access stage.