



The College of Health Access & Participation Plan

Overview

1. The College of Health is a small not-for-profit provider of Higher Education which will specialise in the provision of Chiropractic education once the delayed acquisition of the McTimoney College of Chiropractic completes in April 2021.

2. The College's mission is:

'To create an active, inclusive and supportive learning environment with students at the heart of everything we do, to enable students to develop their full potential as the healthcare professionals of the future'.

3. To this end the College offers a:
 - 4 yr, full time programme that has a timetable spread across the working week over two semesters per year;
 - 5 yr, part-time programme that is timetabled intensively over weekends and through summer schools to provide access to those who are in full-time work or have caring responsibilities, and cannot study during the week.

Both programmes deliver the same content and outcomes.

4. The College of Health is committed to equality of opportunity in all that we do: to celebrating diversity and recognising the strength that it brings, to challenging conscious and unconscious bias and eliminating unfair discrimination. In the pursuance of our mission, we are fully committed to championing a positive, outcome driven Access and Participation culture throughout the College.
5. We appreciate that because the College of Health's programmes require students to achieve professional competence and satisfy the wider test of fitness to practise, the obstacles to recruiting disabled applicants and those from disadvantaged backgrounds are greater. In addition to meeting professional competence and fitness to practise standards, the College of Health's programmes frequently require a longer period of commitment than traditional degrees, and require engagement in a range of testing environments centred on public safety.
6. We recognise that awareness of some professional disciplines is low in some economically deprived areas and social groups and consequently recruitment from those groups requires greater effort. A key aspect of our measures to help us reach our targets is to raise the profile and awareness of Chiropractic as a profession in the UK. We believe that Chiropractic provides an attractive academic and professional career route to all students but because of a lack of awareness, uninformed assumptions or lack of confidence, students from some under-represented groups do not readily consider it. The College of Health seeks to address these issues through outreach, awareness and aspiration raising and the promotion of the benefits of our programmes and the support available to students.

Assessment of Current Performance

7. The College of Health is a new entity. It will acquire McTimoney College of Chiropractic in April 2021. McTimoney College of Chiropractic was formerly run under a management agreement by BPP University, but from April 2021 McTimoney College of Chiropractic will become part of the College of Health. The College of Health will deliver its own, new programmes under a validation agreement with Ulster University and will continue to teach out BPP's programmes to any BPP students who decide not to transfer to the College of Health.
8. As the acquisition of the McTimoney College of Chiropractic has only just been completed, the dataset that the College of Health has had access to has been limited. It has also not yet been possible to conduct the qualitative analysis research we had planned with our (future) students or a detailed, intersectional, multivariate analysis of quantitative data. We set out below our findings from the analysis we have been able to conduct of the data we have been able to access to date.
9. Our primary objective has been to attempt to measure and set commitments and target absolute performance by identifying the past and current performance of McTimoney College under its previous awarding body. However, to provide context and inform our next steps we have also referenced equality data from our professional body, the General Chiropractic Council, the OfS Access & Participation Data Dashboard in relation to full and part-time undergraduate student data for all subject areas, and the student data for subjects Allied to Medicine available from the OfS Equality & Diversity Dataset.
10. It is also important to note that Chiropractic programmes are only currently provided by four specialist providers of Chiropractic education in the UK, which means there is no publicly available, disaggregated, comparative data of statistical significance presently available to assess performance against.
11. As a specialist provider of Chiropractic education, our assessment against the national data sets have shown that McTimoney College of Chiropractic performs well in a number of areas in relation to access by certain under-represented groups:
 - In setting up the Level 3 Access Pathway programme which was designed to provide a bridge to higher education and professional qualification for school leavers and mature students who did not meet either the general entry requirements or did not have the requisite knowledge of science;
 - In exceeding sector averages on widening participation for mature students through both programme modes, but in particular the unique part-time MChiro programme, which was designed to provide an accessible route to the Chiropractic profession for mature students who would otherwise be unable to afford to give up full time employment;
 - In widening participation to individuals from socio-economically deprived areas (IMD Quintile 1) and from areas with low participation in higher education (Polar4 Quintile 1);
 - In providing 96% of our graduates with progression onto highly skilled employment or further postgraduate study.

Data Analysis

12. Our analysis of the data, to which we have had access, is contained in the tables below. This data is limited by the small numbers in the population of each cohort, consequently (and in line with the OfS advice at para 38 of Regulatory advice 6), to achieve a sufficient mass to facilitate

meaningful analysis, we have had to combine multiple cohorts into one of two data sets depending on whether access or success is being analysed. The first is 'All current Students' which combines students on both the 4 year full-time and 5-year part-time programmes who commenced their programme in 2017 or later and have not yet completed (Tables 1, 2, 3, 4, 5, 6 Access and Continuation). The second group is all students who have graduated between 2017 and 2020 (Tables 7, 8, 9, 10 Success and Progression). However, despite aggregating these cohorts together the very small numbers of students within most under-represented groups means that the data falls under GDPR reporting restrictions and the extrapolations from the analysis are not statistically valid because the numbers are too small.

13. While not presented here, we have analysed performance of students by each of the McTimoney College sites, programmes and cohorts and have disaggregated data on performance by BAME attributes. In addition to the statistically significant quantitative data, the patterns drawn from small number sets have been noted and informed our thinking, although we are sensitive to the fact that they are not statistically reliable.
14. The data is measured to provide an absolute target for the College. However, for benchmarking purposes and to frame targets it is compared to the populations set out in the OfS Data Dashboard including the overall undergraduate population but also, and perhaps with more relevance for an Integrated Masters programme, the data on populations taking an undergraduate programme with postgraduate components.
15. The following tables of data are set out below:
 - Table 1: Current Total Existing Student Numbers by Programme and Location and by Nationality
 - Table 2: All Current Existing Students by General Characteristics
 - Table 3(a): Current Existing Students by Index of Multiple Deprivation (IMD)
 - Table 3(b): IMD Gap of Existing Students
 - Table 4: Current Existing Students by Polar4 Quintile
 - Table 5: Disability Characteristics of Current Existing Students Presenting with a Disability
 - Table 6: Continuation of Current Existing Students
 - Table 7(a): 2017-2020 Graduate Attainment by IMD
 - Table 7(b): 2017-2020 IMD Attainment Gap
 - Table 8: 2017-2020 Graduate Performance by Polar4
 - Table 9: Attainment of BAME and White Students Graduating 2017-20
 - Table 10: Graduate Progression 2015-2020

Table 1. Current Total Existing Student Numbers by Programme and Location and by Nationality

Current Student Headcount	Total	UK Only	England Only	International	EU/EA
Total	282	225	214	33	24

Table 2: All Current Existing Students by General Characteristics

Characteristics	Age >21	White	BAME	Disabled	Care Leaver	Traveller
%	85%	83%	17%	9%	0%	0%

Table 3(a): Current Existing Students by Index of Multiple Deprivation (IMD)

Programme/IMD	1	2	3	4	5
Abingdon 4yr	8%	13%	6%	31%	47%
Abingdon 5yr	9%	18%	17%	23%	33%
Manchester 5yr	31%	19%	25%	15%	10%
Total %	14%	17%	16%	23%	30%

Table 3(b) IMD Gap of Existing Students

Programme/IMD	1	5	GAP
Abingdon 4yr	8%	47%	39pp
Abingdon 5yr	9%	33%	24pp
Manchester 5yr	31%	10%	-ve 21pp
Total %	14%	30%	16pp

Table 4: Current Existing Students¹ by Polar4 Quintile

Polar	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5	Total
MChiro 5yr – Total %	11%	16%	19%	23%	31%	100%
MChiro 4yr – Total %	6%	12%	24%	13%	45%	100%
Combined Total %	10%	16%	20%	21%	34%	100%

Table 5: Disability Characteristics of Current Existing Students Presenting with a Disability²

Disability	Dyslexia	Physical	Mental Health
%	75%	5%	20%

¹ These numbers include students of all ages, rather than just under 21 yr olds.

