THE COLLEGE OF HEALTH

ACCESS AND PARTICIPATION PLAN

2026/27 – 2029/30

Introduction and strategic aim

The College of Health (the College) is a small not-for-profit provider of Higher Education which specialises in the provision of chiropractic education, training professionals to deliver safe and effective treatment to people and animals.

The College has delivered high quality chiropractic education since 1972, working in conjunction with a range of validating bodies. In 2021 the College registered directly with the Office for Students.

The mission of the College is to create an active, inclusive and supportive learning environment with students at the heart of everything it does, so that students can develop their full potential as the healthcare professionals of the future.

The majority of undergraduate provision enables students to achieve the professional Master of Chiropractic qualification. This is an Integrated Masters programme, delivered over four years as a full-time award and over five years as a unique extended programme. This initiative was designed in order to achieve goals of widening access to higher education and to chiropractic, enabling those in work, or otherwise unable to embark upon a full time programme to achieve the qualification alongside their employment or life beyond the world of academic study.

The College is committed to equality of opportunity in all that it does, to celebrating diversity, recognising the strength that it brings and to eliminating unfair discrimination in the pursuance of its mission.

Over the past five years, the College has consistently and demonstrably committed to championing a positive, outcome driven culture of equality of opportunity across the entire institution. This is evidenced through the range of policies, processes and practices governing the range of the student journey. It is also fully integrated into the curriculum. The nature of chiropractic itself requires successful students to engage in the treatment of a diverse population. Practising chiropractic in the UK is regulated by the General Chiropractic Council, who require all institutions to integrate agreed educational standards that include significant reference to equality, diversity and inclusion.

Risks to equality of opportunity

The College of Health appreciates that because its programmes require its students to achieve professional competence and satisfy the registration requirements of the regulatory body, the obstacles to recruiting certain applicants (for example those with certain disabilities) can be greater. Nonetheless, the College seeks to ensure that any applicant wishing to study is given appropriate support and advice from the point of enquiry.

It is recognised that awareness of some health disciplines is low for some social demographic groups and consequently recruitment from those groups can be more challenging. We therefore recognise that one of the fundamental challenges is the raising of the profile of chiropractic as a potential career path within the UK, particular for potential applicants who may not be aware of the profession or have the confidence and belief that they can attain a professional qualification.

In addition to the above challenge, in order to ensure that students meet 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.

Assessing risk to equality of opportunity

The College has utilised a combination of data from the public domain alongside rigorous analysis of internal data in order to identify those demographic groups for whom targets will most beneficially be set. Such an approach, taken over the past four years, has also enabled us to consider the extent to which we have achieved those aims set out in our previous Access and Participation Plan.

Primarily, data was drawn from the OfS access and participation data dashboard and considered in conjunction with the OfS size and shape of provision data dashboard. This enabled, in particular, detailed analysis of the progress made in encouraging access from applicants from a variety of backgrounds. In turn, this allowed us to draw conclusions that key efforts had been successful in securing qualified applicants from lower socioeconomic and minority ethnic groups. Such analysis also indicated positive progress of our strategic objectives to encourage mature (over 21 on entry) learners and those with disabilities.

Given that the College was registered with the OfS in 2021, and for reasons of suppression due to numbers, APP data for other aspects of the student journey is not yet available. We therefore utilised internal data in conjunction with the OfS size and shape of provision aggregated data to draw a longlist of initial indications of risk.

Detail on the outcomes of this analysis are contained within Annex B. In summary, the data and associated discussions highlighted the following:

- The clear and continuing success in encouraging mature learners to engage in, and successfully complete, the range of professional programmes offered.
- The continuing very high levels of students from all backgrounds progressing into graduate employment/further study.
- The strong evidence that participation from students from lower socioeconomic groups was comparative with wider local populations. Nonetheless, there remained a clear

need to continue to encourage learners from lower socioeconomic groups to join the College. This would therefore continue to be a key APP objective (Objective 1).

- Ongoing success in ensuring that student attainment between students from lower socioeconomic groups and those from higher socioeconomic groups remained statistically insignificant. Nonetheless, given the comparatively small data sample and in recognition of the particular challenges for the profession, this would continue to be a key APP objective (Objective 2). Additionally, and as a result, this would continue to be monitored closely (link with Objective 3).
- There was some potential indication that student attainment of some less represented groups (eg. those disclosing disabilities) may differ from those not disclosing a disability. It was recognised that very small student numbers inhibited the extent to which this could be confirmed with any statistical certainty. Whilst it was evident from qualitative feedback that students did not regard this as an issue, securing accurate data and monitoring of this would ensure a clearer and more definitive picture (Objective 3).
- Similarly, whilst extant data does not indicate any issues regarding other demographic factors known to be related to higher risk of unsuccessful completion or attainment, we recognise that the numbers involved mean that it is currently too statistically uncertain for us to be sure. We are therefore committing to enhancing the collation, management, analysis and monitoring of such data in order to build increasingly statistically reliable evidence over time (Objective 3).

As a result of this initial analysis an exercise was carried out using the extensive EORR to consider the extent to which these risks were evident and the groups that were either directly, or were potentially, affected. Where numbers could not provide statistical certainty, we adopted the approach of recognising that there were national and/or specific professional risks to student groups and that these therefore remained salient to our Plan.

Alignment with OfS National Benchmarks and Targets

The College has structured its Access and Participation Plan in alignment with the Office for Students' national equality objectives.

While recognising that institutional scale limits the use of granular disaggregated data, we have aligned our internal targets and interventions with the OfS key performance measures in the following way:

OfS Priority Area	**Our Objective**
Reduce the gap in HE participation between IMD Q1 and Q5 by 5 percentage points by 2030	Objective 1: Eliminate gaps in access
Eliminate continuation and completion gaps for under-represented groups by 2030	Objective 2: Equalise continuation and attainment outcomes

Our Targets in Context

Although the small size of the institution prevents reliable year-on-year statistical testing for some measures, our targets are designed to reflect the trajectory set by OfS national priorities.

We will review these targets at least annually, benchmarking against national datasets where possible, and contextualising through internal data. We will use longitudinal and aggregated data where appropriate to mitigate against limitations of volume.

Student consultation

We discussed emerging objectives and targets with the Student Association to obtain feedback and to help to focus intervention strategies. Their full and unedited statement is contained elsewhere, but in summary the Association welcomed the priorities identified and recognised that these resonated with their lived experiences.

Students highlighted that these steps, including those currently in process, will help take the College to the next level in supporting participation, achievement and success of all students.

Objectives & Targets

Based on the analysis of institutional context and the potential risks, as described above, the following objectives and associated targets were identified which were agreed to be in keeping with the College mission and current Strategic Plan:

Objective 1. To eliminate gaps in access to the College between the highest and lowest socioeconomic groups by 2028/29.

Target: To increase the proportion of IMD quintile 1 students to a statistically similar rate to that of IMD quintile 5 students by 2029/30.

Target: To increase the proportion of students with a household income below £25k.

Objective 2. To ensure that students entering the College from lower income backgrounds complete an award and attain similar outcomes to those from higher income backgrounds.

Target: To ensure that completion rates for IMD quintile 1 students remain statistically comparable with those from IMD quintile 5 by 2029/30.

Target: To ensure that completion rates for students with a household income below £25k remain statistically comparable with those from the whole student population by 2029/30.

Target: To ensure that attainment rates for IMD quintile 1 students remain statistically comparable with those from IMD quintile 5 by 2029/30.

Target: To ensure that attainment rates for students with a household income below £25k remain statistically comparable with those from the whole student population by 2029/30.

Objective 3. To monitor and keep under review key student data for higher risk demographic groups

Target: To enhance internal data analysis and reporting on continuation, completion and attainment of the following groups:

- Students from lower income backgrounds
    - primary measures: IMD, household income below £25k;
    - secondary measures: IDACI, TUNDRA

- Ethnic background
    - primary measure: non-white;
    - secondary measure: by ethnic background

- Disabled students, including those with SEN
    - primary measure: students disclosing disability;
    - secondary measure: type of disability

Intervention Strategies

INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Qualitative Research	To bolster the known statistical data, and to drive focus of the strategy, we will conduct research (quantitative and qualitative) with successful applicants from disadvantaged socioeconomic backgrounds to better understand barriers. • This will be a new activity • Surveys/interviews will be carried out post-induction and at the end of the programme • Results will be used to influence content/structure of outreach activities and published information • Results may be used to focus targeting on specific geographical areas or on more refined groups (eg. FSM)	Staff time (carrying out research, conducting analysis and reporting on findings):	• Greater understanding of potential barriers to applicants • Clearer indicative data on need for variation of published content • Clearer indicative data on need to amend timing/format/etc of outreach activities/ Open Days/ other events.	

INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Outreach activities	Outreach activities target those students who may otherwise not consider HE. Outreach activities target those students who may otherwise not consider chiropractic profession. • this is an existing activity but will be enhanced • contacts increased with schools/colleges • we will continue to encourage participation at such events from final year students and graduates from a variety of backgrounds	Staff time Travel expenses to/from venues Use of graduates/alumni and associated travel costs	• Increased enquiries from applicants from IMD Q1/Q2 and/or from households with income <£25k • Increased applications from IMD Q1/Q2 and/or from households with income <£25k • Increased offers to students from IMD Q1 and/or from households with income <£25k	Greater number of students from these groups will impact Objective 2.

INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Open Days	Active efforts to encourage attendance at Open Days by applicants who may otherwise not consider HE, or chiropractic • this is an existing activity but will be enhanced • we will publicise our Travel Grant scheme to encourage engagement from qualifying groups • we will promote the ongoing support packages provided to students from lower income backgrounds • we will continue to encourage participation at such events from final year students and graduates from a variety of backgrounds	Staff time Travel grant costs	• Reducing barriers to HE • Increased applications from IMD Q1/Q2 and/or from households with income <£25k • Increased offers to students from IMD Q1 and/or from households with income <£25k	Greater number of students from these groups will impact Objective 2.

INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**

Promotion of range of routes to successful application	Active promotion and clarification of entry requirements for Integrated Masters Programmes will reassure applicants that entry to the College/profession can be achieved.
	• This exists, but will be enhanced, with focus on the following:
	  ○ Clarification and publication that entry requirements similar to other HE degrees
	  ○ Access Diploma in Health option available, including special provision for select students currently in custody.
	  ○ APL policy and requirements
		Marketing materials and staff time
		Support for students from lower income households
		Access Diploma in Health option for select students currently in custody, supported via charitable organisations.
			• Reducing barriers to HE
			• Increased applications from range of students, including IMD Q1/Q2 and/or from households with income <£25k
			• Increased offers to students from IMD Q1 and/or from households with income <£25k
			• Support for rehabilitation of offenders and encouragement into M level programmes
				Greater number of students from these groups will impact Objective 2.

INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Provide financial advice support for applications/ attendance of events to those from low income backgrounds	We will reimburse travel and accommodation costs for applicants from low income backgrounds for attending Open Days or other similar events: • This is an existing initiative but will be further targeted and promoted. • We will identify potential applicants from specific backgrounds (<£25k households) and reimburse associated costs Application Fee Waivers: • This is a new initiative • We will identify applicants from specific backgrounds (<£25k households) and reimburse them the UCAS application fee upon enrolment to the College. Advice and guidance on student loans and other financial implications This is an existing initiative but will be enhanced. • Greater emphasis will be provided with regard to accessing student finance.	Travel/accommodation costs Admin time Opportunity Cost Cover (application fee waiver) for lower income households (<£25k) (UCAS application fee currently £28.50)	• Reducing barriers to HE • Increased applications from potential students from lower income backgrounds (<£25k household income)	

INTERVENTION STRATEGY 2: SECURING EQUALITY IN ATTAINMENT AND PROGRESSION				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Early Needs Assessment	We will conduct early assessment of academic, financial, and wellbeing needs for all students. • This is a continuing initiative, but will be enhanced. • We will build increased focus at our extant Formative Committee meetings on new entrants and on those with socioeconomic markers.	Formative Committee preparation and time allowance.	Early identification of support needs; timely interventions.	Financial support activities. Link with targeted Personal Tutor support
Targeted Personal Tutor Support	We will develop more structured and focused personal tutoring and case management for students identified as at risk. • This is a continuing initiative, but will be enhanced. • We will further develop the Personal Tutor Policy to build focus on new entrants. • We will emphasise, from induction, availability of Personal Tutor and other wide ranging support, including access to financial support.	Personal Tutor time allowance and associated administration	Increased continuation and completion rates; improved attainment.	

INTERVENTION STRATEGY 2: SECURING EQUALITY IN ATTAINMENT AND PROGRESSION				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Financial Support Packages	We will increase emphasis on the availability of hardship funding. We will promote opportunities to access emergency financial assistance, as well as promoting and signposting appropriate internal and external advice and support. • This is an existing initiative, but will be enhanced, in particular with focus on guidance/advice and support. • Develop financial advice and guidance • Signposting external financial support • A new policy in relation to emergency funding provision will be drawn up.	Develop emergency funding initiative Staff time in developing and publishing advice and guidance. Staff time in identifying appropriate external support, developing and publicising.	Reduced financial stress; lower withdrawal due to hardship. Increased engagement with studies.	Aligned with Wellbeing and Student Support initiatives

INTERVENTION STRATEGY 3: BETTER INTELLIGENCE THROUGH DATA MONITORING AND ANALYSIS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Data Enhancement	We will upgrade our systems and processes to enable more granular tracking and reporting on target groups. • This is a new initiative, building on existing foundations (ie. support for internal and external annual quality review, including for and with professional bodies). • Data dashboards will be developed to monitor and track student journey in real time. • Tracking will continue to include oversight of individual students through L3/L4-L7 • Emphasis will be placed on metrics related to target groups.	IT development time Process development Staff training.	Improved ability to monitor continuation, completion, and attainment for all, including target groups.	Supports all other objectives reliant on accurate data.
Targeted Data Collection Campaigns	We will encourage greater student response to requests to disclose optional data. • This is an existing initiative which will be enhanced. • Increase disclosure rates for income background, ethnicity, and disability through supportive messaging.	Student engagement activity.	Higher rates of student disclosure; more robust datasets for analysis.	Linked to wider inclusivity and engagement initiatives.

INTERVENTION STRATEGY 3: BETTER INTELLIGENCE THROUGH DATA MONITORING AND ANALYSIS				
Activity	**Description**	**Inputs**	**Outcomes**	**Cross intervention strategy?**
Intersectional Data Analysis	We will embed intersectional approaches (e.g., ethnicity + disability + income) into routine reporting cycles where appropriate and statistically sound.	Staff training on intersectional methodology.	More nuanced understanding of risks and disparities affecting multiple characteristics.	Supports targeted student support, academic, personal tutoring and financial interventions.
Annual Data Review and Action Planning	We will develop our approach of creating annual data-informed quality enhancement reports for all programmes to increase focus on target groups. • This is an existing activity. • Build on annual formal reviews of data on continuation, completion, and attainment by key characteristics, linked to action planning.	College committees to continue with oversight of student journey data. Staff development.	Data-driven continuous improvement in APP initiatives.	Aligns with monitoring requirements across the APP and with broader quality enhancement initiatives.

Total cost of activities and evaluation for intervention strategy

Details of evaluation and outcomes are included in Annex B. Below is a summary of headline costs.

Intervention Strategy	Total Cost (to nearest £1k)
INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS	£291,000
INTERVENTION STRATEGY 2: SECURING EQUALITY IN ATTAINMENT AND PROGRESSION	£208,000
INTERVENTION STRATEGY 3: BETTER INTELLIGENCE THROUGH DATA MONITORING AND ANALYSIS	£158,000
TOTAL:	**£657,000**

Whole provider approach

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 and are embedded in the design of our programmes and the organisation of the College. Fundamental to those values are equality of opportunity in access to learning and practice, freedom of expression and academic freedom.

The small size of the College of Health means that oversight, coordination and inclusivity can be achieved through a much tighter executive and committee structure. The academic authority of the College is the Academic Council, which includes executive officers, senior academics and staff and student representatives. The broad composition of the Academic Council ensures that all views and interests are represented, and that policy developments and quality enhancement are informed, evaluated and aligned.

The APP and other related activities all take place within a College framework which aims to ensure the success of every individual student, taking into account any issues they may experience relating, for example, to financial hardship, health, personal circumstances or academic need. We review progress against the Plan, and other related EDI measures, through a Working Group which meets regularly throughout the year. This group also maintains oversight of demographic data and reports are shared with other bodies including the Board of Directors.

