

A new approach to regulating access and participation in English higher education: Consultation

- 1. To what extent do you agree or disagree with the proposal that plans should normally remain in place for a period of at least three years, rather than annually as at present?**

Moving to a longer timeframe allows institutions to be more generally strategic in their targets and ambition. It also enables them to set targets that could not be achieved in a year. This also ensures the ability for a cohort to move through the academic cycle within an access plan and to therefore be able to better evaluate whether interventions are working. Assessment of risk should reflect the full student lifecycle (not just access to university, but participation and outcomes after graduation) and recognise differences in institutional mission, geographical context and student demographics.

- 2. To what extent do you agree or disagree that the submission of an action plan would make providers more accountable to their students, the OfS, and the public for their performance in access and participation?**

Providing an action plan will make providers more accountable by detailing specific steps that will be taken to improve performance. However, a list of actions and targets are already included in the current access and participation plans which are publicly available to students, the OfS and the public.

- 3. To what extent do you agree or disagree that the approach of a longer-cycle plan with annual impact reporting, and ongoing OfS monitoring, will reduce the level of burden for low risk providers and apply greater scrutiny for providers at increased risk of a future breach of one or more conditions?**

The longer cycle is welcome and has the potential to reduce burden. However, whether it will reduce burden depends on the details of what is required from providers as a similar number of elements and information sets may be being asked for annually even for lower risk providers. If providers must demonstrate effective evaluation using a toolkit, submit an impact report, submit financial information and transparency information then there will likely be a similar amount of burden. The burden will increase significantly for those providers deemed higher risk who are required to submit action plans alongside additional information more frequently than the maximum five year cycle.

- 4. a) To what extent do you agree or disagree with the proposal to collect and publish, in a transparent way, access investment?**

Access investment information is already publicly available and we agree that it should remain transparent. The information on financial support should be clearly available and communicated to students so that they are aware in advance what support might be available to them. We support this and already make sure this information is clearly communicated.

b) To what extent do you agree or disagree with the proposal to disaggregate spend by post-16, pre-16 and work with adults and communities

It may not be helpful to disaggregate spend by pre-16 and post-16. Outreach work in schools often covers pupils from ages 14-18 and disaggregating this spend is not likely to provide useful insight. In addition, the communities category would need to include spend from the other three age categories (pre-16, post-16 and adults) as community spend would be likely to cover all three groups. We would not want the proposal to remove the requirement to report spend on success and progression to result in this area being de-emphasised. The OfS should ensure that impact and outcomes in success and progression are still measured and monitored even if the spend in this area is no longer a reporting requirement

c) To what extent do you agree or disagree that a strong focus on targets and outcomes alone, creates enough pressure to secure sufficient funding in access and participation to achieve change, without an expectation of spend?

We agree that a focus on targets and outcomes will create enough pressure to secure sufficient funding from providers to achieve change. This is also consistent with a move away from a focus on inputs to a focus on outputs. We believe outcome metrics are more effective than process metrics. Providers will understand the requirement to deliver on targets and outcomes and so it would be short-sighted not to make sufficient investment to achieve these.

With regards to targets more generally, the consultation proposes that some targets will be recommended to providers by the OfS. This will be problematic for institutions where the chosen indicators are not effective in identifying students from deprived backgrounds (for example, using POLAR data is not appropriate in London). Retaining institutional autonomy in target setting is incredibly important and reflects that there are no one-size-fits-all solutions. The HE sector is not homogenous and different institutions with different contexts and priorities setting their own targets is appropriate.

d) To what extent do you agree or disagree with the principles in paragraph 140 which we propose should underpin our approach to funding and investment in access and participation?

The principles proposed are sound; how this translates into a methodology of funding would be crucial but if these principles are upheld then it should be reasonable. An additional key aim for funding and investment should be that

funding streams shouldn't be re-focused by the OfS within the lifetime of a provider's plan (3-5 years).

5. a) To what extent do you agree or disagree that an evaluation self-assessment tool will contribute to improvements in evaluation practice?

A self-evaluation tool could be helpful. However, it may be better to provide strong guidance around evaluation and the expectations of the OfS with regard to successful evaluation rather than providing a tool. The tool will have to be broad enough to allow for the diversity of provision and activities being undertaken across the sector. This could mean a self-evaluation tool becomes less helpful to providers and is used reductively as a box ticking exercise if it does not cater for all types of institution and is not providing help and new information to a provider using it. The framework or tool would need to be easily implemented across the sector, be well designed and would also need to be responsive to ongoing academic (and practitioner) research on the strengths and weaknesses of different qualitative and quantitative methods.

b) What support do you think the OfS could provide to enable more effective use of tracking services?

The OfS could support providers by lobbying UCAS – who have all the necessary information – to make it freely available to universities, so that they don't have to spend precious access money on signing up to data tracking services (such as HEAT) or buying it via UCAS's expensive service.

6. a) To what extent do you agree or disagree that the OfS should undertake further work to explore whether data split by age could be included within the transparency information condition?

There is no reason why this shouldn't be explored.

b) To what extent do you agree or disagree that the OfS should undertake further work to explore whether data split by disability status should be included within the transparency information condition?

This would currently create some issues in practice given that disability status and particularly, receipt of DSA, which is a split being proposed is not known to institutions at the point of application or always at the point of entry. Students can also declare a disability at any point of their student journey and this could have implications if the denominators are changing over the lifecycle but this is not made clear in the transparency information provided to students. The ability to declare at any stage unlike the other characteristics being proposed in the transparency condition will have a much greater impact for disability status on the information provided (currently over 35% of our students who have declared disabilities did so during their studies rather than pre-arrival or at point

of entry at the institution). It is also worth noting that the transparency information must make clear that this information is self-declared and there will be disabled students who never appear in these statistics as they do not wish to declare disabilities so it cannot provide a complete picture. If the practical issues could be overcome then this data could be included in the transparency condition and it could be logical to include it if it is going to be used in other datasets such as the proposed APP dataset. We would therefore support the OfS undertaking work to explore this as long as it is mindful of the data difficulties in this area.

7. a) To what extent do you agree or disagree that OfS should create and maintain an access and participation dataset?

Whilst the creation of a dataset does not appear initially problematic, we have concerns regarding the publication of such a database. There is a strong possibility of misinterpretation of the data by the public and students; especially if they are only looking at the headline graphs proposed at the consultation events. The database will be very unlikely to provide the nuances and context necessary to fully understand the data. APP data is also unlikely to be directly comparable between institutions without an understanding of the current make up of a provider's student body, and whether any percentage gains are significant and therefore whether these can be compared to gains at another provider which may have a very different starting point and mission. For example, a provider who already has a large BME population may look like it is performing less well if it increases this population by 0.5% than a provider that increases by 2% yet the first provider may have increased their population by far more in terms of absolute numbers.

b) Are there any measures you feel are missing from the dataset?

It is widely accepted that POLAR is not a good measure of deprivation for certain areas, particularly London. 1.3% of areas in London are classified as POLAR4 Q1 compared to 45% which are Q5. The use of this measure as a headline figure risks providers targeting their recruitment in these small areas and overlooking students who are genuinely disadvantaged but do not count as POLAR Q1. We would therefore strongly recommend that the OfS uses a basket of indicators and also includes IMD, ACORN and FSM6 alongside POLAR as indicators of deprivation and socioeconomic disadvantage.