² Rounding conventions have been applied to comply with GDPR

Table 6 Continuation of Current Existing Students

Characteristics	Attributes	% of College Population	% of Withdrawals	Variance
ALL	ALL	100%	12%	-
Ethnicity	BAME	17%	21%	+4%
	White	83%	79%	-4%
IMD	Quintile 1	14%	0	NS
	Quintile 5	30%	25%	-5%
Disabled	All	9%	0	NS
Mature	>21	85%	77%	-7%

Table 7(a): 2017-2020 Graduate Attainment by IMD

Grade/IMD Quintile	1	2	3	4	5
2.1 or higher	25%	58%	55%	83%	81%

Table 7(b): 2017-2020 IMD Attainment Gap

Grade/IMD Quintile	1	5	GAP
2.1 or higher	25%	81%	56pp

Table 8: 2017-2020 Graduate Performance by Polar4

1 st 2.1/Polar4	Quintile 1	Quintile 2	Quintile 3	Quintile 4	Quintile 5
4 Yr MChiro	66%	25%	25%	66%	57%
5 Yr MChiro	66%	66%	80%	75%	73%

Table 9: Attainment of BAME and White Students Graduating 2017-20

Class\Group	White	BAME	GAP
1 / 2.1 (%)	65%	27%	38pp

Table 10: Graduate Progression 2015-2020

Graduates	Non Practising %	Practising Overseas %	GCC Reg UK %	Post Grad Study %	Total Practising
FT 2015	6%	0%	89%	0%	89%
FT 2016	13%	13%	69%	0%	88%
FT 2017	0%	0%	93%	0%	100%
FT 2018	27%	0%	64%	9%	64%
FT 2019	0%	0%	93%	0%	94%
FT 2020	0%	0%	100%	0%	100%
FTE 2016	0%	7%	93%	0%	100%
FTE 2017	7%	0%	93%	0%	94%
FTE 2018	4%	4%	92%	0%	96%
FTE 2019	12%	6%	82%	0%	89%
FTE 2020	0%	7%	93%	0%	100%

Higher education participation, household income, or socioeconomic status Access (Tables 2, 3 and 4)

16. As the majority (85% - Table 2) of McTimoney students are mature, we have adopted IMD as a measure of deprivation (Table 3) in preference to Polar4 (Table 4). Our very small numbers of students who are 21 or under (and virtually none who are 18) together with the very small numbers in Polar4 quintile 1 mean that our analysis is only meaningful in that it reveals we are recruiting only very small numbers from Polar 4 quintile 1 areas and, in general, only a small number of 18-21 year olds.
17. For all current students, entrants from IMD quintile one are 14% of the student population. We note that the sector average is 17%, the national population is 22%, and the College's IMD quintile 5 proportion is 30%, a gap of 16 percentage points. In addition to these unfavourable comparisons, the overall figure for the College masks strong variations between courses and centres. For instance the ratio between IMD quintiles 1 and 5 on the Manchester programme is 21 percentage points in favour of IMD quintile 1. In contrast Abingdon 5- and 4-year programmes show a gap of 24 and 39 percentage points in favour of IMD quintile 5. The OfS Map of participation in HE shows that Oxfordshire is predominantly IMD quintiles 5 and 4, whereas Greater Manchester is predominantly Quintiles 1 and 2, which may account for some of the variation. Nevertheless, as a College that seeks to recruit nationally we recognise the need to address this imbalance, particularly in our Abingdon programmes. Consequently, we have adopted narrowing the gap in access for IMD quintile 1 versus quintile 5 as a target.

Success (Tables 6, 7 and 8)

18. Our analysis of the performance of students from Polar4 quintile 1 areas (of all ages) does not indicate that there is an issue in the comparative performance of Polar quintile 1 and quintile 5 students. An analysis of Polar4 quintile 1 students (18-21) does not reveal any indications of an adverse pattern.

Non-continuation. (Table 6)

19. In relation to continuation, the IMD quintile 5 group makes up 30% of the total current student population but accounted for only 25% of the total number of withdrawals. The IMD quintile 1 group numbers in relation to continuation are too small to be statistically significant, but the pattern is similar to that of their IMD quintile 5 peers. Interestingly, in exit interviews the majority of quintile 5 students withdrawing cited work and financial pressures. The progression of all students is a central focus of the College but especially so for those from the lower quintiles.

Attainment. (Tables 7 and 8)

20. Analysis of the achievement of a 1st or 2.1 across the 2017-20 graduate population reveals a 56-percentage points gap between IMD quintile 1 and 5 students. Even after aggregating quintiles 1 and 2 and 1, 2 and 3 the gap reduces to only 31 and 29 percentage points respectively. Consequently, we have adopted as a target to reduce the gap in success between students from IMD quintile 1 and quintile 5.

Progression to employment or further study

21. Of the 2017 to 2020 graduate cohorts 96% entered practice. Of the 4% that did not progress into practice or further study none were drawn from IMD quintile 1, and there is no correlation between the lower quintiles and failure to progress. Consequently, progression does not appear to be an issue for students from deprived areas who complete the programme. The GCC reports that McTimoney College has the highest proportion of graduates registering to practise of all the chiropractic colleges (GCC Annual Report 2020)

Black, Asian and minority ethnic students. Access (Table 2)

22. BAME students make up 16% of the College's Chiropractic students. The majority of these are Asian with smaller percentages of Chinese and Black students. The numbers are small and disaggregation into BAME attributes conflicts with GDPR and statistical reliability. The percentage of the total population of BAME students at the College exceeds that in the local populations of Oxfordshire (4.7% Asian and 1.7% Black) and Greater Manchester (10.1% Asian and 2.8% Black). However, we are aware that the data indicates significant differences in populations between the centres in Abingdon and the centre in Manchester, and between full-time and part-time cohorts. It is noteworthy that recruitment among BAME students is broadly in line with the population in the local county but significantly lower than the statistics quoted in the Access and Participation Dashboard (21% Asian, 5.8% Black). We are sensitive to the fact that the proportion of BAME chiropractors is small in comparison to the national population, and regard it as part our wider mission to redress the balance.

Success

Non-continuation (Table 6)

23. Our analysis of the progression of students in current cohorts of the College shows that there are no statistically significant correlations between continuation and population characteristics. Of those students who withdrew 79% were white while 21% were from the BAME community, a 4 percentage points adverse difference to the size of the BAME

population at the College. However, in relation to the 2019/20 cohort all BAME students progressed to year 2.

Attainment (Table 9)

24. The number of students at the College on the Masters in Chiropractic programmes is small, and while BAME students make up a healthy proportion of these they require to be aggregated together to provide sufficient mass to provide statistically reliable information. To address this more fully, we undertake to conduct qualitative research into the experiences of the different ethnic groups represented at the College, with a report to be considered by the Academic Council in the Spring Term 2022. Our analysis of the data shows that BAME students achieve fewer 1st or 2.1 classifications than white students by over 16 percentage points on the 4-year programme and by 38 percentage points overall. Consequently, we have adopted as a target to reduce the gap in performance between BAME and white students.

Progression to employment or further study

25. The data in relation to students who have graduated and have progressed into practice or further study shows that 96% of students entered practice. The performance of BAME students was in line or better than that of the population as a whole.

Mature students

Access (Table 2)

26. Chiropractic is a relatively young profession that attracts mature applicants and McTimoney College has consistently attracted a high number of mature students. Of the current total population 85% are mature. The 5-year MChiro routes are particularly attractive to mature students with 79% making up the population of the Manchester 5-year programme, and 100% on the Abingdon 5-year programme. This compares with 55% on the Abingdon 4-year programme. The proportion of mature students at McTimoney College compares favourably with the national average of 28%.

Success

Non-continuation (Table 6)

27. The percentage of mature students who withdrew is 10%, compared with 12% for the College population as a whole. Continuation will be a key focus of the College of Health and an area in which we have already invested in new posts. We will monitor continuation rates and closely analyse the effectiveness of the measures that we plan to introduce to reduce them.

Attainment

28. Of the mature student graduate cohorts, 60% achieved a 1st or 2.1 degree. This is higher than that scored by the population as a whole of 56%.

Progression to employment or further study

29. 96% of the mature cohort progressed into practice. The data that we had available to analyse suggests that mature students perform well at McTimoney College particularly

given that the majority are enrolled on part-time routes, which often perform less well than full-time programmes.

Disabled students

Access. (Tables 2 and 5)

30. For the 2020/21 entry, 12.5% of the College's students disclosed a disability. This is broadly in line with the local and national population and slightly above that reported for the sector. However, no students disclosed as disabled on the 4-year programme in Abingdon. We are also aware that of those who have disclosed, 75% had dyslexia and 20% had a mental health condition such as ADHD, anxiety, depression or autism. Only a very small number had a physical disability, and these did not impact their ability to practise. The limited range of disabilities reflects the requirements of the professional body (<https://www.gcc-uk.org/education-and-registration/studying-chiropractic>) the fine motor skills required to become a chiropractor and the physical nature of practise. However, we undertake to evaluate whether the presentation of the programme is putting off applicants who would otherwise be able to succeed on the programme and in practise. Research will be conducted over the Autumn Term 2021, with a report to go to the Academic Council at the end of the Spring term 2022.

Success

Non-continuation (Table 6)

31. The continuation of disabled students is in line with or better than that of other students on the programme. Of those disabled students who entered in 2019 all progressed in to the second year in 2020. This is consistent with the performance of disabled student cohorts in previous years.

Attainment

32. Analysis of the results of disabled students in graduate populations does not indicate any difference in performance between disabled students and the general population.

Progression to employment or further study

33. As with attainment, statistically valid data is not available for students with a disability however, there are no adverse indicators of students with a disability failing to enter practise.

Care leavers

34. The data we have access to reveals that either no care leavers have been recruited to the chiropractic programmes, or that no student who is a care leaver has wished to declare themselves as such. We undertake to conduct qualitative research with our students on this area to identify whether any students are in fact care leavers and what measures might best support the future recruitment, success and progression of care leavers in the future. The initial research will be conducted over the Autumn Term 2021 with a report going to the Academic Council at the end of that Term. Given that we currently have no care leavers registered as students at the College we have adopted a target of increasing the number of care leavers to four by 2025/26.

Intersections of Disadvantage

35. Given the small numbers of under-represented students at the College, our analysis of intersectional disadvantage is not statistically significant. However, broad inspection of the data appears to indicate that performance is adversely affected where IMD quintile 1 intersects with BAME and with disability. However, the intersection of BAME and disability does not indicate an adverse effect on performance. We will undertake to conduct further analysis of these intersection, including qualitative research with students. We also suspect that intersection of IMD quintile 1 and Polar4 quintile 1 compounds disadvantage, but our numbers are too small to provide statistically significant evidence. We will continue to explore this intersection. A report on our investigations will be considered by the Academic Council in the Spring Term 2022.