A key attribute to being a small and specialist provider is our ability to maintain robust academic standards whilst supporting every student to succeed, based on their individual need. Organisationally, matters that might potentially affect student performance are identified and discussed at the College Formative Committee which brings together key academic and administrative staff responsible for academic affairs, programme/clinic support, finance, student support and assessment. Strategies to enhance success, or to support groups or individuals, are thereby identified and actioned.

Our commitment to supporting equality of opportunity, widening participating and celebrating diversity is evidenced throughout the student journey. Our policies and approach to access and participation are aligned not only to complementary policies such as Equality, Diversity and Inclusion and Freedom of Expression but throughout our policies and procedures including recruitment and admissions, learning and teaching, assessment and Fitness to Practise. Our focus throughout 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.

We are fully committed to promoting equality and tackling discrimination to ensure fair access to learning and facilities for students. We align our Access and Participation strategic priorities with those of our Equality, Diversity and Inclusion policies to ensure they complement one another. We are committed to ensuring that all of our services take account of the diversity of local, national and international populations, without compromising quality of service. Services are accessible to students regardless of their protected characteristics: sex, gender

reassignment, marriage or civil partnership, pregnancy or maternity, race (including ethnicity, nationality and colour) disability, sexual orientation, age and religion or belief. We are also committed to promoting equality and tackling discrimination which creates barriers to learning as part of the wider duty under the Equality Act 2010. As a specialist provider we expect all students to demonstrate respect and consideration for others and to behave in the manner expected of professional practitioners. This in itself is encapsulated in the stated values of our professional bodies (eg. the General Chiropractic Council).

The Equality Act 2010 (and associated legislation) protects people in the UK from intolerance and discrimination. They ensure that people are able to live, work and study in an open and tolerant society. Whilst studying at our institution, students will be exposed to values and beliefs which may be different from those they are familiar with. Responding in a respectful way is a requirement of fitness to practise, as well as freedom of expression and academic freedom. Our values ensure that we learn through understanding and tolerance, whilst maintaining the ability to challenge divisive or radical perspectives which may threaten tolerance and respect, and the advancement of practise.

In preservation of our values of inclusive practice, and in line with our mission and values, we foster equality of opportunity, fairness, honesty and integrity. In particular, we:

- Sustain an ethos of inclusion and participation through all staff, students and representatives;
- Promote and foster good relations between all staff and students (including between those 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.

Evaluation of the plan

The College takes a holistic approach to evaluation of APP with a view to ensuring continuous improvement.

Governance and Impact
The APP Working Group (APPWG) oversees a robust evaluation cycle, integrating data collection, analysis, and reporting to inform responsive interventions. The APPWG also ensures that data and narrative context is provided to other key operational bodies, such as the Board of Directors, Academic Council and the Management Committee (which comprises senior leaders with responsibility for overarching leadership, academic and financial matters). In doing so, the APPWG ensures that there is agile reflection on the approach taken to achieve objectives and that appropriate action can be considered in the light of a changing landscape.

Framework
A Theory of Change framework has been employed to assess impact across the student lifecycle. This approach helps to ensure that all interventions are grounded in a clear understanding of how change is expected to occur. See below for a summary of this, and Annex B for full details.

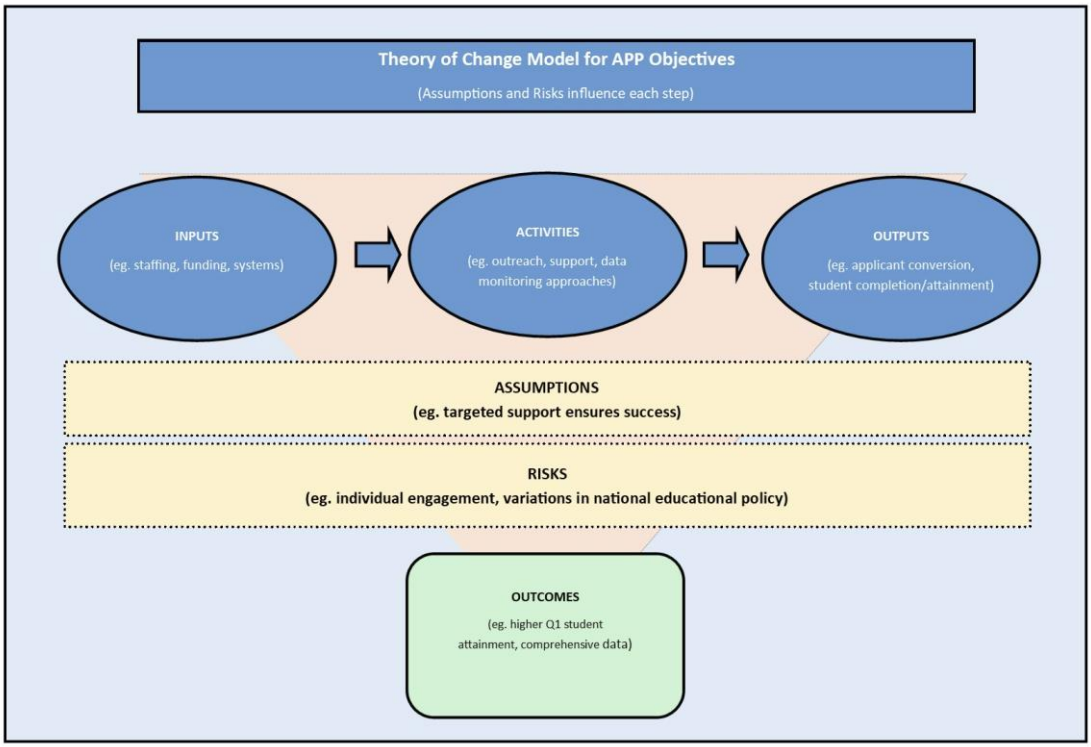
Theory of Change Summary

Introduction
This Theory of Change was developed through a structured process following best practice guidance from the TASO Monitoring and Evaluation Framework (MEF).

The process was developed through the Management Committee and the APP WG, reflecting the principles detailed by TASO and explored through their documentation and webinars.

The Theory of Change model captures the context, aims, activities, outputs, outcomes, impact, and key assumptions underpinning the Access and Participation Plan (APP) objectives.

Visual Theory of Change Model
The following diagram visually represents the theory of change model:



Context/Situation

On reviewing of the data, including the size and shape of provision (OfS), UCAS applicants comparisons with student intake and internal analysis of key points in the student journey (access, continuation, attainment and progression), evidence was found to suggest the following (see Annex B for full analysis):

- Some persistent gaps in access for students from lower socioeconomic groups.
- Some potential gaps in continuation and attainment for lower socioeconomic groups.
- Some suggestion that this may be the case for those from minority ethnic backgrounds, and/or disabled students.

It was noted that current datasets are insufficiently detailed due to suppressed data for small cohorts, in turn requiring an objective to ensure that ongoing assumptions are based on statistically significant information.

Objectives

To eliminate gaps in access, support continuation and attainment outcomes, and strengthen data monitoring to monitor improvements and to enable appropriate reflection on other stated objectives and associated targets.

Outcomes

Short-term: We would aim to see increased applications from lower socioeconomic groups.
Intermediate: Improved retention, completion, and attainment rates across target groups.
Long-term: Minimisation of gaps in access, continuation and attainment metrics by 2028/29.

Impact

A more inclusive and representative College community where all students demonstrably achieve their potential, irrespective of background.

Activities
Delivery of targeted outreach; continuing of exemplary inclusive academic support and pedagogy; continuing and effectively targeted financial aid; development of real-time data monitoring systems.

Outputs
Higher engagement with target groups; increased participation in outreach and support programmes; richer datasets providing better longitudinal understanding of cohorts and enabling data-driven interventions.

Inputs
Human resources (academic, professional services, use of graduates), financial investment in support schemes, data analytics infrastructure and training/development.

Rationale and Assumptions
Rationale underpinned by research demonstrating the effectiveness of inclusive support models and contextual admissions.

Assumptions that targeted and sustained intervention improves access and success. Assumptions that students will engage if barriers are effectively affected and lowered.

Conclusion and Next Steps
This Theory of Change will guide the delivery, monitoring, and evaluation of the Access and Participation Plan objectives. It will be reviewed annually to ensure alignment with the evolving context and data insights. The document will be shared with key internal stakeholders and will serve as a reference point for planning, delivery, and evaluation of APP activities.

Data Collection and Collation
To support evaluation efforts, data is gathered from various sources, including HESA, OfS, UCAS and internal databases. These data are complemented by qualitative research including surveys in order to gain a comprehensive and holistic understanding of the student experience.

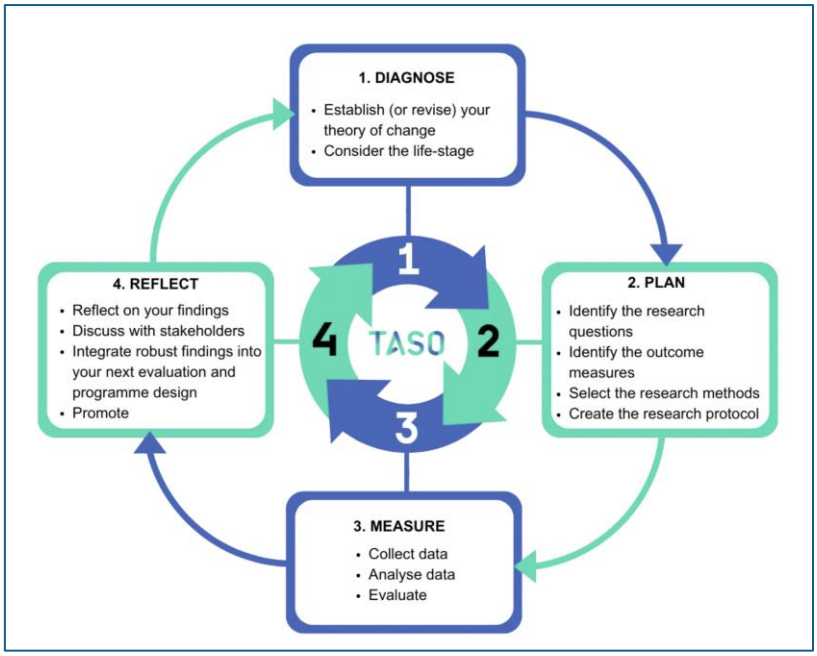
Evaluation Methods
The College employs a mix of evaluation types as classified by the Centre for Transforming Access and Student Outcomes in Higher Education (TASO):

- Type 1: Narrative methods. Research based on existing APP literature and internal evaluation results, placing interventions within a theoretical framework.
- Type 2: Empirical Enquiry. Monitoring of quantitative and qualitative data alongside analysis of feedback from other operational sources (eg. through applicant or student feedback).
- Type 3: Causality. Assessment of impact.

Type 2 is currently the predominant approach taken, supplemented with Type 1. As data evolves, the College aims to utilise Type 3 models (eg. longitudinal data) to assess impact.

The College will use Implementation and Process Evaluation and Impact Evaluation methodologies to determine the extent to which initiatives and activities are impactful.

As an overview, the model outlined by TASO is followed (see below) to assess whether initiatives are being implemented as intended and to monitor the progress and delivery of ongoing initiatives. These are, for example, utilised in ensuring that the application and impact of hardship funding has been optimal.


1. DIAGNOSE
• Establish (or revise) your theory of change
• Consider the life-stage
2. PLAN
• Identify the research questions
• Identify the outcome measures
• Select the research methods
• Create the research protocol
3. MEASURE
• Collect data
• Analyse data
• Evaluate
4. REFLECT
• Reflect on your findings
• Discuss with stakeholders
• Integrate robust findings into your next evaluation and programme design
• Promote
1
2
3
4
TASO

Provision of information to students

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.

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.

To aid transparency and to ensure that prospective students have comprehensive and relevant information, information is provided on the Colleg website 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 underrepresented in higher education.

Programme webpages include a clear breakdown of direct and indirect fees required for the duration of study as well as the financial support available both externally and internally (including clear reference to eligibility criteria).

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.

Students are 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.

The formal offer and acceptance will be supported by a clearly specified documentation, 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.

Financial Support

The College allocates financial support directly to students from under-represented groups who might be prevented from engaging as fully as their peers because of financial hardship.

In line with evidence (see Annex B for details) we believe this financial support provides meaningful practical assistance to students and demonstrates transparently our commitment to tackle obstacles that might impact success.

Our support package includes the following:

- Providing low income potential applicants with a travel hardship grant to refund the cost of attending Open Days, etc.
- Providing low income potential applicants with accommodation grants to support the cost of attending Open Days, etc.
- Providing low income applicants reimbursement of the UCAS fee.

Low income potential applicants are advised about these opportunities via the website, and following initial enquiries as appropriate.

- Providing Hardship Grant support to all students who are in hardship and require support with living, travel, accommodation or other expenses (eg. to assist with learning technologies). Priority is given to those with a household income <£25k.

The College Hardship Fund has been carefully structured to address the unique challenges that students may face during their studies. It is a powerful tool that can step in when unforeseen financial hurdles arise, ensuring that educational ambitions remain within reach.

Students can apply at three points during the year. Typically successful applicants receive payments of around £300 at each point, depending on the nature of the claim made in line with criteria.

This fund demonstrates the College commitment to fostering an environment where our students can fully focus on their educational goals without the burden of unexpected financial stress.

Information on Hardship Funding is also available via the website. In addition current students are informed periodically of the criteria and simple application process via their College email address.

Student Input and Feedback

Students were invited to review and discuss a copy of the draft plan with a view to ensuring its appropriateness and to support identification of any elements which might be added, developed or otherwise improved.

The statement below is the verbatim formal student response and endorsement of the Plan.

Introduction

We welcome the opportunity to contribute to the Access and Participation Plan (APP) and to help shape a fairer, more inclusive future for chiropractic education.

We recognise the College's commitment to reducing inequalities in higher education access and success, and we commend the thoughtful approach taken to identify risks, set evidence-based objectives, and implement clear, achievable interventions. We particularly welcome the

plan's transparency, the inclusion of a TASO-aligned Theory of Change model, and the College's dedication to continuous improvement.

Feedback on the Plan and Interventions

We are pleased that the APP identifies and addresses three key objectives:

1. Eliminating gaps in access for students from lower socioeconomic groups.
2. Ensuring relative equivalence of continuation and attainment outcomes across all groups.
3. Improving institutional intelligence through enhanced monitoring and analysis of student data.

These objectives resonate with our lived experiences and we feel will help take the College to the next level in supporting participation, achievement and success of all students. Below we provide more detailed comments on each.

Objective 1: Eliminate Gaps in Access

We strongly support the range of activities proposed under Intervention Strategy 1. Many students do not consider chiropractic as a profession prior to applying, particularly if they do not come from a background where family members have engaged in HE or are from areas with fewer connections to healthcare careers.

We believe the focus on outreach, promotion of flexible entry routes, and financial support for attending Open Days are likely to be particularly important.

We would encourage even greater use of student ambassadors (graduates or final year students), particularly those from underrepresented backgrounds in outreach and Open Day activities. Hearing directly from people "like us" is often what convinces applicants that chiropractic could be a realistic path for them.

We also support using more qualitative research to better understand barriers and motivations. This will help tailor messaging and engagement activities to the needs of different communities.

Objective 2: Secure Equality in Attainment and Progression

This objective reflects common concerns and observations. Students often report experiencing financial stress, a lack of confidence, or difficulties adjusting to the pace and structure of the programmes and we are conscious that this can impact their experience, particularly in the early months.

We are encouraged by the plan to strengthen needs assessments and to enhance personalised support through the personal tutoring system. Proactive contact from dedicated staff, particularly in the early months, can make a huge difference to their sense of belonging and their ability to succeed.

We think that a number of students remain unaware of the range of help available through the College. Clearer guidance and targeted signposting, especially during induction, will be beneficial.

Objective 3: Better Intelligence through Data Monitoring and Analysis

We recognise the challenges of working with small cohort data, and we support the ongoing commitment to improve data systems and practices to enhance this where feasible.

Sometimes students feel unsure why certain data (e.g. household income) is requested and how it might be used. We believe a clear, student-facing communications campaign explaining the purpose and benefits of disclosure would improve participation.