Other groups who experience barriers in higher education

36. As the acquisition of McTimoney College by the College of Health is in the final stages, we have not yet had the opportunity to investigate barriers to other underrepresented groups entering and progressing at McTimoney College. No students had declared as being from the Traveller community, and no data has been previously collected on students from military families, estranged from their families or refugees. We will investigate these areas more closely during the course of this plan.

Summary of undertakings:

Ref/Para	Theme	Undertaking	Timescale
24	BAME	To conduct qualitative research	Spring Term 2022
30	Disability	To evaluate whether current approaches to recruitment put off students with a disability who would otherwise be able to practise	Spring Term 2022
34	Care Leavers	To establish whether any of our current students are care leavers	Autumn Term 2021
35	Intersections	To explore the intersections we have identified further.	Spring Term 2022

Target Groups, Strategic Aims, Objectives & Targets

Target Groups

37. Arising from our analysis of performance, the target groups and the corresponding stage of the life cycle our plan will focus on are:
- (1) Access of students from IMD quintile 1
 - (2) Access of students who are care leavers
 - (3) Success of IMD Q1 versus IMD Q5 students who achieve a first or upper second-class degree
 - (4) Success of BAME versus white students who achieve a first or upper second-class degree.
38. In targeting the above four groups we shall be particularly cognisant of how these targets impact access for and performance of disabled students.

Strategic Aims

39. Based on our analysis of performance, we have set out the following strategic aims:
- (1) To reduce the gap in participation between students from IMD quintile 1 and IMD quintile 5
 - (2) To increase the number of care leavers at the College
 - (3) To reduce the attainment gap for students from IMD quintile 1 areas compared with those from IMD quintile 5
 - (4) To reduce the attainment gap for BAME students compared with White Students.

Strategic Measures - Logic Chains

Strategic Aim	Objective	Target & Lifecycle	Input Activities	Input Activities	Input Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
> 5 years			2021/22	2022/23	2023/24 – 25/26	2021/22	< 3 years	> 3 years
To reduce the gap in participation between students from IMD quintile 1 and IMD quintile 5.	To reduce the gap in participation between students from IMD quintile 1 and IMD quintile 5 to 6 percentage points by 2031.	PTA-1 Access	<p><u>Data & Records:</u></p> <ul style="list-style-type: none"> - Optimise the CoH student record system (SIS); - Implement 'clean data' capture processes; - Implement a data governance group; - Staff training. <p><u>Support:</u></p> <ul style="list-style-type: none"> - To offer digital poverty, travel and general hardship grant schemes, to underpin and support us in achieving our Access & Participation strategic aims³ - To appoint paid student outreach representatives to act as ambassadors for the College and champions of under-represented groups;⁴ <p><u>Research:</u></p> <ul style="list-style-type: none"> - To carry out research into awareness and 	<p><u>Data & Records</u></p> <ul style="list-style-type: none"> - Continued application and evolution of the CoH SIS; - Augmentation of the data record by additional cohort entries; - Examination and evaluation of quantitative data; <p><u>Research</u></p> <ul style="list-style-type: none"> - To continue research and literature reviews into our target groups; - Continued review and evaluation of sector best practice; - Stakeholder feedback; - Termly monitoring and evaluation through the Formative Committee - Access to HEAT and HEBBS in 22/23 <p><u>Outreach</u></p> <ul style="list-style-type: none"> - Development and review of outreach activities and relationships; - Continued development and 	<p><u>Continued</u> implementation of activities in previous years subject to:</p> <p><u>Evaluation</u></p> <p>Triangulation of College practices against:</p> <ol style="list-style-type: none"> (1) Student feedback; (2) Retention and achievement rates (3) Outreach Partner feedback (4) Sector practice (5) Literature review. <p>Quantitative and qualitative review of all activities against targets and impact and against continuation and success metrics.</p>	<p><u>Data & Records</u></p> <ul style="list-style-type: none"> - Fit for purpose and scalable SIS established - Clean data entry; - Accurate and accessible student data to support internal operation, interventions and reporting; <p><u>Research</u></p> <ul style="list-style-type: none"> - IMD voice informs approaches and interventions; - Enhanced staff and institutional expertise and awareness; - IMD Strategy Established - Annual report & development plan to the Board and Academic Council. <p><u>Outreach</u></p> <ul style="list-style-type: none"> - 6 school & college partnerships; - 300 student engagements p.a. - 6 clinic open events; - Provision of Chiropractic Book to outreach partners. 	<ul style="list-style-type: none"> - Increased awareness of chiropractic among target groups; - Significant engagement from target groups in open days and other events (funnel of 5:1 engagement versus applications); - Enrolments meet annual targets, <p><u>Data & Records</u></p> <ul style="list-style-type: none"> - Clean, effective and searchable student database to: - Provide better analysis, - Support interventions; - Inform the specification of the next generation SIS. <p><u>Research</u></p> <ul style="list-style-type: none"> - Ability to analyse student information in a meaningful way to inform our evaluation of progress with achieving our Access & Participation aims; 	<ul style="list-style-type: none"> - Familiarity with chiropractic among the target communities; - Enrolments meet APP targets. - Higher application rates. <p><u>Data & Records</u></p> <ul style="list-style-type: none"> - Full and sophisticated life-cycle information on student recruitment, retention success and progression. <p><u>Research</u></p> <ul style="list-style-type: none"> - Interventions and activities are effective and evidence-based. <p><u>Outreach</u></p> <ul style="list-style-type: none"> - Established feeder routes from target group areas to the College; <p><u>Staff & Institutional Capability</u></p> <ul style="list-style-type: none"> - Fully embedded, whole-provider approach.

³ Crockford et al (2015)

⁴ Austin and Hatt (2005).

		<p>perceptions of chiropractic among under-represented groups</p> <ul style="list-style-type: none"> - Undertake empirical, qualitative research into the experience of current College students from under-represented groups; - Continue the sector literature review; - Monitor access and participation data and effectiveness of interventions through the Formative Committee <p><u>Outreach:</u></p> <ul style="list-style-type: none"> - Explore outreach partnerships with local schools, and colleges; and clinics in the local area in Polar4 quintiles 1 and IMD Quintiles 1; - Engage with the local careers adviser networks - Implement student champions system;⁵ - Implement affective and financial support mechanisms for applicants from under-represented groups; - Implement structured support touchpoints through the 	<p>evolution of support mechanisms and touchpoints throughout application, enrolment and induction.</p> <p><u>Staff Training/Institutional Awareness:</u></p> <ul style="list-style-type: none"> - Continued development of awareness and experience of the needs of IMD Q1/Polar 4 Q1 students through staff induction, refresher and update training. 		<ul style="list-style-type: none"> - Higher level of awareness of and interest in chiropractic among students at outreach partners; - Higher attendance at open days and events from students in target group areas. <p><u>Staff Training & Institutional Awareness</u></p> <ul style="list-style-type: none"> - Enhanced staff awareness, skill and confidence in supporting target group applicants; - Enhanced institutional expertise and facility. - Closer institutional understanding of our students. 	<ul style="list-style-type: none"> - Together with data informs an evidence-based approach; - Mid-point research and evaluation report to the Academic Council and Board of Directors. <p><u>Outreach</u></p> <ul style="list-style-type: none"> - Steady increase in interest and engagement among IMD 1/Polar4 students; <p><u>Staff & Institutional Capability</u></p> <ul style="list-style-type: none"> - A growing and sophisticated understanding of support needs for IMD 1/Polar 4 students; - Better support of target group applicants; - Better use of resources. 	
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⁵ Austin and Hatt (2005).

			<p><i>application, enrolment and induction processes.</i></p> <p><u><i>Staff Training/ Institutional Awareness</i></u> <i>- Dissemination and codification of knowledge and experience of IMD quintile 1 applicants.</i></p>					
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Strategic Aim	Objective	Target & Lifecycle	Input Activities	Input Activities	Input Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
> 5 years			2021/22	2022/23	2023/24 – 25/26	2021/22	< 3 years	> 3 years
To increase the number of care leavers at the College.	To increase the number of care-leavers at the College to at least 8 by 2031	PTA-2 Access	<p><u>Research:</u> To seek to identify care leavers among the current student population; To utilise their experience to inform outreach and support strategies;</p> <p><u>Financial Support</u> To provide and promote a bursary of £1000 per annum to care leavers.</p> <p><u>Outreach:</u> To seek to establish collaborations with appropriate organisations such as NNECL, First Star and virtual schools to target care leavers;⁶</p> <p>To establish an outreach strategy (care leavers);⁷</p> <p><u>Support</u> To provide a stable contact point and mentor for potential</p>	<p><u>Research:</u> Empirical research conducted into current student care leaver experience;</p> <p><u>Outreach;</u> To develop relationships with outreach partners;</p> <p><u>Support:</u> To review and evaluate the effectiveness of the support mechanisms put in place.</p>	<p><u>Continued</u> implementation of activities in previous years subject to:</p> <p><u>Evaluation</u> Triangulation of College practices against: (1) Student feedback; (2) Recruitment and retention rates (3) Outreach Partner feedback (4) Sector practice (5) Literature review. Quantitative and qualitative review of all activities against targets and impact and against continuation and success metrics.</p>	<p><u>Financial Support</u> Advertisement of care leaver bursaries.</p> <p><u>Research:</u> Identification of any current care-leavers among current students, and if any are identified, the production of a report into current care leaver experience;</p> <p>First draft of a care leaver strategy;</p> <p><u>Outreach:</u> Establishment of relationships with and a modus operandi in respect of, relevant care leaver support organisations.</p> <p><u>Support:</u> Care leaver contact point and mentor scheme in place.</p>	<p>Recruitment of 1 to 2 care leavers.</p> <p>Care leaver recruitment and support strategy developed and reviewed annually.</p>	<p>Recruitment of at least 4 care leavers over the course of the plan.</p> <p>Care leaver strategy embedded into the Whole Provider Approach.</p>