We also support the use of more personalised analysis, as we recognise that students do not fit neatly into single categories. For example, being a mature learner from a low-income household and also caring for a child might present unique challenges that require nuanced support. On the other hand, students from certain ethnic backgrounds or who have certain disabilities may not require the same support as the national picture might indicate, as everyone is an individual.

Suggestions for Further Improvement

We would support expanding online outreach in particular, including perhaps using TikTok or Instagram stories from current students, to increase the visibility of chiropractic among younger potential applicants.

Conclusion

The College of Health's Access and Participation Plan is both ambitious and realistic. It reflects the genuine desire we know that exists to improve access, success, and outcomes for all students, particularly those from disadvantaged backgrounds.

We support the objectives and activities outlined and look forward to seeing their implementation and evaluation. We commit to continuing our involvement in this work and support the approach taken by the College in this area and in maintaining open dialogue with students. We are confident that together we can build a chiropractic profession that reflects the diversity of the communities it serves.

Nick Truter
President of the Student Association, May 2025

Annex A: Further information and analysis relating to the identification and prioritisation of key risks to equality of opportunity

Summary

We identified that the key risks related to risks 1, 2, 3, 4 and 10, affecting the following groups:

EORR risk	Indication of risk	Primary characteristic of CoH students most likely to be affected	Lifecycle stages most likely to be affected
1. Knowledge and skills	Low number of enquiries from students from certain backgrounds/geographical areas. Low number of applicants from certain backgrounds. Applications from students with insufficient or threshold entry qualifications or experience	Low socioeconomic background.	Access, continuation, completion, attainment
2. Information and guidance	Low number of enquiries from people from certain backgrounds/geographical areas. Low interest at outreach events/Open Days, etc. from people from certain backgrounds/geographical areas. Low number of applicants from certain backgrounds.	Low socioeconomic background.	Access

3. Perception of HE	Low number of enquiries from people from certain backgrounds/geographical areas. Low interest at outreach events/Open Days, etc. from people from certain backgrounds/geographical areas. Low number of applicants from certain backgrounds.	Low socioeconomic, potentially those from certain ethnic backgrounds.	Access, continuation, completion
4. Application success rates	Proportion of successful applicants decreases.	Potentially all, but linked most closely to Risk 1, students with insufficient entry qualifications or experience.	Access, continuation
10. Cost pressures	Increasing numbers pause or leave programmes of study due to financial concerns. Increasing numbers seek payment plans or access other financial support.	Low socioeconomic background. Potentially any others, especially those with changing external relationships or lack of social bond.	Continuation, completion, attainment

Commentary

RISK ONE: Knowledge and skills

We note that differences over access to a high quality and varied education, and the resources needed to fully engage with it (including time and support), may limit opportunity to succeed at lower levels or to have acquired the appropriate knowledge, skills or qualifications to enter a specialist Integrated Masters programme.

We have existing provision to mitigate this, through our Access Diploma in Health programme. Similarly we are able to recruit from across the UK (indeed globally), given that we currently deliver programmes in both the north and south of England. However, largely due to the factors noted below in Risk Two, we might usefully promote this further to target groups.

Our main evidence in support of this risk is the data showing lower application rates from students in low IMD quintiles. Other data suggests that those students commencing the programmes do not experience significantly lower success or attainment rates (see more detail below, under Risk Two for ways in which this is mitigated).

RISK TWO: Information and guidance

We are conscious that some potential applicants may not have equal opportunity to receive the information and guidance that will enable them to develop ambition and expectations, or to make informed choice about their higher education options.

In terms of intersectionality, we do not identify particular inhibition from students from different ethnic backgrounds applying and entering the profession. We also have positive age, gender and disability splits of applicants. The flexible programmes we offer create the opportunity to study whilst continuing to work which encourages more mature entrants. However when exploring data at a more granular detail, not unexpectedly this indicates that there may be potential similar risks for those first in family to enter HE.

Structures are in place to provide a range of support to encourage success. Extant marketing and outreach activities are designed to help ensure that those from lower socioeconomic backgrounds are both aware of, and are able to aspire to, careers in chiropractic. However, building this as a discrete objective will help to focus activities specifically on encouraging participation from disadvantaged groups and those less likely to recognise chiropractic as a potential career.

The College operates financial initiatives throughout each year to support engagement with programmes with a focus on mitigating against economical barriers to success for all students, with emphasis on those from lower income backgrounds. Similarly, we take an individualistic and holistic approach to student support with the aim of helping every student to achieve their potential. This objective will help to ensure focus on higher risk groups whilst maintaining that overarching approach.

Our data strongly indicates that students from lower socioeconomic backgrounds, once they commence the programme, complete at the same rates as other students and attain similar outcomes. Feedback suggests that this is likely due to our ongoing commitment to support every student through the programme, and also relates to initiatives established under previous Access and Participation Plans which we will continue through this cycle (see Objective 2).

RISK THREE: Perception of HE

We recognise that some potential applicants may not feel able to apply to higher education, or certain types of providers within higher education, despite being qualified. This may be exacerbated in our case as accessible and targeted information on the profession of chiropractic itself may also be inhibited. Furthermore, perceptions of those working in the field, and the extent to which some people may be able to recognise people like themselves within the field, might also impact on knowledge and/or aspiration.

We mitigate against this in part by, for example, encouraging applications from across society. We have also created flexible provision that enables access to, for example, students who need to continue to work whilst they study, or those with families or other care responsibilities. Currently, in recognition that the costs associated with informing oneself about the institution or the programmes through, for example, visits and Open Days, we can directly mitigate against this.

Nonetheless, our data in support of this is the same as that listed under Risk Two. It remains the case that we have not always successfully targeted lower income groups in particular, and that more can be done to communicate with this demographic. Qualitative outcomes of research with applicants and students has also identified that the cost of application through UCAS too may be perceived as inhibitive. We therefore plan to mitigate against this too, as outlined in the detail of our strategy below.

RISK FOUR: Application success rates

It is worth mentioning that we are very aware of the risk that applicants from lower income households may not be accepted onto programmes at the same rate as other demographic groups. We take a variety of steps to mitigate against this, including discussing ongoing applications with individuals from an early stage and carrying out an interview with every applicant directly to ensure that we recruit on merit and without introducing elements of bias against those from particular backgrounds.

RISK TEN: Cost Pressures

In addition to risks outlined under Objective 1, we are committed to ensuring that students who join the College are not inhibited from completing the programme or attaining a good degree due to cost pressures.

A number of students do join programmes whilst working and/or caring for others. Others experience life changes during the period of their time studying on the programme, which are typically four or five years in duration.

We recognise that this is likely to have the greatest impact on those from lower income families as well as from other key demographic groups, including first in family and/or disabled students. Our data suggest that there is not a statistically significant impact on any of these groups, but we recognise that this is based on low numbers and we are therefore committed both to continued monitoring of this and, as it stands, to assume that we must remain proactive in ensuring no adverse impact to these groups.

We mitigate against this through our personalised student support system, and encourage all students to discuss their changing lives with either their Personal Tutor or a member of support staff as necessary in order to enable us to support them to support themselves (see 'Whole Institution Approach' for more detail on this strategic approach).

The College has always been mindful of the risks to these groups and some existing activities are already designed to mitigate these.

Having identified key groups using this approach, we considered the measures identified in the Associations between characteristics of students (ABCS) in order to sense-check how our students (and potential students) may be affected due to a combination of outcomes. From this, we recognised that at a national level those from lower socioeconomic backgrounds in particular, whether that be measured by ADACI, IMD or FSM, were less than half as likely to enter HE as other groups. We considered that this may be exacerbated by the length of programme offered by the College (especially if there was a need for foundation learning through an Access programme) and whether there was existing aspiration towards a professional qualification in a specialist field.

Other relevant findings included the following:

- Student attainment between students from lower socioeconomic groups and those from higher socioeconomic groups remains statistically insignificant. However, this is a small data sample and in recognition of the particular challenges for the profession, should continue to be a key objective. We will also need to continue to monitor this closely.
- Internal data showed no significant difference in attainment between IMD quintiles. Nonetheless, it was agreed in light of national data, and in knowledge of the inherent risks for such groups, that the College should continue to monitor and take measures to ensure that completion/attainment.
- It was also agreed that given the statistical significance of data, there would be value in undertaking further and ongoing analysis of equivalency of continuation/completion/attainment for those with disabilities and from other ethnic groups.

On this last point, a study was carried out (see Annex B) and a report considered to explore the existing approach to data collection and to recommend action in the form of this objective. In summary, this concluded that data collection and monitoring is currently centralised and reports on this are produced regularly for discussion and proposed action. An objective specifically to cover enhancements would, it argued, ensure cross-College focus even more closely on potentially vulnerable groups.

It was also recognised that collecting and monitoring data on students' socioeconomic background, ethnicity, and disabilities would enable the identification of hidden inequalities, informs targeted interventions, and ensures the College meets sector standards and wider ethical obligations.

Furthermore, it was noted that with better demographic data, the College could continue to develop informed strategies to enhance student support, improve outcomes for underrepresented groups, and uphold its commitment to excellence in education. It was also identified that due to current data on ethnicity and disability at the College being limited due to small cohort sizes, there was a need to improve data collection and encourage student disclosure.

By strengthening our data analysis and reporting, we will better understand continuation, completion, and attainment trends for these key groups and can take action to support them.

Annex B: Further information that sets out the rationale, assumptions and evidence base for each intervention strategy that is included in the access and participation plan

TASO-Informed Theory of Change by APP Intervention/Objective

INTERVENTION STRATEGY 1: ENCOURAGING ASPIRATION INTO THE CHIROPRACTIC PROFESSION FROM LOWER SOCIOECONOMIC GROUPS

Relevant Risk Indicators: R1, R2, R4 – Gaps in entry rates between IMD Quintile 1 and 5

Target Student Groups: Students from IMD Q1 backgrounds, other lower socioeconomic groups by measure. Potential effect on first-in-family applicants.

Rationale

Students from socioeconomically disadvantaged backgrounds are consistently underrepresented in higher education, as well as in the chiropractic profession. This underrepresentation stems from a combination of structural, informational, and perceptual barriers. These include limited awareness of chiropractic as a career, lower aspirations linked to socioeconomic status, and certain misconceptions about the affordability of higher education. By developing targeted outreach that raises awareness and changes perceptions, the College can widen access and attract a more diverse student cohort.

Activities

The College will deliver targeted outreach, enhance its Open Days with travel support for eligible participants, and clearly promote diverse entry routes such as the bespoke Access Diploma. A new application fee waiver for students from lower income households will be introduced. Financial guidance and travel cost support will be provided to all qualifying students to enable them to attend recruitment events and/or to visit the College. Qualitative research will explore applicant perceptions and barriers, and findings will inform the developing design of outreach and recruitment materials.

Change Mechanisms

These activities are expected to raise aspirations, challenge misconceptions, and increase awareness of chiropractic education opportunities. As a result, more IMD Q1 students will view higher education – and chiropractic as a profession – as an achievable and desirable pathway. Student 'ambassadors' from similar backgrounds will reinforce messages of belonging and potential.

Assumptions

It is assumed that increasing awareness and changing perceptions among students and families from disadvantaged backgrounds will translate into higher application rates. It is also assumed that outreach will reach those most in need, that the messaging will be culturally appropriate and relatable, and that financial concerns are a central deterrent.

Evaluation Focus

We will monitor application and offer rates from IMD Q1 areas and compare these to previous years. We will also use pre- and post-event surveys to assess shifts in aspiration, understanding of finance, and interest in chiropractic.

Key Literature and Evidence

The ONS (2023) and House of Commons Library (2023) have shown that young people from low-income families are more likely to limit their university choices due to financial fears and proximity concerns. This 'undermatching' results in talented students attending less selective or convenient institutions than they might otherwise access (Bolton, 2024).

Harrison & Hatt (2012) demonstrated that while bursaries can improve retention, a stronger influence on access is the student's sense of institutional fit and belonging—initiatives which must begin during outreach.

Hume (2018) and the GCC (2021) emphasise the power of representation: showing students 'someone like me' can shift perceptions of who belongs in the chiropractic profession, directly influencing applications.

References

Bolton, P., (2024). Student Loan Statistics. House of Commons Library.

GCC (2021) Equality, Diversity and Inclusion Resources.
Available at: https://www.gcc-uk.org/gcc-news/blogs/entry/lets-talk-about-diversity-in-chiropractic

Harrison, N. and Hatt, S. (2012). Expensive and failing? The role of student bursaries in widening participation and fair access in England. Studies in Higher Education, 37(6), pp.695–712.

Hume, S. (2018) The power of role models for white working-class boys. Available at: https://jotl.uco.edu

Office for National Statistics (ONS), 2023. Cost of living and higher education participation. [online] Available at: https://www.ons.gov.uk

INTERVENTION STRATEGY 2: SECURING EQUALITY IN ATTAINMENT AND PROGRESSION

Relevant Risk Indicators: R2 – Completion and attainment gaps by socioeconomic background

Target Student Groups: Students from low-income households, IMD Q1/2, and students entering with lower qualifications

Rationale

While entering higher education is an important milestone, disadvantaged students often face a 'hidden curriculum' of norms, expectations, and stressors that undermine success. These students are more likely to experience financial hardship, mental health challenges, and lower academic confidence. This contributes to higher dropout rates and lower attainment outcomes. A combination of proactive wellbeing support, targeted financial aid, and inclusive academic development can significantly close these gaps.

Activities

The College will enhance early needs assessments at induction, focusing on academic, financial, and wellbeing factors, with particular attention to students from disadvantaged backgrounds. Personal tutor systems will be refined with a structured, student-centred case management approach. A revised emergency funding policy will be implemented alongside better signposting to financial advice services.

Change Mechanisms

We expect that early transition support will foster a stronger sense of belonging, financial support will reduce stress and allow students to focus on their studies, and academic support will build skills and confidence. Together, these mechanisms should increase completion rates and increase the percentage of students from disadvantaged backgrounds achieving higher classification degrees.

Assumptions

This strategy assumes that students from disadvantaged backgrounds are more likely to struggle with transition and require tailored support. It also assumes they will access and trust the support available, and that barriers to academic success are at least partly addressable through such means.

Evaluation Focus

We will analyse continuation and completion data by socioeconomic status, and evaluate the uptake and perceived impact of academic and wellbeing interventions using surveys, focus groups, and staff feedback.

Key Literature and Evidence

Bamford & Heugh (n.d.) and Samaniego (2023) provide strong evidence that belonging is not a passive feeling but a product of relational, cultural and institutional structures.

Pedler et al. (2022) found that students who reported low belonging were far more likely to withdraw early. Crucially, even academic performance alone didn't fully explain these decisions.

Cotton et al. (2017) and Nieuwoudt & Pedler (2021) note that peer mentoring and student relationships provide a buffer against the stressors associated with financial precarity or poor cultural fit in higher education.

References

Bamford, J. and Heugh, S. (date unknown). Enhancing student wellbeing and student belonging in university through a gamification approach to rewarding and recognising extracurricular activities.

Cotton, D. et al (2017). Supporting the retention of non-traditional students in Higher Education using a resilience framework. European Educational Research Journal 16(1):62-79

Nieuwoudt, J., & Pedler, M. (2021). Student Retention in Higher Education: Why Students Choose to Remain at University. *Journal of College Student Retention: Research, Theory & Practice, 0*(0), 1-24.

Pedler, M., Hudson, S. and Nyland, B. (2022). Belonging and higher education: How students define and experience belonging. Journal of Further and Higher Education, 46(6), pp.824–837.

Samaniego, R. (2023): Belonging and Well-Being | SALT Center

INTERVENTION STRATEGY 3: BETTER INTELLIGENCE THROUGH DATA MONITORING AND ANALYSIS

Relevant Risk Indicators: R7, R9 – Gaps not being identified sufficiently in advance; reactive interventions

Target Student Groups: All students, with particular attention to IMD, ethnicity and disability (intersectionality of these, and of other higher risk groups, as feasible)

Rationale

Effective use of data allows institutions to identify issues early and respond before problems escalate. This requires not only quality data systems but also staff capability and confidence to interpret and act on the information. Current interventions are highly individulised and holistic, but this means that it can be difficult to identify trends across demographic groups, especially given relatively small annual cohorts. By embedding a culture of data-informed practice, the College aims to identify emerging trends which in turn can drive targeted and proactive initiatives as required.

Activities

The College will upgrade its data systems to enable real-time tracking of student outcomes by background characteristics, utilising aggregated data as appropriate. New data dashboards will be developed in conjunction. Campaigns will further encourage students to disclose ethnicity, income and disability data. Intersectional analysis will be built into reporting cycles where appropriate, and programme-level annual reviews will include focus on demographic trends, particularly with regard to continuation and attainment.

Change Mechanisms

With better and more accessible data, staff will be able to identify emerging trends sooner, confirming whether existing information which suggests no discernible difference in attainment by ethnicity or disability continues to be accurate. In conjunction, timely responses can prevent dropout, improve engagement, and enhance student satisfaction. A data-literate culture also strengthens institutional learning about what works, helping to drive efficiency of systems and processes.

Assumptions

This approach assumes that data is accurately collected and utilised, ethically managed, and appropriately interpreted by staff. It also assumes that data-driven support is timely and student-centred, and that monitoring systems are responsive enough to inform individual interventions. It assumes, critically, that there is potential for certain demographic groups, particularly where there is strong intersectionality, to fail to complete or to attain less well than their counterparts.

Evaluation Focus

We will evaluate the effectiveness of student data collection and utilisation. We will also assess whether earlier interventions are correlated with improved outcomes for at-risk students.

Key Literature and Evidence

Lewis (2022) notes that 'what doesn’t get measured doesn’t get prioritised'—an ethos echoed in UCL (2024) and the University of Dundee (2023) guidance on the role of data in achieving equality of opportunity.

OfS data (2023) shows persistent gaps in degree outcomes by ethnicity and disability status—reinforcing the importance of capturing and using this data even when local cohort sizes are small.

References

Lewis, N. L. (2022) Insight Into Diversity – What doesn't get measured doesn't get prioritized. Insight Into Diversity, 18 Oct.
Available at: https://www.insightintodiversity.com

Office for Students (2023) Student characteristics data: student outcomes – key findings (2010-11 to 2021-22). OfS Official Statistics 2023.39, 25 July.
Available at: https://www.officeforstudents.org.uk

University College London (2024) Guidance on the collection of diversity monitoring data. UCL Equality, Diversity & Inclusion Committee, Feb.
Available at: https://www.ucl.ac.uk

University of Dundee (2023) Equality monitoring – why do we do it? 9 August.
Available at: https://www.dundee.ac.uk

Evidence Base Details

Evidence for the Objectives, targets and implementation plan has been considered in some detail. Key evidential elements are included below and are as follows:

B1: Data Analysis Overview

a. Available OfS metrics
b. Internal data analysis (IMD)

B2: Key risks: summary of evidence base

B3: Briefing paper: Supporting socioeconomic diversity

B4: Analysis: comparison of applicant/student demographics

B5: Monitoring Key Student Demographic Data

B6: TASO theory of change overview

B7: TASO theory of change: detailed by objective

Data Analysis Overview

Student Population Overview (from size and shape of provision[1])

Note 1: Unless otherwise specified, comments relate to aggregated data. Where charts show fewer than 5 students, this has been suppressed.

Note 2: In all cases, intersectionality (e.g. IMD + disability + ethnicity) is important when interpreting these charts although currently smaller numbers inhibit the value of creating such splits.

Context

Number of **students** in each breakdown of mode and level of study, by year

Type of provision	Level of study	2019 - 20	2020 - 21	2021 - 22	2022 - 23	4 year aggregate
Full-time	Full-time (total)	[DPL]	50	90	70	210
	All undergraduates	[DPL]	50	90	70	210
	Undergraduate with postgraduate components	[DPL]	50	90	70	210
Part-time	Part-time (total)	[DPL]	230	260	280	780
	All undergraduates	[DPL]	180	200	220	600
	Undergraduate with postgraduate components	[DPL]	180	200	220	600
	All postgraduates	[DPL]	50	60	60	180
	Other postgraduate	[DPL]	20	10	20	40
	Postgraduate taught Masters	[DPL]	40	50	50	130
Offshore TNE	All postgraduates	[DPL]	10	10	10	20
	Postgraduate taught Masters	[DPL]	10	10	10	20
	Offshore TNE (total)	[DPL]	10	10	10	20

UNDERGRADUATE FT

Key points:

These programme comprise mostly mature students, though younger students make up close to 50% in most recent publicly available measures.

Where known, most students are in the majority from manual occupations and have no recorded disability. Aggregated data shows around 15% of students had some reported disability.

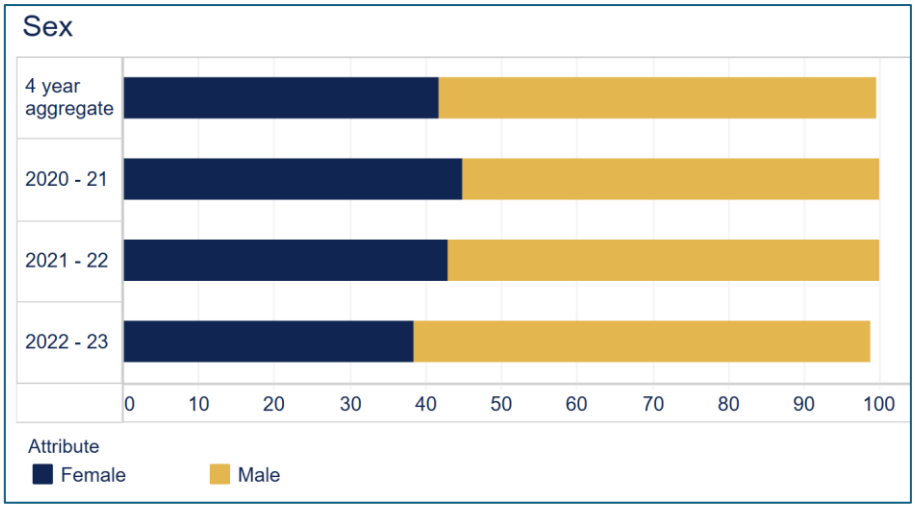
Where ethnicity is known, students are generally White, with the next most common group being Asian.

Socioeconomic measures (where known) show around 15% Q1/Q2 compared to around 30% Q5/Q4.

Around 35% of applicants join through Access or other L3 programmes; around 40% with A-levels.

[1] Size and shape of provision data dashboard: Data dashboard - Office for Students

Chart shows sex by %



This showing that around 40% of students are female; 60% male.

UNDERGRADUATE PT (SOME DATA SUPPRESSED)

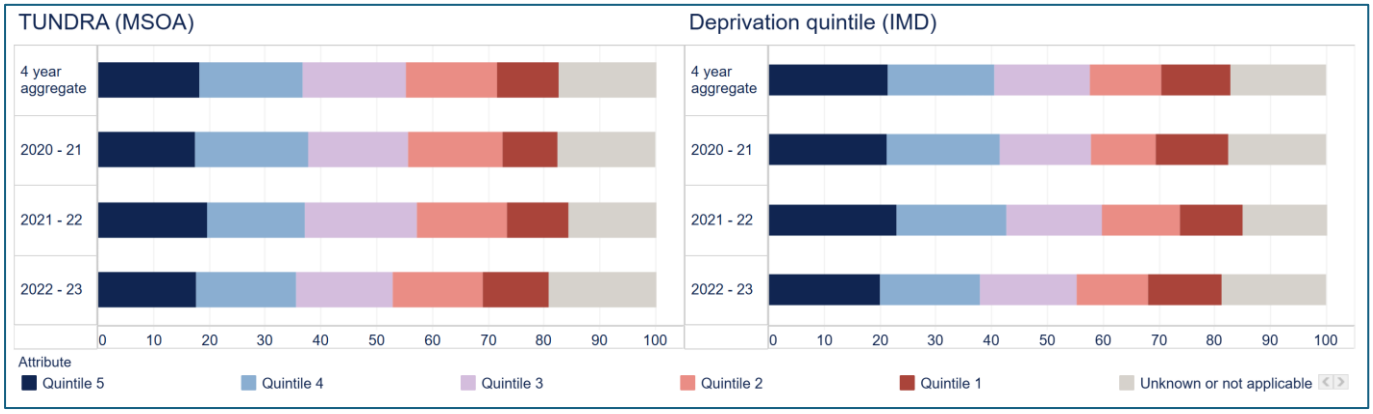
As would be expected for these programmes, which generally cater towards students already working, fewer than 10% students are under 21 on entry.

The majority (c.55%) are over 31 on entry.

The majority of students are White followed by Asian. There are small numbers of students from other ethnic backgrounds.

Most students (c. 75% on average) report no disability; from those that do, these relate predominantly to cognitive/learning difficulties.

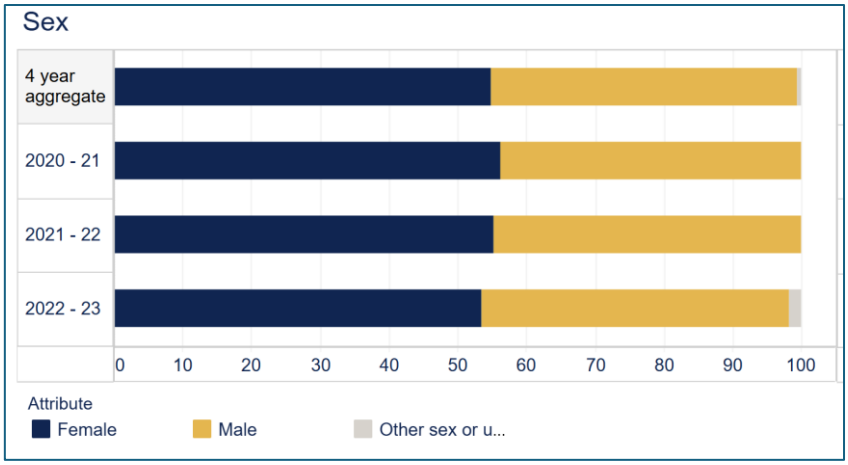
Chart shows breakdown of TUNDRA/IMD demographic by %



Where known, around 20% Q1/Q2 compared to around 40% Q4/Q5.

The majority of applicants (c. 50%) join the programme having completed another HE qualification. This is followed by those joining through an Access or other L3 programme. Around 15% of these students enter straight from A-level.

Chart shows sex by %



Broadly even split between male and female. Female around 55%.

From OfS APP dashboard[2]

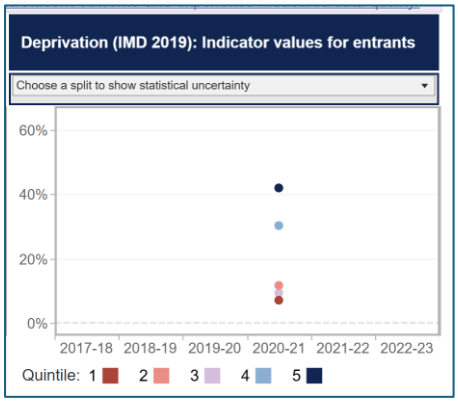
Note 1: due to the relatively small numbers and short period of time for which data exists, statistical uncertainty is high in all cases, even with aggregated data

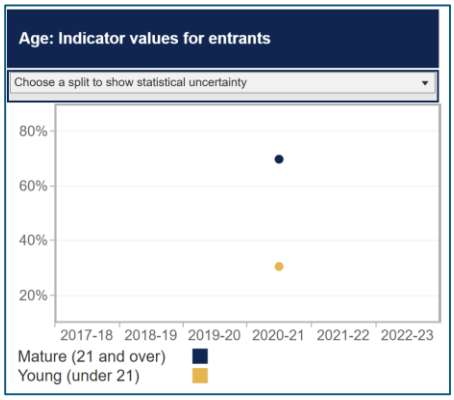
Note 2: The OfS dashboard time periods for all measures apart from access to HE and attainment do not yet include CoH provision. Attainment data is very limited.

ACCESS TO HE

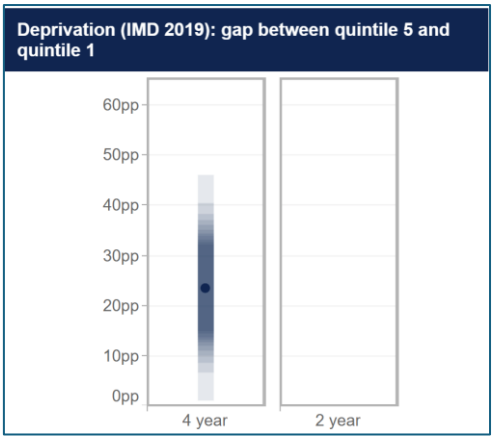
MCHIRO FT (21% OF TOTAL STUDENTS)

Indicators (%)





There is a statistically significant gap between IMD Q1 and Q5.



On this data, recognising the significant margin of error, there is an approximate 23.5 pp gap between Q1 and Q5.

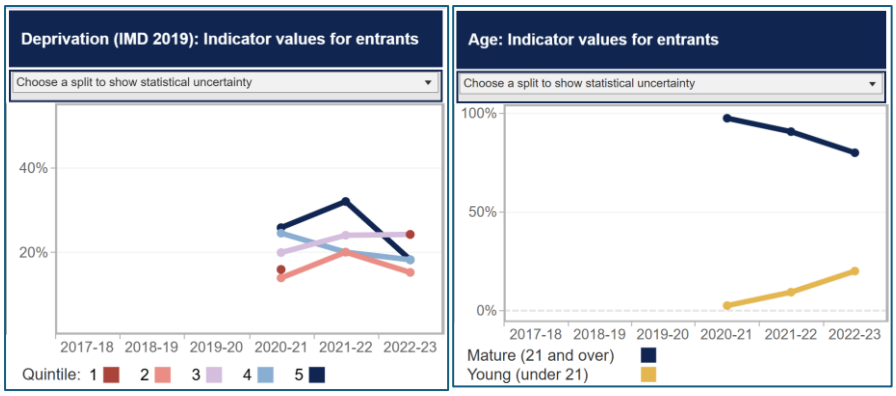
There is also a gap between between mature and young entrants in favour of those over-21 on entry. This is likely due to the nature of this professional programme.

Approximately 10% of entrants disclose a disability.

[2] Data dashboard - Office for Students

MCHIRO PT PROGRAMME (79% OF TOTAL)

Indicators (%)

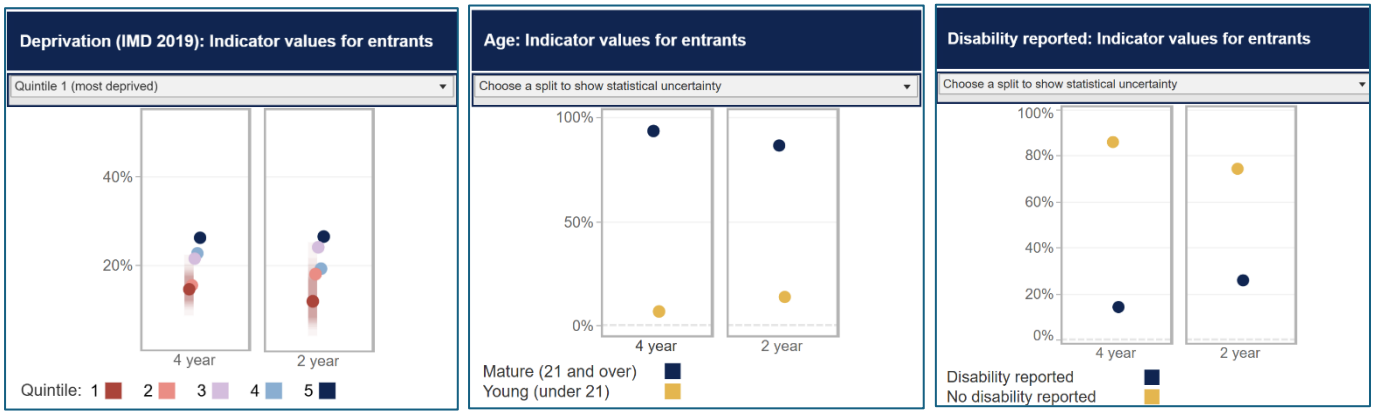


Small numbers do lead to fluctuation of socioeconomic backgrounds for entrants. Latest shows Q1=22% : Q5=18% (2022-23); internal data shows average gaps are more persistent and in line with 2021/22 (c. 15pp).