⁶ DfE (2019)

⁷ Jackson and Cameron. (2012)

			<i>care leaver applicants and students;</i> ⁸					
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⁸ Harrison (2017)

Strategic Aim	Objective	Target & Lifecycle	Input Activities	Input Activities	Input Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
> 5 years			2021/22	2022/23	2023/24 – 25/26	2021/22	< 3 years	> 3 years
To reduce the attainment gap for students from IMD quintile 1 areas compared with those from IMD quintile 5	To reduce the attainment gap for students from IMD quintile 1 areas compared with those from IMD quintile 5 to 20 percentage points by 2031	PTS-1 Successes	<p><u>Financial Support</u></p> <ul style="list-style-type: none"> - To make hardship grants available to applicants and students. - Establish formal arrangement with the McTimoney Chiropractic Association (MCA) and Trust to provide funding for financial support initiatives - Provide comprehensive signposting to funding sources <p><u>Operational Alignment:</u></p> <ul style="list-style-type: none"> - Alignment of Learning & Teaching, with student support and EDI. - To utilise our two newly appointed learning resource managers to ensure we have expert advice in the acquisition and deployment of learning 	<p><u>Continuation and refinement of activities initiated in prior year.</u></p> <p><u>Financial Support initiatives continued</u>¹⁰</p> <p>Establishment of charitable arm to facilitate financial support initiatives to students through harnessing Alumni contributions</p> <p><u>Learning and Teaching</u></p> <p>Systematic consideration of inclusive curriculum principles within programme design and review processes;</p> <p><u>Student Support</u></p> <ul style="list-style-type: none"> - The introduction of remedial revision classes and clinics specifically targeted at the needs of students within our target groups; 	<p><u>Continued implementation of activities in previous years subject to:</u></p> <p><u>Evaluation</u></p> <p>Triangulation of College practices against:</p> <ol style="list-style-type: none"> (1) Student feedback; (2) Retention and achievement rates (3) Outreach Partner feedback (4) Sector practice (5) Literature review. <p>Quantitative and qualitative review of all activities against targets and impact and against continuation and success metrics.</p> <p><u>Financial Support</u></p> <p>Alumni Charitable function established.</p>	<p><u>Student Support</u></p> <ul style="list-style-type: none"> - New VLE - Establishment of mental health support scheme including Counselling service. - Student mentor system put into operation; - Establishment of counselling service. - Awareness within the student body of financial support mechanisms - Identification of students in need and allocation of support. - Regular forums held on issues important to under-represented groups. Immediate issues addressed and feedback fed into research <p><u>Research:</u></p> <ul style="list-style-type: none"> - Development of institutional awareness of the issues and 	<ul style="list-style-type: none"> - Retention of students who might previously have dropped out due to financial hardship; - Increased achievement rates among under-represented groups as a result of the removal of barriers to learning. <p><u>Student Support</u></p> <ul style="list-style-type: none"> - Higher number of applications from students for support; - Earlier and more effective interventions to support students. 	<ul style="list-style-type: none"> - Retention and increase achievement of students from IMD 1 in line with five-year targets; - Retention of students who might otherwise have dropped out due to insufficient support based on their learning needs <p><u>Student Support</u></p> <ul style="list-style-type: none"> - Better informed and effective interventions and activities to supporting IMD 1 students; - A more effective learning and teaching environment; - Embedded Whole Provider Approach

¹⁰ Crockford et al (2015)

		<p><i>resources and that students are guided in using them to maximum effect;</i></p> <p><i>- To utilise our newly appointed Registry Data Officer to assist us in enhancing the student information system and student record, which will then assist us in tracking student progress,⁹ making timely and appropriate interventions and acting as an early warning system if our targets are not being met;)</i></p> <p><i>- To utilise APP oversight and monitoring mechanisms to address e.g., student feedback on initiatives and obstacles</i></p> <p><u>Student Voice</u> Existing Student Council transferred to College of Health.</p> <p><u>Student Support</u></p>	<p><u>Research</u> To conduct ongoing research on sector initiatives and best practice through, in particular, the Dir of Research, CAO, Student Data Officer and Learning Resource Managers.¹¹</p> <p>- To review and reflect on the implementation of our approaches, whether there is evidence they are achieving the effects intended and what we have learned from experience. This will be ongoing with a formal evaluation report annually starting Summer 2022.</p>	<p><i>difficulties (emotional, physical and practical) of students from under-represented groups, which then informs the development of policy and practice;</i></p> <p><u>Staff Training:</u> <i>- Dissemination of that knowledge across the staff;</i></p>		
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⁹ Scrivener et al (2015)

¹¹ Rawson (2016).

		<ul style="list-style-type: none"> - Appointment of Learning & Support Lead - Appointment of Inclusion, Equality & Diversity Lead - Design of Professional Role Model Scheme- - 1-2-1 remedial /support sessions scheduled - Establishment of Learning Support Contracts - Design of mental health support scheme - Development of tailored student support to students from under-represented groups - VLE solution launched - Implementation of Professional Role Model Scheme 					
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Strategic Aim	Objective	Target & Lifecycle	Input Activities	Input Activities	Input Activities	Outputs	Outcomes (Short/Medium)	Impacts (Longer Term)
> 5 years			2021/22	2022/23	2023/24 – 25/26	2021/22	< 3 years	> 3 years
To reduce the attainment gap for BAME students compared with White Students.	To reduce the attainment gap for BAME students compared with White Students to 10 percentage points by 2031	PTS-2 Success	<p><u>General;</u> Many of the activities set out in PTS-1 will have an intersectional impact on BAME students.e.g., financial support for those in hardship and the approach to tailored support to students.</p> <p><u>Learning and Teaching</u> - Development of approaches to the inclusive curriculum n programme design and delivery; - Alignment with wider Learning Support and Inclusion, Equality & Diversity support infrastructure</p> <p><u>Student Support:</u> - Establishment of Inclusion, Equality & Diversity Lead - Design of Professional Role Model Scheme</p>	<p><u>General</u> - Continuation of general activities that have inter-sectional benefit.</p> <p><u>Research</u> - Evaluation of research, feedback from our students and literature review to identify common, inter-sectional and distinct barriers to achievement by BAME students.</p> <p><u>Learning and Teaching</u> Embedding of the inclusive curriculum - Review of L&T Strategy</p> <p><u>Student Support</u> - Implementation of interventions, identified through empirical research student feedback, etc that specifically support BAME student</p>	<p><u>General</u> - Continuation and refinement of general activities and identification and refinement of those that have most inter-sectional benefit for BAME students.</p> <p><u>Research</u> - Mid-point evaluation of impact of strategic measures, including triangulation of evidence from stakeholders and quantitative analysis, followed by refinement and amendment as appropriate.</p> <p><u>Student support</u> Continuation and development of approach to student support, informed and amended by experience and research as appropriate</p> <p><u>Staff Training</u></p>	<p><u>Policy:</u> - Revised Teaching and Learning Strategy; - Staff familiar with the Whole Provider Approach</p> <p><u>Research:</u> - Evidence-based approach to teaching and learning strategy; - Internal insights into the barriers to performance for BAME students and whether these are inter-sectional or distinct.</p> <p><u>Support Environment</u> - BAME Champions scheme implemented.</p>	<p>Increased retention and achievement of BAME students from IMD1 and Polar4/1 in line with annual targets</p> <p><u>Support Environment</u> Development of more sophisticated and informed support mechanisms for BAME students.</p> <p><u>Research and evaluation</u> Mid-point research and evaluation report to the Academic Council and Board of Directors.</p>	<p>Enhanced performance of BAME students in line with APP Targets.</p> <p><u>Support Environment</u> Enhanced institutional effectiveness in supporting BAME students.</p> <p>Embedded Whole-Provider approach.</p>

			<p>- Provision of tailored student support and counselling</p> <p>- BAME student champions scheme</p> <p><u>Research:</u></p> <p>- To conduct qualitative, empirical research into the experiences of our BAME students;</p> <p>- Conduct a wider literature review into approaches to supporting BAME students to succeed;</p> <p><u>Staff Training:</u></p> <p>The introduction of a systematic and ongoing approach to staff training to support BAME students. E.g., unconscious bias.</p>	<p>performance, including remedial</p> <p>- Implementation of professional role model scheme;</p> <p>- Continuation of BAME student champion scheme</p> <p><u>Staff Training</u></p> <p>Staff Induction Training to include BAME related awareness raising e.g., unconscious bias, intersectional disadvantage etc .and effective support mechanisms.</p>	<p>Established approach to and cycle of staff training.</p>			
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Targets – Access

Reducing the gap between IMD quintile 1 and IMD quintile 5 students.

40. We note that while IMD quintile 1 students are not underrepresented in higher education in general (OfS Data Dashboard gives a negative gap of 1.5 percentage points) in relation to undergraduate programmes with a postgraduate component the gap is 15.8 for full time programmes and 5 percentage points for part-time programmes. Our data reveals an overall 16-percentage point gap between the access of IMD quintile 1 and 5 students. We believe we can close this gap over the course of the plan by 5 percentage points through outreach activities in local schools and sixth form colleges. Those activities will cover raising awareness of chiropractic as a career and the lower number of obstacles to setting up in practice compared with other professions, assuming success on the programme; the relevance of scientific knowledge in the programme and how it is demystified and made easier to learn through application in practice, the provision of science classes, chiropractic demonstrations and treatments. We will also set out the requirements of the programmes we offer together with the pastoral, academic and financial support that we provide. We believe that IMD 1 is a broad target area, which will have a beneficial effect on access for other target populations such as working-class, white males and disabled students.

Target 1 (PTA-1) To reduce the gap in participation between students from IMD quintile 1 and IMD quintile 5.

	Base-line (Table 3b)	21/22	22/23	23/24	24/25	25/26
IMD Q5%	30%	29.5%	29.0%	28.5%	28.0%	27.5
IMD Q1%	14%	14.5%	15.0%	15.5	16.0%	16.5%
GAP	16pp	15.0pp	14.0pp	13.0pp	12.0pp	11.0pp

Increasing participation among care leavers.

41. Our data analysis shows that no current students disclosed as care leavers (or travellers), and up to now data has not been collected systematically on students estranged from their families, refugees or those from military families. We will address this in our approach moving forward. We plan to work with the Virtual Schools network to promote the College to care leavers. For our current plan, we have adopted targets for care leavers. This is an area we feel we are well-suited to support and to explore, in particular to understand the proportion of our student population who may be care-leavers, their experience of the student journey and their success in entering practice. Should we find that students remain reluctant to disclose, we shall utilise the literature and the experience of other institutions in developing our support e.g., the DfE Principles to Guide the HE Sector on Improving Care Leavers Access and Participation in HE, membership of the NNECL and First Star, as well as the experience of our partner, Ulster University. We acknowledge that care-leavers are often fiercely independent and seek to avoid being labelled as care-leavers. We also know that those that do go to into higher education tend to do so later in life,¹² and that many have to work to make ends meet.¹³ To address this and to maximise our input we shall seek

¹² Harrison (2020)

¹³ Ellis and Johnston (2019)

to provide what care-leavers lack in comparison to those from a stable family: sources of advice, help in preparing practically and mentally for higher education and assistance with costs. We propose to provide each care leaver with a bursary of up to £1000 per annum. In addition, we plan to investigate what training and assistance might benefit care leavers in relation to establishing a practice after graduation and foregrounding this in our offer. This would be in addition to that already provided to current students. We envisage that this may take the form of tailored advice on setting up and managing a business, the appointment of a mentor and the provision of a start-up loan.

Target 2 (PTA-2) To increase the number of care leavers at the College

Year	Baseline	2021/22	2022/23	2023/24	2024/25	2025/26
Cumulative No. of Care Leavers	0	0	1	2	3	4
% of College Popn	0	0	0.3%	0.6%	0.9%	1.2%

Targets – Success

42. The data we have in relation to student retention and achievement (success) is more limited than that on access. However, what our analysis shows is that there are no clear, statistically significant correlations between success and population characteristics and attributes with the exception of BAME students and students from IMD quintile 1. However, we appreciate that this is affected by small numbers in some of these categories, the limitations of our analysis so far, the extent of our data and that more work needs to be done on identifying intersectional disparities. Again, we expect future qualitative research with our students to aid our analysis, this includes the experience of those from other under-represented groups such as refugees and children from military families.

43. The predominant reason that existing students gave for leaving a programme was financial. In particular, the feedback from existing students on the draft Access and Participation Plan approach to financial support revealed that hygiene factors like the cost of travel to attend College or access to materials via the internet and a device adversely impacted students’ ability to stay on track, and that falling behind undermined their confidence and motivation to continue studying. Consequently, we will establish a hardship fund, which shall be available to our target under represented students to draw on providing they meet specified criteria. The specified criteria will be:
 - A justifiable case for a payment from the hardship fund;
 - That the student has an income of less than £25,000 per year.

44. Our research and ongoing data collection and analysis will specifically seek to identify any unexplained differences in the following National Key Performance measures and to address them:
 - (a) Non-continuation rates between IMD quintiles 5 and 1 respectively;
 - (b) Degree outcomes between white and black & Asian students;
 - (c) Degree outcomes between disabled and non-disabled students.

45. Our current targets in relation to success, based on the data we have so far, are as follows:

Target 3 (PTS-1) - To reduce the attainment gap for students from IMD quintile 1 areas compared with those from IMD quintile 5

46. To reduce the gap in the achievement of first and upper second-class degrees between students in IMD quintile 1 and those in IMD quintile 5.

	Base-line (Table 7b)	21/22	22/23	23/24	24/25	25/26
IMD Q5%	81%	81	81	81	81	81
IMD Q1%	25%	28	31	34	37	40
GAP	56pp	53pp	50pp	47pp	44pp	41pp

Target 4 (PTS-2) To reduce the attainment gap for BAME students.

47. To reduce the gap in the attainment of first and upper second-class degrees between BAME students and white students.

	Base-line (Table 7b)	21/22	22/23	23/24	24/25	25/26
White Students %	65%	65%	65%	65%	65%	65%
BAME Students %	27%	30%	33%	36%	39%	42%
GAP (pp)	38pp	35pp	32pp	29pp	26pp	23pp

Progression

48. We are confident that those students who graduate are well-prepared and supported to continue into either further study or into practice. Overall current statistics demonstrate that 96% of students either enter practice or continue onto further study (for independent evidence see the GCC Annual Report). Of those students that do not progress to graduation or practise we have not found any evidence of a correlation with an under-represented group. We believe that some of these are students who go overseas to practise. However, we need to explore this further. Our approach here will be to:

- (a) Access and mine the existing, historical data;
- (b) Establish processes that gather progression data in a more informative way;
- (c) Liaise with our different student groups to gain qualitative evidence of the interventions that would best support them;
- (d) Analyse the data to determine whether there are any areas which require specific focus and interventions.

49. We have in mind interventions should it be confirmed that students from under-represented groups are less likely to enter practice or further study than their peers. However, these will need to be reviewed in the light of the data, further consideration of the literature and having gathered the views of students from the groups affected.

50. Our timescales for analysing the data are set out below (Table 11). We expect to have access to the historical data during the Summer term of 2020/21, and to begin the groundwork on implementing a data system and the commencement of targeted and systematic engagement with students on possible interventions. The full data system will come into

effect for the September 2021 intake. We intend publishing our detailed progression targets in 2021/22, however, at this stage we envisage that they will be two-fold:

- (a) that the overall progression statistic will rise to 98%, and;
- (b) that the remaining 2% will not be made up, disproportionately, from any single under-represented group or groups.

Timescales for Eliminating Data Gaps

51. We envisage the following timescales for establishing robust and reportable data on the groups within our targets (all of which are subject to meeting the minimum requirements for GDPR):

Table 11

Year	Access	Retention	Success¹⁴	Progression¹⁵
2021/22	All groups entering AY 20/21	On Yr 1 for AY 20/21	N/A	N/A
2022/23	Separately & Cumulatively All groups AY 21, 22	On Yr 2 for AY 20 On Yr 1 for AY 21	N/A	N/A
2023/24	Separately & Cumulatively All groups AY 20, 21, 22	On Yr 3 for AY 20 On Yr 2 for AY 21 On Yr 1 for AY 22	N/A	N/A
2024/25	Separately & Cumulatively All groups AY 20 - 23	On Yr 4 for AY 20 On Yr 3 for AY 21 On Yr 2 for AY 22 On Yr 1 for AY 24	FT Int MChiro	N/A
2025/26	Separately & Cumulatively All groups AY 20-24	On Yr 5(PT) for AY 20 On Yr 4 for AY 21 On Yr 3 for AY 22 On Yr 2 for AY 23 On Yr 1 for AY 24	FT Int MChiro PT Int MChiro	PT MScs FT Int MChiro

¹⁴ Success data will be collated at the end of the academic year in which the student completes.

¹⁵ Progression data will be collated after the end of the academic year in which the student completes.