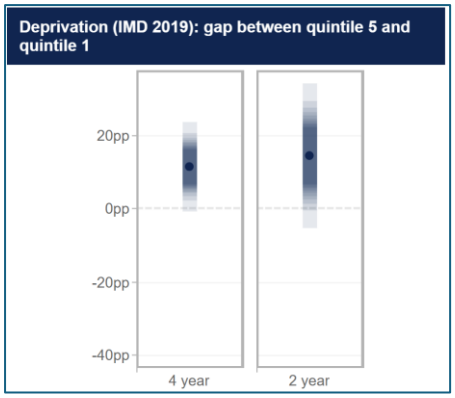
Gap between age indicators may be closing and will continue to be monitored. We would always expect mature learners to be predominantly higher due to the nature of programmes and the opportunity for changing profession.

Just over 20% of students disclose a disability on entry. (This number increases slightly as the programme progresses).

Aggregated Data (%)



(Q1 statistical uncertainty highlighted)



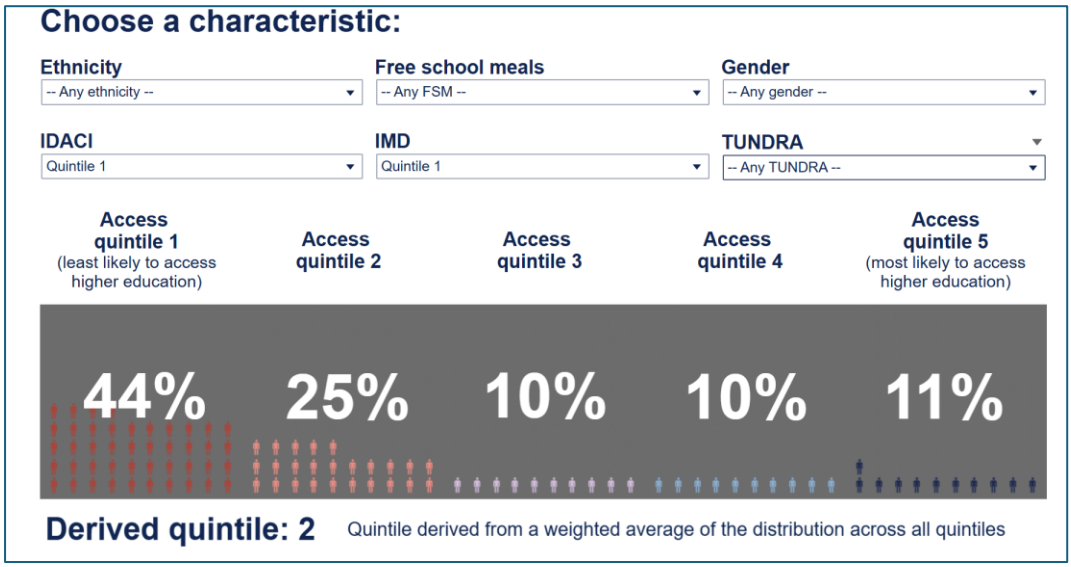
(11.5 percentage point gap with large margin of error)

At face value socioeconomic gap is around 11.5pp – see below.

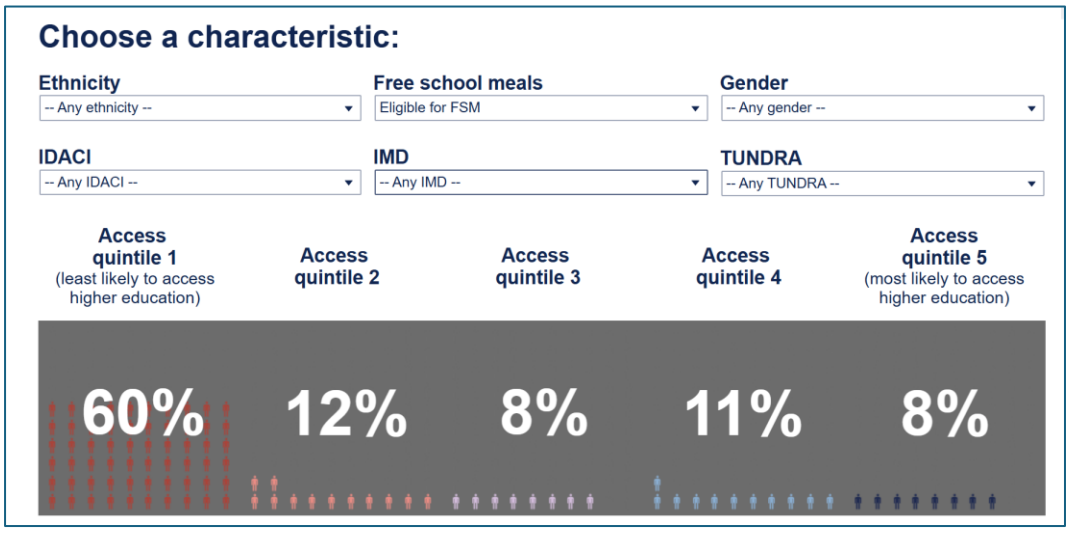
Age gap is as anticipated. Disability gap would be as expected also.

At a broad level, valuable to compare against OfS ABCS (associations between characteristics of students) measure:

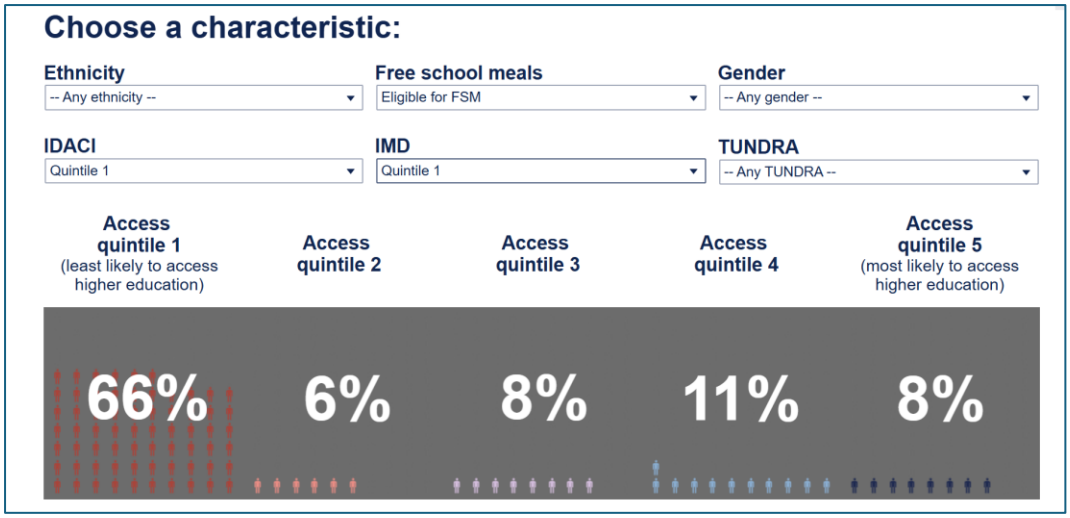
Continuing in full-time higher education - Office for Students



This showing IMD Q1, and IDACI (income deprivation affecting children index) likelihood of accessing HE.



This showing FSM (free school meal eligibility) likelihood of accessing HE.



This showing IDACI, IMD and FSM likelihood of accessing HE.

Access by IMD

For this exercise, we took an overarching view of the IMD quintile split of UK-based MChiro students (these programmes currently comprising the majority of UG provision). The analysis was further considered by location, to explore the extent to which geographical factors may impact the student profile. Finally the data was analysed by programme/location combined, to enable consideration of the extent to which the mode of delivery (essentially weekday or weekend) impacted the student profile.

Findings

The College continues to recruit across the range of IMD quintiles, attracting around 30% of students from quintiles 1 and 2, and around 50% from quintiles 4 and 5. At a broad level, this therefore compares favourably with the OfS metric for those either significantly disadvantaged or in an economically precarious group (32%).

Nonetheless, the gap between those entering the College from quintile 1 and quintile 5 remains significant.

Further exploration by programme/location, whilst recognising that the smaller numbers created by such splits can affect percentages dramatically, revealed that:

- there appears to be little difference in the IMD deciles of full-time students
- there is a steadily increasing proportion in the IMD deciles of students on the 5yr programme.

<u>Location</u>

This can be understood more when looking at location. The increasing proportion of students at higher IMD deciles is clearly more apparent for those studying in Oxfordshire. The story is much more mixed when considering Manchester, which attracts students from a wider geographical area including, of course, the north of England. However, this is complicated to an extent by the lower number of students studying in Manchester.

Conclusion

Diversity of the programme offer and the range of geographical locations can attract students from a variety of backgrounds. In turn this suggests that there is scope to increase proportions of students from lower socioeconomic groups, particularly if there is increased focus on the north of England and the more deprived areas around the south.

Further analysis is clearly needed following each intake and the College will continue to carry out analysis on IMD and associated splits.

Attainment by IMD

This analysis took a snapshot of graduates completing in the most recent academic year and explored outcomes by IMD quintile (very few students from Q1 completed in this academic year). Data can be analysed by location and programme also; however the small numbers involved are not currently commensurate with achieving meaningful results after splitting the data in this way.

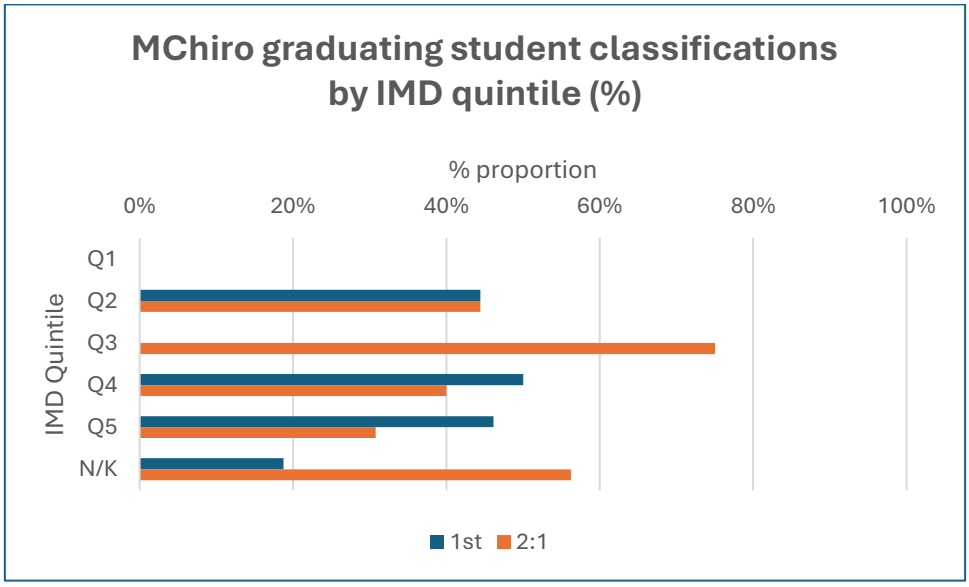
IMD Quintile	Proportion of graduates
1	<2% *
2	16%
3	14%
4	18%
5	23%
NK	28%

***(data suppressed)**

It should be noted that all of the students that successfully complete the programme generally do so with high attainment (ie. the majority achieve at least an upper second class degree). Similarly, progression data shows that nearly all students who complete successfully go on to graduate employment.

Findings

Outcomes are as follows:



(Q1 data suppressed)

This (albeit limited dataset) shows that students from across the range of IMD backgrounds are able to achieve good outcomes (first or upper second), and broadly in line with the expectation of all students.

Conclusion

This data gives a snapshot into the achievement rates of those from different socioeconomic background. The comparatively small size of the graduating population, and especially in quintile 1, means that results need to be regarded with significant statistical uncertainty.

Nonetheless, it appears that students across socioeconomic groups achieve similarly. As almost all successfully completing students enter professional employment, we can be confident that we also comfortably exceed OfS median levels for CEED.

Attainment by ethnicity

As for the above, the proportion of 2024 graduates within each group who achieved the variety of classification outcomes was calculated and analysed. Again, proportions are limited to the extent that individual students could be identified, so results are suppressed.

Conclusion

From the extant data, there is no identifiable attainment gap between those of different ethnicities.

Given that we recognise the national picture in this regard, and that given the size of the data we cannot definitively confirm this position, we will continue to monitor this data, aggregating as appropriate in order to identify any emerging trends.

Proposed targets:

- Need to continue to encourage learners from lower socioeconomic groups, potentially by specific measure: Q1 IMD would enable broad approach, data on FSM and similar will be valuable in light of the data on likely entry to HE as noted above.
- This may be especially valuable in the context of attracting mature learners with aspirations to a profession.

- Will also be beneficial to continue with our approach of focusing targets on household income measure (<£25k), as this has proven results and will also add credibility through longitudinal data.

- Student attainment between students from lower socioeconomic groups and those from higher socioeconomic groups remains statistically insignificant. However, this is a small data sample and in recognition of the particular challenges for the profession, should continue to be a key objective. We will also need to continue to monitor this closely.
- The internal data we have shows no significant difference in attainment between IMD quintiles. Nonetheless, we should continue to target ensuring completion/attainment of lower socioeconomic groups as above and in light of national data.

- Given the statistical significance of data, there will be value in undertaking further and ongoing analysis of equivalency of continuation/completion/attainment for those with disabilities and from other ethnic groups.

Notable key risks inhibiting student access/success: summary of evidence base

Risk	Evidence
Sense of Belonging	A sense of belonging is positively associated with academic success (eg. Robertson, Cleaver and Smart, 2019; Pedler et al, 2022). The effect is more pronounced for underrepresented or marginalised students (Becker and Luthar, 2002). Poor student mental health creates a major barrier to belonging and inclusion (Jackson, Capper, Blake, 2023).
Financial Challenges	Students from socioeconomically disadvantaged backgrounds are less likely to complete their courses (OfS, 2023). Financial challenges can have a detrimental impact on students' mental and physical health and wellbeing (Richardson, Elliott, Roberts et al, 2017; Save the Student, 2022). The cost of living crisis has exacerbated the detrimental impact of financial issues on student wellbeing and ability to engage with higher education. (Russell Group Student's Union, 2023; ONS, 2023). Bursaries can be positive in ensuring fair access and student success (Harrison, Hatt, (2012) and Harrison et al (2018).
Home environment	Students who are not provided with a suitable environment for success may struggle to access higher education or maybe at higher risk of withdrawing from their studies (What Works CSC, 2020).
Inequality and discrimination	Racial or ethnic inequalities by BAME students in UK HEIs are a contributing factor to the BAME attainment gap (UUK & NUS, 2019). Other contributing factors can be linked with ethnic diversity among staff or sense of belonging experienced by BAME students while on course,and inclusive curriculum content (UUK & NUS, 2019).
Accessibility	Students with a disability can experience discrimination during their HE studies, including accessibility barriers, and that this may impact their outcomes (OfS, 2018).
Lack of appropriate support mechanisms	Students from underrepresented student groups may struggle to ask for help when on course (Chiu, 2023). There is some evidence that culturally sensitive (including British culture) initiatives, or interventions targeted at certain groups of students may have a positive impact on student success (Jackson, Capper, Blake, 2023)

Lack of role models	Role models impact student choices and decisions about higher education (Sanders et al, 2018; Schunk & Usher, 2019; Hume 2018). Mentoring, counselling, coaching and other forms of advice, where accessed, are associated with better attainment and completion (Kerrigan and Maktelow, 2021).
Health & Wellbeing	Empathetic support for students with health issues can be critical for their success (Hughes et al 2016). Poor mental health or wellbeing has a significant and detrimental impact on a student's abilities to participate fully in their studies (Robertson, Mulcahy & Baars, 2022). There are rising numbers of students declaring a mental health condition, reporting adverse effects of stress, or seeking support for low levels of wellbeing. (Johnson & Crenna-Jennings, 2018).

References

Becker, B. E., & Luthar, S. S. (2002). Social-emotional factors affecting achievement outcomes among disadvantaged students: Closing the achivement gap. *Educational Psychologist, 37*(4), 197– 214. https://doi.org/10.1207/S15326985EP3704_1

Blake, S., Capper, G., Jackson, A. (2023). Building Belonging in Higher Education Recommendations for developing an integrated institutional approach. *Pearson & WonkHE.* https://wonkhe.com/wp-content/wonkhe-uploads/2022/10/Building-Belonging-October-2022.pdf

Chiu, T. (2023). [Article[*Students need help asking for help. https://wonkhe.com/blogs/students-need-help-asking-for-help/*

Harrison, N., & Hatt, S. (2012). Expensive and failing? The role of student bursaries in widening participation and fair access in England. Studies in Higher Education, 37(6), 695-712.