Whole Provider Approach

Alignment with other strategies

Diversity and Inclusion

52. The College of Health is a small, practice-facing, teaching-led and research informed institution. Our professional ethics and values inform all that we do. Our Diversity and Inclusion Policy sets out our commitment to equality of opportunity, and the values of fairness, honesty and integrity, in pursuance of which we seek to:
- Sustain an ethos of inclusion and participation through all staff, students and representatives;
 - Promote and foster good relations between all staff and students with protected characteristics and those who do not have such characteristics;
 - Take positive steps to counter inappropriate behaviours and eliminate unlawful discrimination, harassment, victimisation and the promotion of intolerance (of different faiths and beliefs); challenging individuals or groups who express such behaviour;
 - Anticipate, remove or minimise disadvantages which could be experienced by people due to their protected characteristics;
 - Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people;
 - Encourage and support people with identified under-represented protected characteristics to fully participate in educational activities and meaningfully engage with student activities;
 - Provide an environment which is accessible to all service users where practicably possible;
 - Work with partner and stakeholder organisations to uphold and maintain our values and ethos;
 - Celebrate diversity and difference and strive to bridge cultural, social and psychological barriers.
53. Our **admissions procedure** evidences our commitment to widening participation for applicants from under-represented groups. Students are evaluated contextually as well as on the basis of their UCAS tariff points. The process is highly personalised and individual. All applicants are invited to open days which familiarise applicants with the nature and activities of the programme, our approach to teaching and learning, and the professional requirements to practise as a chiropractor. The open day also includes a one-to-one session with a member of staff. The final stage of the admissions process is termed an interview but is actually a discussion to ensure that they are fully aware of the nature and demands of the course and are committed to it. Applicants who are not accepted will be told why and what they need to do be admitted. For the vast majority of students that are not accepted we offer them the opportunity to undertake a bridging programme, which affords them a guaranteed place if they pass.

Governance Infrastructure

54. As a new institution we have taken the opportunity to start from a blank slate of governance, regulations and policies and throughout the design stage have challenged ourselves about what structures, rules and procedures are necessary and how they support

students, standards and the success of the College. This forensic approach has enabled us to ensure that our approach to governance and regulation is mutually supportive, lean and aligned, for which we earned 'high confidence' from the QAA. The process of drawing up our Access and Participation Plan has provided the opportunity to review how effective our governance structures are in facilitating and supporting students from under-represented groups and to ensure that our approach remains robust and effective in practise. This requires us to achieve two key goals: to support our applicants and students throughout the student journey and to ensure that on graduation they have met the requisite academic and professional standards and are fit to practise.

55. The policy framework that provides a supportive approach to applicants and students is evidenced in for example, our **Safeguarding Policy, Admissions Policy, Personal Tutor Policy and Academic Progress Monitoring Policy**, all of which can be seen as parts of and align to our **Teaching and Learning Strategy**, and our vision mission and values.

Alignment to Teaching and Learning and Employability

56. The most important aspect of the alignment of our approach to access and participation and its alignment with our teaching and learning strategy and approach to employability is the fact that they are co-dependent and cannot easily be disaggregated.
57. From a practical point of view this means that the purpose of the programme is to enable students to move from potential applicants to practitioners as seamlessly as possible, through a programme that continuously and practically presents the end goal through the syllabus and curriculum that the student experiences. To this end the programme encapsulates the professional requirements of the GCC and ECCE, our accrediting bodies and, in addition incorporates outcomes and modules in relation to being business-ready as well as practise ready.
58. This provides confidence to risk and debt averse students, who disproportionately come from the socio-economically deprived areas, that an obtainable, financially secure outcome is more assured than for other degree programmes.
59. This is reinforced through our Whole Provider Approach, a central tenet of which is the paradigm of the Affective Domain, which we believe provides a multi-faceted but scientifically rooted and practically applicable model. For example, Bourdieu's concept of social capital informs our approaches to attracting and supporting students from under-privileged backgrounds through both removing hygiene factors and engaging early in affective support (outreach, single Admissions contact, approach to induction, personal tutor strategy). Frith and Blackmore's work informs our awareness of neuroscientific factors in education and learning styles (Academic Progress monitoring), while at a more concrete level Krathwohl and Bloom have informed our approach to teaching, learning and assessment in the individual and professional context and this has fed into our Teaching and Learning Strategy, particularly in the framing of outcomes that incorporate affective attributes and professional behaviours.
60. Our focus throughout our approach to recruitment and delivery is on the aptitude and capability of the applicant/student to meet the professional competences required to practise. Consequently, our policies and approaches recognise the need to take into account individual circumstances, such as accreditation of prior experiential learning and reasonable adjustments to delivery and assessment, and to build the experience and developing

expertise of particular group and individual circumstances into the ongoing development of policy and student support practices.

61. In tandem with this network of supportive policies we are clear in establishing expectations around the meeting and maintenance of standards, academically, professionally and personally. These protective approaches included policies on Student Discipline, assessment and examination, and Fitness to Practise. We promote this dual set of expectations: support and standards, in multiple ways including via recruitment literature, talks, one-to-one support through the admissions process, open days, interviews, during induction, the personal tutor system and in written form on the VLE and website.
62. Our own policies link to the policies of our awarding body, Ulster University, as set out in the Partnership Handbook. Our students are also Associate Students of Ulster University, and have recourse to Ulster on complaints and appeals.
63. In practical terms we will take the following measures to ensure that our Whole Provider Approach is embedded within the College:
 - As we move in to delivering our programmes in the Summer of 2021, we will utilise our governance and engagement forums, particularly the Academic Council and the Student Experience Committee, to review and refine the alignment of our policies and regulations with our Access and Participation Plan, together with our student body. The comparatively small size of the College and the membership and remit of these two committees means this approach has the benefit inclusivity, coherence, and clarity of communication.
 - We have in place a system of student representatives and will add to this a student champion for each of our access and success targets (Autumn 2021). These students will be directly involved in all Access and Participation decisions;
 - The use of these committees as forums of review and evaluation will be supported by evidence from empirical, qualitative research into the student experience from the perspective of under-represented groups.
 - Staff will be inducted into our Whole Provider Approach through briefing webinars and town hall sessions throughout the Spring and Summer Terms of 2020/21, and supported by written materials. New staff will receive training as part of their induction process.
 - From the Autumn term 2021/22, staff training will include matters such as unconscious bias, cultural sensitivity, and inclusive practices
 - The success of the embedding of the approach will be evaluated through students feedback, with relevant questions incorporated into end of term questionnaires, reports by the Student Experience Committee and student representative and champions forums.
 - Equality Impact Assessments will be introduced, from Autumn 2021 into all policy making processes and as part of change management.
64. We recognise that we have limited experience and expertise in supporting students from under-represented groups and so as an intrinsic part of our approach to know our students and understand their needs we will disseminate and cascade the knowledge that we do have, draw on that of our partner Ulster university and to continually review, evaluate and build on our qualitative research. This will commence formally from the Autumn term 2021/22.

Overarching Philosophy

65. The overarching philosophy of the College derives from work on the Affective Domain (Krathwohl, 1956; Maughan and Webb 1999; Maharg (Ed) 2011; Maguire et al 2017). In relation to student wellbeing Affect includes emotion, and perception of obstacles in relation to hygiene factors and practical support. Emotion deals with perceptions of inclusion or exclusion and belonging. Hygiene factors may act as deterrents or barriers to entry and retention e.g. well organised open-days, registration events and student cards being available at enrolment. The latter may seem a trivial irritation to a middle-class, financially confident, parentally supported student but to a student from a disadvantaged background it may be destabilising and even interpreted, on a subliminal level, as rejection (Harrison, 2017). Practical support, in relation to Affect, is the contextualisation of that practical support within the experience and expectations of the individual student, their access, or lack of it, to both closer and wider networks of support and how this colours their dependence, confidence in accessing support, the manner in which that support is then provided and the gaps in the individual student's support networks that it seeks to fill.
66. Affect is multi-faceted and underlines the need for the planning and provision of multiple interventions at different stages in the student and potential student life cycle. (Scrivener et al 2015). The College of Health recognises that the balance of interventions has been weighted towards outreach and recruitment rather than retention, success and progression (HEA 2017). As small, profession- and practice-facing provider the College of Health's approach to its scheme of intervention appreciates the importance of balance, and its own responsibilities, in taking its students from recruitment to success in practice. Consequently, while its interventions include outreach and awareness raising through its work with schools, local practices and disseminating free publications on chiropractic it primarily regards these as awareness raising of chiropractic as a career opportunity. This is more meaningful as the first stage of the provision of clear and accurate information to prospective students on qualification for the profession. Information and guidance is recognised as the first step in student success (CMA 2017; QAA 2014; Hull 2003; HEA 2017). Open days, summer schools and the requirement to have undergone chiropractic treatment (provided free to applicants by the College of Health), ensure that applicants are fully informed about practical and hygiene factors, but more importantly are sensitised to what it is to be a chiropractor and have lived experience of it. This 'expectation setting' familiarises students with the College of Health and the profession in advance of making a choice to enrol as a student. More importantly, it cultivates from the beginning understanding and expectation that aids motivation, and thereby retention and progression (Sellers and van der Velden 2003; Abrahamson and Jones 2004).
67. The importance of these interventions in the first term and year of study is greater than in subsequent years, with the exception of progression into practice. (Goldberg and Finklestein 2002). The importance of a practice, employment outcome also has, in itself a beneficial effect on retention and progression (Kay and Sundaraj 2004); Clery and Topper 2010). This raft of approaches also addresses the evidence that students from lower socio-economic groups do not access work experience at a graduate or professional level to the same proportion as their contemporaries from more middle-class backgrounds (Thomas et al 2017). We recognise that the provision of financial support to students from low-income backgrounds is contested in the literature (Emmerson et al. 2005; Hatt et al. 2005a, 2005b;

HEA 2017; Rawson 2016; OFFA 2014). While we agree that, on its own, financial support may not impact retention, as part of a suite of interventions within an Affective approach we believe it is key in addressing hygiene and practical issues such as attendance on course rather than at work, which in themselves impact on confidence, a sense of inclusion and success. That sense of inclusion will also be fostered through communities of learning (Rawson 2016; Austin and Hatt 2005; Abramson and Jones 2004). The College of Health's approach to practical support, advice and counselling, including the use of student representatives as ambassadors underpins both the cohort and the individual's sense of community and wellbeing.

68. Our review of the literature will continue as we plan and initiate our interventions and will inform the actions that we take.

Financial Support

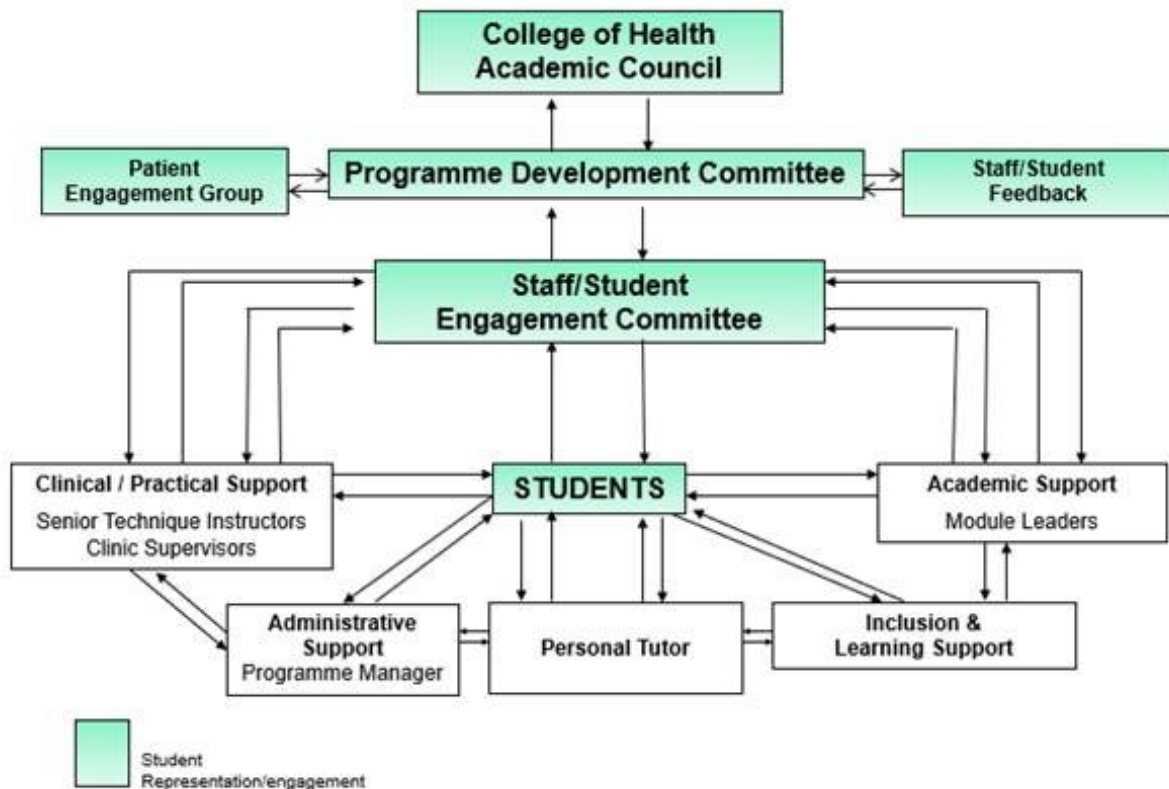
69. In addition to investing in resources specific to student support and counselling, the College allocates financial support directly to students from under-represented groups who are prevented from engaging because of financial hardship.
70. This has been informed through consultations with the College Student President and student representatives and we continue to work closely with the student body to inform our approach.
71. Through our consultation with the student body and closer investigation of the literature we believe our financial support will provide meaningful practical assistance and a psychological and affective benefit that will contribute to greater attraction, retention and achievement of students in our target criteria.
72. Building on the feedback in applying these measures in 20/21, our financial support for 21/22 onwards will have the following applications for under-represented students:
- (1) Providing potential applicants with a Travel Hardship Grant to refund the cost of attending open days and interviews;
 - (2) Providing Digital Poverty Hardship Grants for laptops and/or connectivity to support existing students who are in digital poverty
 - (3) Providing Hardship Travel Grants to existing students studying at a distance from a College site;
 - (4) Providing Hardship Grant support to students who are in hardship and require support with living expenses.
 - (5) Providing a bursary of up to £1000 per annum to care leavers.

Financial Support Criteria

73. The criteria for a bursary (72.7)) are that applicants must be:
- (1) A care-leaver;
 - (2) Have a household income below £25,000

Student Consultation

74. The McTimoney College of Chiropractic has a high level of student integration and representation at all levels of the institution, and the College of Health has adopted this into its governance structures to facilitate constructive input and feedback (as detailed below).



75. As soon as we have acquired the McTimoney College, throughout our first year of operation we will enhance the current approach to student engagement (through surveys, end of module questionnaires, SSECs and committee representation) to capture more closely the views of students from under-represented groups. Moving forward we will consult on an ongoing basis with students from a range of backgrounds on the delivery of the plan through the representative, consultative and other mechanisms set out in the plan and detailed in the Governance and Academic Regulations Handbook. Naturally, this will utilise the student representative mechanisms in the committee cycle. However, it will also include focus groups based on the characteristics and attributes of underrepresented groups. These themselves will build upon the qualitative research we plan to conduct (referred to above) once we acquire McTimoney College.
76. Pending the acquisition of McTimoney College, the College of Health consulted the current Student President and student representatives of McTimoney College in December 2020 on the areas that we wanted to include and the principles of the plan. Their written and oral feedback in relation to the provision of financial support has already been instrumental in shaping the College of Health's policy, and has led us to use the funds we had earmarked for scholarships and bursaries to wider application through grants to support those in need in relation to travel costs for open days and interviews, addressing digital poverty, travel and subsistence grants for those travelling long distances into the College, and support for those

suffering hardship. The following feedback has been received as a result of our latest plans to focus on student hardship:

“We are very pleased to have been consulted on this and are excited about the support that this will provide to those students in need.

We feel that our feedback has been listened to and definitely agree that focusing on hardship funds will be the best way to support students as so many of us are struggling at the moment with inadequate IT and travel costs to practical and clinical lessons.

We are grateful for the new opportunity and are looking forward being involved in the future.

Yours Sincerely

President of the Student Association”

77. We will continue to seek the views of the Student President and student representatives on current support mechanisms and proposals for future support mechanisms. We will also seek the views of the student body through the use of surveys, representative focus groups and one to one meetings. The results of these consultations will inform future iterations of the Access and Participation Plan as well as feeding into immediate enhancements to the way we attract and support students from under-represented groups.
78. We envisage that student feedback will enable us to further tailor our support provision more closely to the needs of each under-represented group. For example, what types of financial support would be most effective in enabling students from Polar 4, quintile 1 to attend open days (such as travel expenses) or engaging them through providing free chiropractic treatments locally. We also expect there to be some intersectional overlap between the needs of these different groups based on, for example financial need and debt aversion, while others will be specific to the culture of a community, such as the provision of prayer rooms.
79. Traditional and whole population mechanisms for engaging students as partners will continue to be used throughout the duration of study and delivery of programmes. All student representatives will be inducted into the expectations of their role and receive regular updates to ensure they are fully conversant with the College’s inclusion and diversity agenda and Access & Participation matters and priorities.
80. The review and engagement of students’ progress will begin during the summer of 2021. The initial findings will be considered by Academic Council in the Autumn term 2021/22, which will then inform what immediate enhancements can be introduced in the remainder of the academic year 2021/22 and subsequent approaches to Access and Participation.

Evaluation Strategy & Monitoring of Progress

81. Dedicated investment will be committed to ensuring effective evaluation of the progress of our Access & Participation initiatives against our strategic aims, objectives and targets to ensure continuous improvement in practice is achieved throughout the plan.