Harrison, N., Davies, S., Harris, R., & Waller, R. (2018). Access, participation and capabilities:

theorising the contribution of university bursaries to students' well-being, flourishing and success. Cambridge Journal of Education, 48(6), 677-695.

Hughes, K., Corcoran, T., & Slee, R. (2016). Health-inclusive higher education: Listening to students with disabilities or chronic illnesses. Higher Education Research & Development, 35(3), 488- 501.

Hume, S. (2018) [Article]. *The power of role models for white working-class boys*. https://blogs.kcl.ac.uk/behaviouralinsights/2018/01/12/the-power-of-role-models-for- white-working-class-boys/

Johnson, J. and Crenna-Jennings, W. (2018) Prevalence of mental health issues within the student- aged population, Policy Analysis, Education Policy Institute. https://epi.org.uk/publications-andresearch/prevalence-of-mental-health-issues-within-the-student-aged-population/

Kerrigan, M., & Manktelow, A. (2021). Extra-curricular activities in higher education: enhancing the student experience. *Widening Participation and Lifelong Learning*, 23(1), 123-147: https://doi.org/10.5456/WPLL.23.1.123

National Union of Students (2011). *Race for Equality: A report on the experiences of Black students infurther and higher education*. https://www.nusconnect.org.uk/resources/race-for-equality- a-report-on-the-experiences-of-black-students-in-further-and-higher-education-2011

Nieuwoudt, J., & Pedler, M. (2021). Student Retention in Higher Education: Why Students Choose to Remain at University. *Journal of College Student Retention: Research, Theory & Practice, 0*(0), 1-24.

Office for National Statistics. (2023). *Cost of living and higher education students, England: 30 January to 13 February 2023*. [Statistical Bulletin]. https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/bulletins/costoflivingandhighereducationstudentsengland/30januaryto13february2023

Office for Students (2018). [Article] *How do student outcomes vary by disability status?.* www.officeforstudents.org.uk/data-andanalysis/differences-in-student- outcomes/disability/.

Office for Students (2023, March 29). *Students from disadvantaged backgrounds less likely to complete their course* [Press Release]. https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/students-from-disadvantaged-backgrounds-less-likely-to-complete- their-course/

Osborne, T. (2018). Not lazy, not faking: teaching and learning experiences of university students with disabilities. *Disability & Society* 34(2):1-2510. https://doi.org/1080/09687599.2018.1515724

Pedler, M., Willis, R., & Nieuwoudt, J. (2022). A sense of belonging at university: student retention, motivation and enjoyment. *Journal of Further and Higher Education, 46*(3), 397-408.

Petrescu, D., Yazdani, A., VanderSchee, C., Bailey, C., Covens, F., & Harpp, D. (2021). An undergraduate peer mentoring program at a Canadian university: Impact on student learning as perceived by instructors, peer mentors, and students. *International Journal forStudents As Partners, 5*(2), 98–110.

Power, M., Partridge, H., O'Sullivan, C., & Yih Chyn A. Kek, M. (2020). Integrated 'one-stop' support for student success: recommendations from a regional university case study. *Higher Education Research & Development, 39*(3), 561-576.

Robertson, A., Cleaver, E., & Smart, F. (2019) Beyond the Metrics: Identifying, Evidence and Enhancing the Less Tangible Assets of Higher Education. *QAA Scotland*

Royal College of Psychiatrists (2011) Mental health of students in higher education, College Report CR166, https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/collegereports/college-report-cr166.pdf?sfvrsn=d5fa2c24_2

Russell Group. (2020). *Pathways For Potential: How universities, regulators and Government can tackle educational inequality.*

Russell Group Student's Union. (2023). *Student Cost of Living Report*. https://russellgroupstudentsunions.org/news/students-facing-poverty-as-cost-of-living- crisis-hits-studies-new-research-shows

Sanders et al, (2018). Role models, mentoring and university applications - evidence from a crossover randomised controlled trial in the United Kingdom. *Widening Participation and Lifelong Learning,* 2 (4), pp. 57-80. https://doi.org/10.5456/WPLL.20.4.57

Save the Student. (2022). Student Money Survey 2022 – Results. [Article] https://www.savethestudent.org/money/surveys/student-money-survey-2022-results.html

Schunk, D. H., & Usher, E. L. (2019). Social cognitive theory and motivation. In R. M. Ryan (Ed.), *TheOxford handbook of human motivation* (2nd ed., pp. 11–26). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780190666453.013.2

Scott, M., & Sedgewick, F. (2021). 'I have more control over my life': A qualitative exploration of challenges, opportunities, and support needs among autistic university students. Autism & Developmental Language Impairments, 6, 1-14.

Simpson, A., & Ferguson, K. (2014). The Role of University Support Services on Academic Outcomes for Students with Mental Illness. *Education Research International*(4).

Thompson, C., Falkmer, T., Evans, K., Bölte, S., & Girdler, S. (2018). A realist evaluation of peer mentoring support for university students with autism. *British Journal of Special Education,45*(4), 412-434.

Universities UK & National Union of Students. (2019). *Black, Asian And Minority Ethnic Student Attainment At UK Universities: #Closingthegap.*

https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/bame- student-attainment.pdf

Wong, B & Chiu, Y.L.T. (2019). 'Swallow your pride and fear': the educational strategies of high-achieving non-traditional university students. *British Journal of Sociology of Education*, 40(7), pp.868-882. https://doi.org/10.1080/01425692.2019.1604209

Supporting socioeconomic diversity

Introduction

Widening access to higher education (HE) has been a national priority for a number of years, yet students from lower socioeconomic backgrounds remain under-represented – including in the chiropractic field.

Young people from disadvantaged backgrounds often face unique barriers and may even feel less control over their futures than their more advantaged peers (ONS 2023). As a result, talented individuals from low-income families can be deterred from pursuing higher education.

This briefing outlines why the College chooses to set concrete objectives and targets to support these disadvantaged groups, supporting access into HE and into the field of chiropractic. It draws on research about financial barriers, social belonging, mentoring, and mental health to illustrate how improving socioeconomic diversity will benefit chiropractic programmes. In turn, a more inclusive student body can enhance patient care and boost the profession's credibility.

Financial barriers and how to tackle them

Financial constraints are a well-documented hurdle for lower-income students. The costs of tuition, accommodation, and other living expenses can deter disadvantaged students from applying to university. Many students feel that they must *"restrict their higher education choices to institutions in their local area"* and live at home due to financial pressures. This constrained choice often leads to "undermatching," where high-achieving disadvantaged students attend less selective or lower-cost courses than their abilities merit. Misunderstandings about the student loan system can exacerbate these concerns (Bolton 2024). Ensuring that there is clarity about student loans, and what this can mean for health professionals, is therefore key to encouraging access.

Bursaries, scholarships and hardship schemes are common tools to offset financial barriers. Evidence on their impact is somewhat mixed, but generally positive when it comes to student persistence (ie. continuation and completion). For example, research has found that bursaries *"have been found to enhance retention of low-income students"* (Cotton et al,) and, in particular, that providing grants or tuition discounts can reduce the need for excessive part-time work and alleviate stress over basic needs. In one study, even modest bursaries improved first-year continuation rates among disadvantaged students (Harrison & Hatt, 2012). However, financial support alone is not a panacea. Harrison and Hatt (2012) famously critiqued bursary programs as *"expensive and failing"* in some cases, noting that a bursary's monetary value may be less important than whether a student feels they belong at university (see below for more on this). This insight underscores that while bursaries remove practical barriers, they must be paired with wider support to be truly effective.

Chiropractic courses, in particular, can pose financial hurdles. Unlike many NHS-funded health programmes, chiropractic students more often pay their own tuition and living costs. Disadvantaged students may lack the upfront resources for tuition fees or be debt-averse – a working-class aversion to student loan debt has grown in recent years. Similarly, the Russell Group's *Pathways for Potential* report (2020) urges universities to ring-fence financial support for disadvantaged students and warns that rising living costs are making it *"simply not financially viable"* for many to move away for study. By setting targets to recruit more low-income applicants and offering needs-based financial support, the College may effectively impact this economic barrier. Proactive financial aid will no doubt be essential to meet any access targets set for low socioeconomic groups.

Fostering Belonging and Support Structures

Beyond money, social integration and support are critical to disadvantaged students' success. Many students from non-traditional backgrounds struggle with the transition into HE culture (Bamford - date unknown). They may be the first in their family (FIF measure) to attend HE, or commute from home and are more likely to have to juggle jobs and children (eg. being unable to afford costs of external childcare). These students often lack the networks that more privileged peers enjoy, and in traditional universities these students often feel like "fish out of water". Research shows that a strong sense of belonging can make the difference in whether they successfully complete the programme. A recent UK sector-wide study identified *connection, inclusion, support and autonomy* as four foundational elements of student belonging(Blake, at wonkhe.com). When students feel *connected* to their peers and faculty, *included* in campus life, *supported* by services, and free to be their authentic selves, they are far more likely to thrive. Smaller, close-knit HE providers, such as the College, are much more likely to be able to create this environment – the key point will be the extent to which this is evident to those who might potentially apply to chiropractic programmes.

Empirical evidence consistently links belonging with retention and achievement. Students who report a greater sense of belonging have higher motivation, self-confidence, and enjoyment in their studies (Samaniego, 2023). In contrast, those who frequently contemplate dropping out tend to feel much less connected to their university community. Pedler et al. (2022) found that students on the verge of withdrawal had significantly lower 'belonging scores' than those continuing, even after controlling for academic factors. Crucially, Harrison and Hatt (2012) observed that disadvantaged students stayed *not just because of financial incentives, but because they felt "socially comfortable" at their institution* . In other words, supportive cultures can help to amplify the effect of financial aid. Fostering a sense of belonging, in conjunction with financial support and advice, can therefore help disadvantaged students feel at home and in turn ensure that they are much more likely to succeed.

For institutions such as the College, fostering belonging may require specific effort given that cohorts are often small and the student body relatively homogenous in background. Research suggests that simple steps can make a big impact: for example, supporting establishment of peer study groups that encourage camaraderie can be valuable. Similarly, ensuring that visible support structures are seen as important, such as raising visibility of student support mechanisms and maintaining a proactive personal tutor system, can have a significant impact.

To summarise, when lower-socioeconomic students feel that they belong both in the College and in the chiropractic field, they are more likely to persist through challenges and ultimately succeed.

Role Models and Peer Mentoring

The presence (or absence) of relatable role models has a powerful impact on student aspiration and success. For under-represented groups in chiropractic, seeing "people like me" in academic and professional roles can affirm that they too belong in that space. Conversely, a lack of representation may signal that a course or career is "not for people like us". In the chiropractic profession today, there is *"little doubt that the lack of representation…has an impact on our ability to attract and retain students from different backgrounds"* (gcc-uk.org).

The General Chiropractic Council's own Equality, Diversity and Inclusion taskforce noted in 2021 that fewer than 10% of UK chiropractors come from non-white backgrounds, and similar underrepresentation is likely true for those from low-income families. This homogeneity risks

deterring talented young people from disadvantaged areas. Students need role models who are relatable – educators, clinic supervisors, or senior students who share an understanding of their culture or socio-economic challenges. Simply *"seeing themselves in 'us'"* can inspire a disadvantaged pupil to envision a chiropractic career (gcc-uk.org).

Deliberate efforts to provide role models are therefore key components of widening participation. Studies have advocated embedding role models *throughout the university environment* to support under-represented students (Hume, 2018). This can include guest speakers or alumni from similar backgrounds, as well as aiming to ensure diversity of faculty (potentially a virtuous circle, depending on the success of graduating those from diverse backgrounds). Alongside role modeling, peer mentorship – either formal or informal - is a proven strategy to help disadvantaged students navigate higher education. Peer mentors—typically older students trained to support newcomers—can demystify unwritten rules and normalize the challenges that first-year students face. For example, a mentoring scheme might pair a first-year chiropractic student from a low-income community with a second-year mentor who also overcame financial or social hurdles. The mentor can share their own "wins and challenges," reassuring the mentee that struggles (whether academic, financial or personal) are common and surmountable (Samaniego, 2023). Such near-peer support helps newcomers build confidence and resilience.

Mentors can of course serve as living proof that someone like them can succeed. Sanders et al. (2018) found that structured mentoring improves the integration of under-represented students, while Petrescu et al. (2021) note that mentors can *"help normalize the academic challenges"* that new students encounter. For chiropractic educators, establishing mentorship could bolster the support network for disadvantaged students. Likewise, showcasing diverse role models – for instance, inviting a successful chiropractor who grew up in a deprived area to speak with students – can motivate current learners and signal to prospective applicants that they will be welcomed and valued.

Establishing and running peer mentoring schemes requires significant resource and management and the formalisation or structuring of such schemes can affect the value for individuals. Over-reliance on College staff to manage the process may also chip away at autonomy and would potentially impinge on an approach which is designed around supporting students to support themselves. More valuably perhaps, students in later years might be encouraged to make themselves available to provide informal support for those who might need it. In all cases though, there remains the issue that some students regard seeking help as a weakness or admission of failure (see below).

Student Mental Health and Retention

Attending university can be a stressful transition for any student, but those from lower socioeconomic groups often face elevated mental health risks. Financial worries, imposter syndrome, and social isolation can all weigh heavily on disadvantaged students. National data show that students from poorer backgrounds are more likely to experience mental health issues, and often encounter compounding pressures related to finances, setting in motion a vicious circle (Bolton, 2024).

In the UK, the prevalence of those reporting mental disorders among young adults has risen sharply over the past two decades (EPI, 2018) - a trend that disproportionately impacts those with fewer resources. Johnson and Crenna-Jennings (2018) highlighted growing concerns around poor student wellbeing, arguing that early interventions are needed to prevent minor

anxieties from developing into serious mental illness (Bamford and Heugh). When students struggle to "make the social transition" into higher education, they can quickly become unhappy and at risk of mental health problems. This too creates a vicious cycle: anxiety or depression undermines academic performance and sense of belonging, which in turn makes departure more likely.

Retention is closely tied to wellbeing. Students suffering mental distress are statistically less likely to continue after their first year and more likely to drop out. A UK survey found that 69% of students had experienced a mental health issue during their studies, and the most affected students cited impacts on their focus and motivation (Bolton, 2024). Importantly, disadvantaged students often face these struggles without the safety nets that more affluent peers might have (such as family financial support or access to private counselling). This makes it crucial for HE providers to proactively support mental health as part of their widening participation objectives. The College subsidisation of counselling and the proactive approach to identifying need early therefore remains vital.

Reinforcing earlier points, Nieuwoudt and Pedler (2021) observe that a strong sense of belonging can buffer against stress and improve wellbeing, whereas isolation heightens risk. Indeed, building an inclusive community is itself a mental health intervention: when students feel seen and supported, it mitigates the psychological toll of being an "outsider" in academia.

Financial measures help here as well – for instance, hardship funds can relieve the acute stress of money problems (the Office for National Statistics reported in 2023 that the cost-of-living crisis has made many students anxious about affording basic essentials). Setting high standards around student wellbeing and monitoring progress, as the College does through informal and formal means (eg. Formative Committee), will help mitigate issues for all students, including the most financially disadvantaged.

Relevance to UK Chiropractic Profession

Increasing the socioeconomic diversity of chiropractic students is not merely an abstract equality goal – it carries tangible benefits for the profession.

Enhanced Patient Care: A more diverse cohort of chiropractic graduates will be better equipped to serve Britain's varied communities. Currently, both chiropractors and their patient base skew toward certain demographics (historically majority white and often middle-class)gcc-uk.org. Broadening the student intake to include those from working-class and minority backgrounds can improve cultural competence in clinical practice. Students from different socioeconomic groups bring different life experiences and perspectives, enriching classroom discussions and, later, enabling practitioners to connect with a wider patient population. Research in healthcare education shows that diversity and inclusion lead to practitioners who are more empathetic and culturally aware, thereby reducing health inequalities (GCC). In chiropractic, this could mean greater trust and comfort for patients who might previously have felt chiropractic care was "not for people like me."

Stronger Recruitment Pipeline to the profession: The chiropractic profession in the UK remains relatively small, and attracting high-quality entrants is a constant need. By reaching out to disadvantaged communities, chiropractic institutions can tap into *"all the diverse talent available to the UK"* rather than drawing from a narrow pool (Russell Group, 2024). Setting concrete targets (for example, increasing the proportion of students from low-income postcodes each year) focuses effort on this untapped talent. In the long run, successful chiropractors from lower socioeconomic origins can become ambassadors to their

communities, further encouraging new applicants. This virtuous cycle can help meet workforce needs and ensure the profession does not miss out on capable individuals simply due to lack of privilege. As one EDI advocate noted, *"encouraging more young people from … disadvantaged backgrounds [to] learn about the profession"* is vital to its growth (GCC).

Professional Credibility and Social Responsibility: In an era where public institutions are judged on their commitment to equality, a demonstrable focus on widening participation boosts the credibility of chiropractic education providers. Stakeholders – from accreditation bodies to prospective students – expect professions to reflect the society they serve. Proactively supporting disadvantaged students aligns with core values of healthcare (fairness, empowerment) and positions chiropractic as an inclusive, forward-thinking field. Conversely, a lack of diversity can invite criticism or reduce public trust. By investing in socioeconomic diversity, chiropractic colleges show accountability to social mobility goals and bolster the profession's reputation. This includes meeting regulatory expectations; for instance, if chiropractic programs are registered with the Office for Students, they will be required to have Access and Participation Plans that set out targets for under-represented groups. Achieving these targets can set chiropractic courses apart as leaders in widening access among the health professions.

In short, what is good for disadvantaged students is good for chiropractic. Greater inclusion will yield practitioners who are competent in treating *all* segments of the population, an expanded pipeline of talent, and a profession seen to uphold the highest values of social responsibility. These outcomes ultimately circle back to benefit institutions themselves through improved student success and satisfaction metrics.

Conclusion and Recommendations

Supporting students from lower socioeconomic backgrounds is both an ethical imperative and a strategic opportunity for the College. Financial difficulties, feelings of isolation, lack of role models, and mental health challenges often intersect and can hinder these students' access and success in higher education. In turn, this can inhibit the proportion of certain demographic groups in the profession – potentially creating a vicious circle.

However, research and sector experience provide guidance on how to address these barriers. By setting specific objectives and targets – and backing them with robust initiatives we can create a more level playing field. Doing so will not only change individual lives but also enrich the chiropractic profession as a whole.

The College should consider the following steps:

- **Set clear access targets:** Develop the Access and Participation Plan with measurable goals to support entrants from lower income backgrounds. Broad measures should be used to quantify this (eg. IMD group, FSM eligibility and, following entry, household income.
- **Ensure clarity of financial support and advice:** Consider the ways in which hardship funding and emergency grants for students from disadvantaged families are publicised and make it simple to apply. Make information about student finance, and the support open to students, available up front.
- **Continue to strengthen support structures:** Facilitate peer support groups and staff-student networking that foster a sense of belonging. Promote the College focus on

student support and wellbeing. Demonstrate links between financial support and advice and other student support. Continue the sound work of Formative Committee to oversee attention on individual students and consider enhancing this with timely focus on new students and on those from disadvantaged backgrounds. Enhance Personal Tutoring with a similar focus on new entrants in particular.

- **Utilise graduates in encouraging access:** short videos of student stories to demonstrate that there are graduates 'like us' can be valuable, as would presence at Open Days or at external events.
- **Monitor students through the student journey, with particular focus on continuation and attainment:** Build on existing mechanisms for supporting students, such as monitoring of attendance, academic progress, financial wellbeing, health and wellbeing, etc.

Socioeconomic/Low Participation Analysis:
Comparison of applicant/student demographics

Method

Data was extracted from UCAS of applicants to the College for January 2025 and compared with that of the actual joining student body.

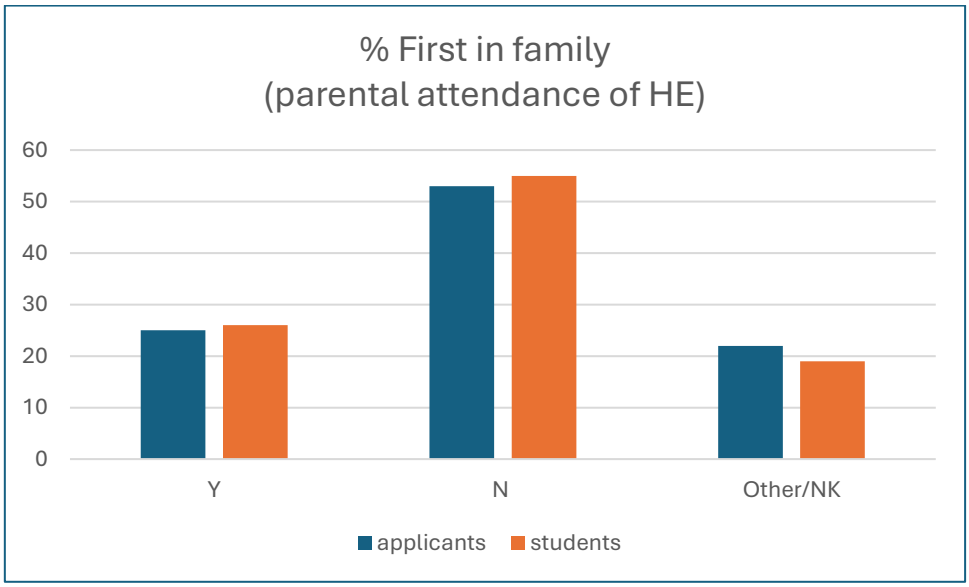
The aim was to explore whether there were any significant differences between the demographic status of applicants to students. The following analysis therefore determines:

- Any difference, and the extent to which this is significant
- Any other insight regarding socioeconomic status available through UCAS that is not otherwise evident.

Analysis

First in Family to Attend HE

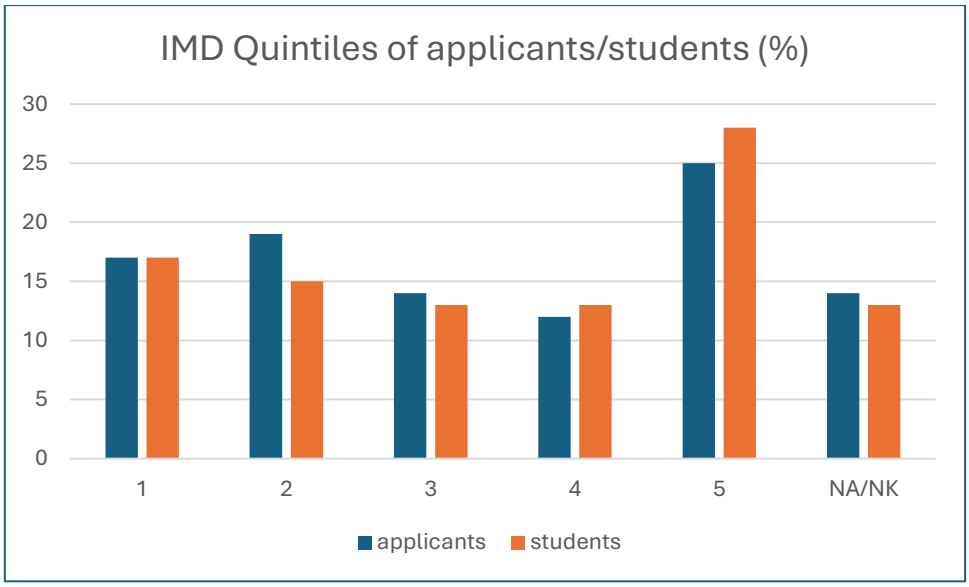
The First in Family (FIF) measure indicates simply that the student has reported (in this case to UCAS) that they are the first member of their family to enter HE. This group has traditionally been associated with lower cultural capital and reduced access to informal support in navigating higher education.



Some suggest (HEPI, 2022 for example) that the first-in-family challenge is, at root, a fair access issue rather than primarily concerning widening participation. They stress that this can be an unreliable indicator given that it relies on self-reporting and does not have a universally understood definition. In line with this, we refer to the measure here only as a light-touch indicator for disadvantage.

Nonetheless, it is pleasing that a substantial proportion of applicants (25%) and students (26%) indicated that they would be the first in their family to attend higher education through the College. Notwithstanding the above, the College therefore continues to recruit students who are less likely to attend HE than a proportion of their peers.

IMD Quintile Distribution



Applicants:	Students:
Quintile 1: 17%	Quintile 1: 17%
Quintile 5: 25%	Quintile 5: 28%

From this data, the variation between applicants and students varies only slightly, and most significantly for Q2 and Q5. In the case of even Q5, this amounts only to 3pp.

It is clear that the College attracts entrants from Q5 at a higher rate than those from Q1, on this data around 10pp. A greater number of applicants from Q1 would likely lead to a stronger representation of Q1 in the student population.

TUNDRA Quintile Distribution

TUNDRA stands for Tracking Underrepresentation by Disadvantage Risk Analysis.
It is a postcode-level classification tool developed to assess educational disadvantage with greater accuracy than previous measures.

It combines a broader set of indicators than POLAR (Participation of Local Areas), incorporating:

- Income deprivation
- School attainment
- Free school meal eligibility
- Special educational needs
- Local education infrastructure

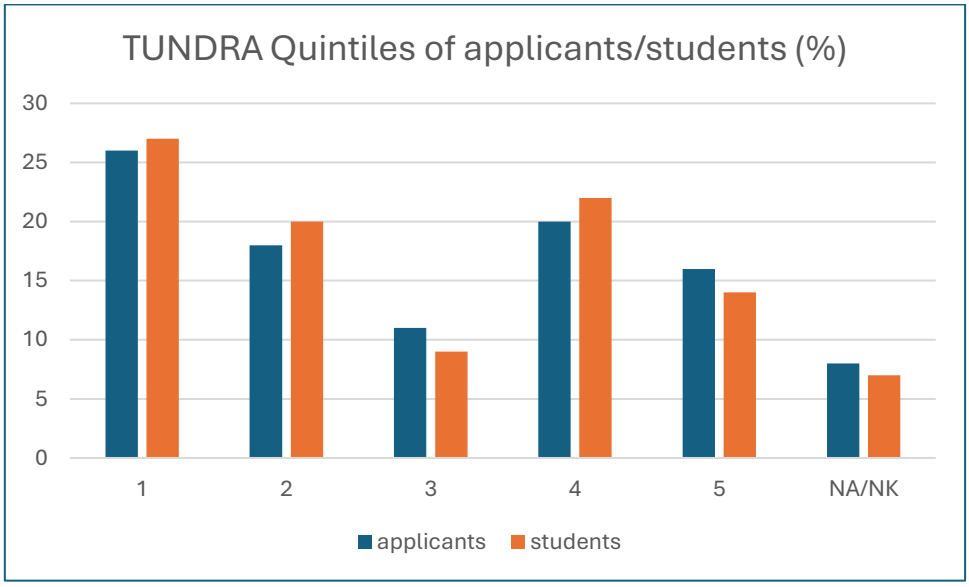
It reflects the likelihood that young people in a given area will be underrepresented in higher education, rather than focusing on historical participation rates.

TUNDRA enables more accurate targeting of support, ensuring that interventions reach students with the highest risk of educational disadvantage, not just those from low-participation areas.

This supports a more equitable and evidence-based approach to widening participation, particularly in urban areas with mixed deprivation profiles. The table below provides a comparison of TUNDRA with POLAR:

Feature	TUNDRA	POLAR
Granularity	Postcode-level precision	Larger area (local authority ward)
Breadth of Factors	Multi-dimensional (education, income, needs)	Focuses on HE participation rates
Timeliness	Uses more current data sets	Often lags due to reliance on HE entry data
Predictive Power	Stronger at identifying individuals at risk of disadvantage	Better for measuring area-level HE participation
Equity Sensitivity	Recognises structural barriers beyond HE tradition	Can misclassify areas with small HE populations

Findings



Applicants:

Quintile 1: 26%
Quintile 5: 16%

Students:

Quintile 1: 27%
Quintile 5: 14%

There is minimal difference between the proportion of applicants and those of students.

This measure (albeit again based on a limited dataset) suggests that the College is successful at attracting students who are less likely to participate in higher education.

There is therefore a likely meaningful distinction between the lower participation population and those from lower socioeconomic groups. From this, we can broadly conclude that it is the IMD-related measures that may be a barrier to application to the College, not a wider cultural or individualized anxiety about higher eduction.

Conclusion

Applicant rates and actual student rates remain statistically similar. That strongly suggests that efforts should be focused on increasing applications, rather than there being barriers to tackle in terms of conversion.

The College clearly attracts a significant number of applicants who are from 'first in family' backgrounds. Those that apply, by and large, accept a place and become students. First in family is therefore not a clear barrier to entry.

The data also shows that students from the most deprived quintiles are more underrepresented amongst both applicants and students than those from high quintiles. In conjunction with other data on IMD and related factors, it does appear that this remains the most significant barrier to entry.

Focusing on engagement with lower socioeconomic groups is therefore essential. Targeted outreach, application support, and transition assistance would potentially help to close this gap and promote equality of access.

Monitoring Key Student Demographic Data

Introduction

The College of Health is committed to ensuring equality of opportunity for all students. To achieve this, it is essential to collect and monitor demographic data on key student groups, particularly those from lower socioeconomic backgrounds, ethnic minority groups, and students with disabilities.

Currently, data on ethnicity and disability within the College are sparse – in fact, these metrics are publicly suppressed due to insufficient numbers. It is largely because of this scarcity that internal tracking of such data is necessary. This will enable the College to identify any attainment gaps, address inequalities, and fulfill its obligations under equality legislation (Equality Act 2010) as well as those set out in the existing and proposed Access and Participation Plan. As the adage goes, "what doesn't get measured doesn't get prioritized" (Lewis, 2022). Collecting this data will ensure that the needs of these student groups are not overlooked.

Rationale for Collecting and Monitoring Demographic Data

Identifying inequality: Systematic data collection allows the College to uncover whether certain groups of students face disparities in continuation (retention), completion, or attainment.

National data in England shows a clear pattern whereby students from areas of higher deprivation have poorer outcomes (higher dropout and lower degree attainment) than those from more advantaged areas. By maintaining regular oversight of the performance of lower-income students, individual student outcomes can be kept under review to identify emerging data trends or patterns. University College London's equality guidance emphasizes that collecting diversity monitoring data can play a vital role in identifying inequalities and implementing initiatives to address them (UCL EDIC, 2024). In other words, by maintaining a focus on data split particularly by socioeconomic status, ethnicity and disability, the College will be able to track the effectiveness of initiatives undertaken to support continuation and attainment.

Informing Support and Policy: Data on these demographics can also inform targeted support services and policy. The University of Dundee notes that capturing equality data helps to get a picture of the diversity of the student body and reveals whether the study environment is fully supportive for all students. By knowing how, for example, students from lower-income households or disabled students are faring, the College can implement tailored interventions such as student support and financial aid initiatives to improve their outcomes. It also helps in widening participation – for instance, if few students from a particular background enroll or succeed, the College can adjust outreach and retention strategies accordingly. Monitoring data over time will show if such efforts are working, evidenced by narrowed gaps in continuation or attainment.

Accountability and Compliance: Collecting data on ethnicity and disability is not only an internal priority but also aligns with external expectations. These characteristics are protected under the Equality Act 2010, which means the College has a duty to promote equal opportunities. Whilst extant internal data does not reveal any emerging issues for these groups, the College remains aware that analysis by the OfS shows that minority ethnic students and disabled students have historically had poorer outcomes compared to their peers. For example, Black students in England have significantly lower degree attainment rates than White students (a recent cohort saw a 20 percentage point gap in attaining a good degree) (Office for Students, 2023). Disabled students have also faced lower completion rates compared to non-disabled students. By proactively monitoring our own student data and remaining alive to emerging trends, the College's leadership can be proactive in demonstrating commitment to our mission as an inclusive institution.

Data-Driven Improvements: Ultimately, robust data analysis drives improvement. If we find that students from certain backgrounds have lower continuation rates at the College (mirroring national trends, for example), we can respond with evidence-based measures and then use the data to track improvement. Conversely, if no significant gaps are found, continued monitoring ensures we remain vigilant.

Culture: The very act of collecting and reviewing this data signals to staff and students that equality of opportunity is a priority. It creates a feedback loop where identified issues lead to actions, and those actions are evaluated with further data. Over time, this will contribute to improving overall student success. We can therefore view such data awareness as a tool for enhancing diversity and inclusion strategies.