82. Analysis, evaluation and decision making will be underpinned by accurate and updated data to monitor access, success, retention and progression, to identify trends as well as to put measures in place to support at risk students.
83. As part of our evaluation and monitoring strategy we will strive to further develop and foster a positive evaluation culture and sharing of best practice across our entire institution and at all stages of the student life cycle to enable meaningful evaluation of our Access & Participation initiatives through incorporation into the following:
- Annual Programme Monitoring Review (APMR)
 - Programme Development Committee meetings
 - Staff Student Engagement
 - Committee meetings
 - Staff meetings
 - Patient Engagement Group Meetings
 - Academic Council
 - Board of Directors
84. We will ensure that data is systematically collected on the impact of our activities e.g.
- numbers of people covered in outreach activities, follow up enquiries, applications and admissions and the proportion that are from target groups at each stage and the melt between each stage;
 - performance of students from target groups against control groups in continuation and attainment;
 - the numbers of students from target groups versus control group entering practise or further study and their subsequent success.
 - These quantitative analysis measures will be augmented by qualitative studies that explore the success or otherwise of our measures through student qualitative student feedback, forums and case studies.
85. Our data management and evaluation will be supported by dedicated human resource of a newly appointed Student Information Analyst who will be supported by our Director of Research to equip all staff with the necessary evaluation skills required. We will also strive to submit our experience and initiatives for publication externally.
86. Progress against the plan will be considered at the Board of Directors, Academic Council and Student Council and will be overseen by the Chief Academic Officer who is ultimately responsible for monitoring.
87. Our starting point is to recognise that we are insufficiently informed about the backgrounds and influences on the behaviours of our potential applicants and students. Consequently, our first set of actions will be to engage with our students both as partners in the quality of the student experience and the evaluation and enhancement of quality but also as a qualitative research resource that will help shape future practise.
88. Through the use of
- quantitative outcomes (intake and continuation figures, and performance in assessment)

- qualitative feedback (focus groups, student champions and representatives reports, leavers exit interviews)
- ongoing analysis and evaluation against targets within the formal committee structure as well as in the Management team meetings.

we will be in a position to identify in a timely manner whether or not our interventions are working or not. If it appears that our interventions will not deliver the change we planned we will initiate a re-evaluation review which, depending on the nature of the target pursued and actions employed may include further research into the literature, consultation with other providers, consultation with students from the target groups. Depending on the responses received the Academic Council will determine whether to continue with the interventions as planned, amend in part (which may include the establishment of a control group if one is not already in place), or to invest in an alternative approach.

Evaluation of Financial Support

89. The College has three broad approaches to financial investment in support of students from under-represented groups.
90. The first is an inclusive approach investing in resources specific to student support and counselling. While this investment should benefit all students we shall seek to measure the take up by students from under-represented groups and establish a control standard using:
- the overall population statistics;
 - the performance of students from under-represented groups who took up support from those in the group who did not;
 - our own results in absolute terms;
 - review our outcomes and experience against the literature and practice and results at similar institutions
91. We appreciate that this will require the use of multi-variate analysis to distinguish between students from different groups within the over-arching, under-represented group population. We envisage conducting this analysis from the academic year 2021/22, reporting tentative findings annually before undertaking an interim review after three years (2023/24) and a full review after five-years (2025/26) when we will have had a cohort graduate and move into practice or further study.
92. The second is an exclusive approach in which funds are allocated to students from under-represented groups who are at risk of being unable to either access events or engage fully in the learning process because of coming from a low-income background. The types of financial support provided will be:
- Providing potential applicants with a Travel Hardship Grant to refund the cost of attending open days and interviews;
 - Providing Digital Poverty Hardship Grants for laptops and/or connectivity to support existing students who are in digital poverty
 - Providing Travel Hardship Grants to existing students studying at a distance from a College site;

- Providing Hardship Grant support to students who are in hardship and require support with living expenses.
- Providing a bursary of up to £1000 per annum to care leavers.

93. Where appropriate the OfS Financial Support Evaluation Toolkit will be employed to evaluate impact on success. Necessarily, the evaluation of the value of these funds and the interventions they support will be dependent on each type of intervention, which will be determined and embedded in the intervention design. This, again, will be determined by a closer review of the literature on interventions similar to those that we choose. However, at this stage, we envisage the following broad approach:

Inclusive Interventions:

- Statistical analysis of comparative performance of populations year on year;
- Multivariate analysis of differences in performance of group-type within the populations within the same year;
- Qualitative feedback via surveys and focus groups and through the Student Written Submission;

Exclusive Interventions:

- Pre-award/allocation information capture;
- One-to-one interviews;
- Grounded theory coding of emerging concepts;
- Statistical analysis against whole population and target group.

94. We envisage the first results of this analysis being available in tentative form by the end of the Autumn Term of 2021/22.

95. The third approach is the provision of bursaries to a specific group or groups within our target areas. Our first bursaries are targeted at attracting care leavers.

Provision of Information to Students

96. The College of Health recognises that the provision of full and accurate information in an easily accessible format is key to enabling prospective applicants to make informed decisions and that the care with which these decisions are made will affect their future.

97. The information provided to prospective applicants is based on well-established media that has been provided to students historically wishing to enrol on a Chiropractic programme.

98. To aid transparency and to ensure that prospective students have comprehensive and relevant information, a website will be provided that is clear and easily navigable, and which provides clear and intuitive links to the information students require. In designing the website, the College of Health has considered the diversity of student backgrounds and how this influences their approach to and navigation of the site. The College of Health is particularly concerned to ensure that the site seeks to attract those potential applicants from social groups who are under-represented in higher education.

99. As part of the comprehensive information provided to potential students, a clear breakdown of direct and indirect fees required for the duration of their studies, financial support available (including clear reference to eligibility criteria), study mode options and future employability options and average earnings will be included.
100. Through the publication of this range of information together with the oversight mechanisms to ensure its accuracy, transparency and fitness for purpose we believe we are providing potential applicants with all the information they require to make an informed decision.
101. Feedback will be gained through a feedback email on the website, a student survey in the first term, ad hoc focus groups on the provision of information and the analysis of appeals and complaints applications to ensure our information for prospective applicants is fit for purpose.
102. Students will be supported through the application process by members of staff who tailor and personalise the information and offering to the needs and goals of the student, in line with current practice at the McTimoney College of Chiropractic. For example, this includes discussing entry tariffs, the content of programmes in relation to their career needs and aspirations, study patterns in relation to their work and home life requirements, and fee payments and plans.
103. Formal offer and acceptance will be supported by a clearly specified documentation, provided in a durable form that includes:
- The offer letter;
 - The terms and conditions that must be agreed in accepting the offer;
 - The programme specification;
 - A fees payment plan (if separately agreed);
 - A contact person to whom queries may be addressed.

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Summary of 2021-22 entrant course fees

*course type not listed

Inflationary statement:

Subject to the maximum fee limits set out in Regulations we will increase fees each year using RPI-X

Table 4a - Full-time course fee levels for 2021-22 entrants

Full-time course type:	Additional information:	Course fee:
First degree	21/22 Mchiro Entrants & 22/23 Int Animal Entrants Onwards	£9,000
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

Table 4b - Sub-contractual full-time course fee levels for 2021-22

Sub-contractual full-time course type:	Additional information:	Course fee:
First degree	*	*
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

Table 4c - Part-time course fee levels for 2021-22 entrants

Part-time course type:	Additional information:	Course fee:
First degree	21/22 MChiro Entrants Onwards	£6,750
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

Table 4d - Sub-contractual part-time course fee levels for 2021-22

Sub-contractual part-time course type:	Additional information:	Course fee:
First degree	*	*
Foundation degree	*	*
Foundation year/Year 0	*	*
HNC/HND	*	*
CertHE/DipHE	*	*
Postgraduate ITT	*	*
Accelerated degree	*	*
Sandwich year	*	*
Erasmus and overseas study years	*	*
Other	*	*

Targets and investment plan

2021-22 to 2025-26

Provider name: The College of Health Ltd

Provider UKPRN: 10066502

Investment summary

The OFS requires providers to report on their planned investment in access, financial support and research and evaluation in their access and participation plan. The OFS does not require providers to report on investment in student success and progression in the access and participation plans and therefore investment in these areas is not recorded here.

Note about the data:

The figures in Table 4a relate to all expenditure on activities and measures that support the ambitions set out in an access and participation plan, where they relate to access to higher education. The figures in Table 4b only relate to the expenditure on activities and measures that support the ambitions set out in an access and participation plan, where they relate to access to higher education which is funded by higher fee income. The OFS does not require providers to report on investment in success and progression and therefore investment in these areas is not represented.

The figures below are not comparable to previous access and participation plans or access agreements as data published in previous years does not reflect latest provider projections on student numbers.

Table 4a - Investment summary (£)

Access and participation plan investment summary (£)	Academic year				
	2021-22	2022-23	2023-24	2024-25	2025-26
Total access activity investment (£)	£23,089.50	£37,089.50	£51,089.50	£65,089.50	£65,089.50
Access (pre-16)	£2,172.00	£2,172.00	£2,172.00	£2,172.00	£2,172.00
Access (post-16)	£1,777.50	£1,777.50	£1,777.50	£1,777.50	£1,777.50
Access (adults and the community)	£2,040.00	£2,040.00	£2,040.00	£2,040.00	£2,040.00
Access (other)	£17,100.00	£31,100.00	£45,100.00	£59,100.00	£59,100.00
Financial support (£)	£20,000.00	£26,000.00	£37,000.00	£43,000.00	£49,000.00
Research and evaluation (£)	£9,000.00	£19,500.00	£31,500.00	£26,500.00	£26,500.00

Table 4b - Investment summary (HFI%)

Access and participation plan investment summary (%HFI)	Academic year				
	2021-22	2022-23	2023-24	2024-25	2025-26
Higher fee income (£HFI)	£280,200.00	£497,450.00	£726,400.00	£942,850.00	£1,113,000.00
Access investment	8.2%	7.5%	7.0%	6.9%	5.8%
Financial support	7.1%	5.2%	5.1%	4.6%	4.4%
Research and evaluation	3.2%	3.9%	4.3%	2.8%	2.4%
Total investment (as %HFI)	18.6%	16.6%	16.5%	14.3%	12.6%