Conclusion and Recommendations

With better demographic data, the College of Health can continue to develop informed strategies to enhance student support, improve outcomes for underrepresented groups, and uphold its commitment to excellence in education.

In summary, collecting and monitoring data on students' socioeconomic background, ethnicity, and disabilities is a valuable commitment. It enables the identification of hidden inequalities, informs targeted interventions, and ensures the College meets sector standards and wider ethical obligations.

Although current data on ethnicity and disability at the College is limited due to small cohort sizes, this should not deter us – rather, it underscores the need to improve data collection and encourage student disclosure in a respectful, confidential manner. By strengthening our data analysis and reporting, we will better understand continuation, completion, and attainment trends for these key groups and can take action to support them. This approach aligns directly with our strategic goals.

In terms of the APP, we should create an objective to monitor and keep under review key student data for key groups, particularly those which are currently suppressed due to insufficient numbers.

This will lead us to the following targets:

To enhance data analysis and reporting on student continuation, completion and attainment for the following groups:

a. Students from lower income backgrounds
b. Students from non-White groups
c. Students with disclosed disabilities

Data sources are likely to be as follows:

a. IMD, then where appropriate split also by:
    i. household income (eg. <£25k)
    ii. previous eligibility for free school meals (FSM)
    iii. IDACI

b. Students from non-White ethnic groups, then where appropriate split by specific ethnic background as coded by HESA.

c. Students who have disclosed a disability, then where appropriate split by type of disability as coded by HESA.

Reinforcing this objective and target through regular reporting to the leadership team will ensure that the College keeps these issues in focus.

References

Lewis, N. L. (2022) Insight Into Diversity – What doesn't get measured doesn't get prioritized. Insight Into Diversity, 18 Oct.
Available at: https://www.insightintodiversity.com

House of Commons Library (2023) Equality of access and outcomes in higher education in England. Briefing Paper CBP-9195, 10 Feb.
Available at: https://commonslibrary.parliament.uk

Office for Students (2023) Student characteristics data: student outcomes – key findings (2010-11 to 2021-22). OfS Official Statistics 2023.39, 25 July.
Available at: https://www.officeforstudents.org.uk

University College London (2024) Guidance on the collection of diversity monitoring data. UCL Equality, Diversity & Inclusion Committee, Feb.
Available at: https://www.ucl.ac.uk

University of Dundee (2023) Equality monitoring – why do we do it? 9 August.
Available at: https://www.dundee.ac.uk

Theory of Change Overview

Objective 1: Eliminate Gaps in Access

Theory of Change Element	Summary
Inputs	Investment in outreach activities
Activities	Targeted outreach, collaborations, awareness campaigns.
Outputs	Increased engagement and applications from low-socioeconomic students, more admissions offers.
Outcomes	Reduced access gaps between IMD Quintile 1 and 5; greater student body diversity.
Assumptions	Awareness, aspiration, and financial perceptions are key barriers that can be addressed.
Risks	Policy changes, competition for students, and demographic shifts.

Short Narrative

To eliminate access gaps, the College will invest in targeted outreach and publicise our unique offer in order to encourage applications. This will lead to higher application and offer rates from those from low-income backgrounds, ultimately closing the socioeconomic access gap by 2031/32. The approach assumes that with the right support, students from IMD Q1 groups will aspire to, apply to, and be successful in entering higher education for chiropractic.

Objective 2: Equalise Completion and Attainment Outcomes

Theory of Change Element	Summary
Inputs	Staff time, financial aid, and tracking systems (data).
Activities	Academic and wellbeing support, financial support.
Outputs	Improved early and ongoing engagement, increased support uptake.
Outcomes	Reduced attainment and completion gaps for lower-income students.
Assumptions	Targeted support addresses academic and wellbeing barriers to success.
Risks	Sustainability of funding; variations in uptake of support by individuals, fragility of personal support structures.

Short Narrative

The College will enhance transition support and financial aid to support the success of students from lower-income backgrounds. Activities are designed to reduce early withdrawal and encourage better engagement throughout programmes with the aim of closing gaps in completion and attainment.

Objective 3: Enhance Monitoring and Data Use

Theory of Change Element	Summary
Inputs	Data infrastructure upgrades, staff training and development.
Activities	Enhanced data collection and production of visuals (eg. dashboards).
Outputs	Better student information, accessible dashboards, detailed analysis by characteristics.
Outcomes	Early identification of disparities enabling targeted support or identification of other beneficial activities.
Assumptions	Data-driven approaches enable earlier, more effective interventions.
Risks	Staff engagement and understanding of need, widespread skills development for contingency.

Short Narrative

Through enhanced data systems, targeted collection, and training/development, the College will create a culture of data-driven monitoring. This will support all other objectives by enabling earlier identification of risks and opportunities for improvement.

TASO-Informed Theory of Change by APP Intervention/Objective

Objective 1: Eliminate Gaps in Access

Relevant Risk Indicators: RI1, RI4 – Gaps in entry rates between IMD Quintile 1 and 5

Target Student Groups: Students from IMD Q1 backgrounds, low-participation neighbourhoods, and first-generation applicants

Rationale

Students from socioeconomically disadvantaged backgrounds are consistently underrepresented in higher education, including in chiropractic. This underrepresentation stems from a combination of structural, informational, and perceptual barriers. Limited awareness of chiropractic as a career, lower aspirations linked to socioeconomic status, and misconceptions about the affordability of higher education are key issues. By developing targeted outreach that raises awareness and changes perceptions, the College can widen access and attract a more diverse student cohort.

Activities

The College will deliver targeted outreach, enhance its Open Days with travel grants for eligible participants, and clearly promote diverse entry routes such as Access Diplomas and prior learning credits. A new application fee waiver for students from <£25k households will be introduced. Financial guidance and travel cost support will be provided to all qualifying students to ensure attendance at recruitment events. Qualitative research will explore applicant perceptions and barriers, and findings will inform the design of outreach and recruitment materials.

Change Mechanisms

These activities are expected to raise aspirations, challenge misconceptions, and increase awareness of chiropractic education opportunities. As a result, more IMD Q1 students will view higher education – and specifically chiropractic – as an achievable and desirable pathway. Student ambassadors from similar backgrounds will reinforce messages of belonging and potential.

Assumptions

It is assumed that increasing awareness and changing perceptions among students and families from disadvantaged backgrounds will translate into higher application rates. It is also assumed that outreach will reach those most in need, that the messaging will be culturally appropriate and relatable, and that financial concerns are a central deterrent.

Evaluation Focus

We will monitor application and offer rates from IMD Q1 areas and compare these to previous years. We will also use pre- and post-event surveys to assess shifts in aspiration, understanding of finance, and interest in chiropractic.

Key Literature and Evidence

The ONS (2023) and House of Commons Library (2023) have shown that young people from low-income families are more likely to limit their university choices due to financial fears and proximity concerns. This 'undermatching' results in talented students attending less selective or convenient institutions than they might otherwise access (Bolton, 2024).

Harrison & Hatt (2012) demonstrated that while bursaries can improve retention, a stronger influence on access is the student's sense of institutional fit and belonging—initiatives which must begin during outreach.

Hume (2018) and the GCC (2021) emphasise the power of representation: showing students 'someone like me' can shift perceptions of who belongs in the chiropractic profession, directly influencing applications.

References

Bolton, P., (2024). Student Loan Statistics. House of Commons Library.

GCC (2021) Equality, Diversity and Inclusion Resources.
Available at: https://www.gcc-uk.org/gcc-news/blogs/entry/lets-talk-about-diversity-in-chiropractic

Harrison, N. and Hatt, S. (2012). Expensive and failing? The role of student bursaries in widening participation and fair access in England. Studies in Higher Education, 37(6), pp.695–712.

Hume, S. (2018) The power of role models for white working-class boys. Available at: https://jotl.uco.edu

Office for National Statistics (ONS), 2023. Cost of living and higher education participation. [online] Available at: https://www.ons.gov.uk

Objective 2: Equalise Completion and Attainment Outcomes

Relevant Risk Indicators: RI2, RI5, RI6 – Completion and attainment gaps by socioeconomic background

Target Student Groups: Students from low-income households, IMD Q1/2, care leavers, and students entering with vocational qualifications

Rationale

While entering higher education is an important milestone, disadvantaged students often face a 'hidden curriculum' of norms, expectations, and stressors that undermine success. These students are more likely to experience financial hardship, mental health challenges, and lower academic confidence. This contributes to higher dropout rates and lower attainment outcomes. A combination of proactive wellbeing support, targeted financial aid, and inclusive academic development can significantly close these gaps.

Activities

The College will enhance early needs assessments at induction, focusing on academic, financial, and wellbeing factors, with particular attention to students from disadvantaged backgrounds. Personal tutor systems will be refined with a structured, student-centred case management approach. A revised emergency funding policy will be implemented alongside better signposting to financial advice services.

Change Mechanisms

We expect that early transition support will foster a stronger sense of belonging, financial support will reduce stress and allow students to focus on their studies, and academic support will build skills and confidence. Together, these mechanisms should reduce dropout rates and increase the percentage of students from disadvantaged backgrounds achieving high classification degrees.

Assumptions

This strategy assumes that students from disadvantaged backgrounds are more likely to struggle with transition and require tailored support. It also assumes they will access and trust the support available, and that barriers to academic success are at least partly addressable through inclusive teaching and proactive support.

Evaluation Focus

We will analyse continuation and completion data by socioeconomic status, and evaluate the uptake and perceived impact of academic and wellbeing interventions using surveys, focus groups, and tutor feedback.

Key Literature and Evidence

Bamford & Heugh (n.d.) and Samaniego (2023) provide strong evidence that belonging is not a passive feeling but a product of relational, cultural and institutional structures.

Pedler et al. (2022) found that students who reported low belonging were far more likely to withdraw early. Crucially, even academic performance alone didn’t fully explain these decisions.

Cotton et al. (2017) and Nieuwoudt & Pedler (2021) note that peer mentoring and student relationships provide a buffer against the stressors associated with financial precarity or poor cultural fit in higher education.

References

Bamford, J. and Heugh, S. (date unknown). Enhancing student wellbeing and student belonging in university through a gamification approach to rewarding and recognising extracurricular activities.

Cotton, D. et al (2017). Supporting the retention of non-traditional students in Higher Education using a resilience framework. European Educational Research Journal 16(1):62-79

Nieuwoudt, J., & Pedler, M. (2021). Student Retention in Higher Education: Why Students Choose to Remain at University. *Journal of College Student Retention: Research, Theory & Practice, 0*(0), 1-24.

Pedler, M., Hudson, S. and Nyland, B. (2022). Belonging and higher education: How students define and experience belonging. Journal of Further and Higher Education, 46(6), pp.824–837.

Samaniego, R. (2023): Belonging and Well-Being | SALT Center

Objective 3: Enhance Monitoring and Data Use

Relevant Risk Indicators: RI7, RI9 – Gaps not being picked up early enough; reactive interventions

Target Student Groups: All students, with particular attention to intersectional characteristics (e.g., IMD status, ethnicity, entry qualification)

Rationale

Effective use of data allows institutions to identify issues early and respond before problems escalate. However, this requires not only quality data systems but also staff capability and confidence to interpret and act on the information. Current interventions are often reactive, and opportunities to prevent student withdrawal or underperformance are missed. By embedding a culture of data-informed practice, the College can drive earlier and more personalised support.

Activities

The College will upgrade its data systems to enable regular tracking of student outcomes by background characteristics. New data dashboards will be introduced for staff, and a campaign will be launched to encourage students to disclose ethnicity, income and disability data. Intersectional analysis will be built into reporting cycles, and programme-level annual reviews will focus on continuation and attainment gaps.

Change Mechanisms

With better and more accessible data, staff will be able to intervene sooner when students show signs of disengagement or risk. These timely responses can prevent dropout, improve engagement, and enhance student satisfaction. A data-literate culture also strengthens institutional learning about what works.

Assumptions

This approach assumes that data is accurately collected, ethically managed, and appropriately interpreted by trained staff. It also assumes that data-driven support is timely and student-centred, and that monitoring systems are responsive enough to inform individual interventions.

Evaluation Focus

We will evaluate how frequently and effectively student data is being used by academic and support teams, and assess whether earlier interventions are correlated with improved outcomes for at-risk students.

Key Literature and Evidence

Lewis (2022) notes that 'what doesn’t get measured doesn’t get prioritised'—an ethos echoed in UCL (2024) and the University of Dundee (2023) guidance on the role of data in achieving equality of opportunity.

OfS data (2023) shows persistent gaps in degree outcomes by ethnicity and disability status—reinforcing the importance of capturing and using this data even when local cohort sizes are small.

References

Lewis, N. L. (2022) Insight Into Diversity – What doesn't get measured doesn't get prioritized. Insight Into Diversity, 18 Oct.
Available at: https://www.insightintodiversity.com

Office for Students (2023) Student characteristics data: student outcomes – key findings (2010-11 to 2021-22). OfS Official Statistics 2023.39, 25 July.
Available at: https://www.officeforstudents.org.uk

University College London (2024) Guidance on the collection of diversity monitoring data. UCL Equality, Diversity & Inclusion Committee, Feb.
Available at: https://www.ucl.ac.uk

University of Dundee (2023) Equality monitoring – why do we do it? 9 August.
Available at: https://www.dundee.ac.uk

Office for Students

Fees, investments and targets

2026-27 to 2029-30

Provider name: The College of Health Ltd

Provider UKPRN: 10066502

Investment summary

A provider is expected to submit information about its forecasted investment to achieve the objectives of its access and participation plan in respect of the following areas: access, financial support and research and evaluation. Note that this does not necessarily represent the total amount spent by a provider in these areas. Table 6b provides a summary of the forecasted investment, across the four academic years covered by the plan, and Table 6d gives a more detailed breakdown.

Notes about the data:

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.

Yellow shading indicates data that was calculated rather than input directly by the provider.

In Table 6d (under 'Breakdown'):

"Total access investment funded from HFI" refers to income from charging fees above the basic fee limit.

"Total access investment from other funding (as specified)" refers to other funding, including OfS funding (but excluding Uni Connect), other public funding and funding from other sources such as philanthropic giving and private sector sources and/or partners.

Table 6b - Investment summary

Access and participation plan investment summary (£)	Breakdown	2026-27	2027-28	2028-29	2029-30
Access activity investment (£)	NA	£70,000	£73,000	£74,000	£76,000
Financial support (£)	NA	£50,000	£51,000	£52,000	£53,000
Research and evaluation (£)	NA	£38,000	£39,000	£40,000	£41,000

Table 6d - Investment estimates

Investment estimate (to the nearest £1,000)	Breakdown	2026-27	2027-28	2028-29	2029-30
Access activity investment	Pre-16 access activities (£)	£13,000	£14,000	£14,000	£14,000
Access activity investment	Post-16 access activities (£)	£23,000	£24,000	£24,000	£25,000
Access activity investment	Other access activities (£)	£34,000	£35,000	£36,000	£37,000
Access activity investment	**Total access investment (£)**	**£70,000**	**£73,000**	**£74,000**	**£76,000**
Access activity investment	***Total access investment (as % of HFI)***	**7.8%**	**6.6%**	**5.8%**	**5.7%**
Access activity investment	***Total access investment funded from HFI (£)***	**£70,000**	**£73,000**	**£74,000**	**£76,000**
Access activity investment	***Total access investment from other funding (as specified) (£)***	**£0**	**£0**	**£0**	**£0**
Financial support investment	Bursaries and scholarships (£)	£0	£0	£0	£0
Financial support investment	Fee waivers (£)	£0	£0	£0	£0
Financial support investment	Hardship funds (£)	£50,000	£51,000	£52,000	£53,000
Financial support investment	**Total financial support investment (£)**	**£50,000**	**£51,000**	**£52,000**	**£53,000**
Financial support investment	***Total financial support investment (as % of HFI)***	**5.6%**	**4.6%**	**4.1%**	**4.0%**
Research and evaluation investment	Research and evaluation investment (£)	£38,000	£39,000	£40,000	£41,000
Research and evaluation investment	*Research and evaluation investment (as % of HFI)*	4.2%	3.5%	3.1%	3.1%

Office for Students

Fees, investments and targets

2026-27 to 2029-30

Provider name: The College of Health Ltd

Provider UKPRN: 10066502

Targets

Table 5b: Access and/or raising attainment targets

Aim [500 characters maximum]	Reference number	Lifecycle stage	Characteristic	Target group	Comparator group	Description and commentary [500 characters maximum]	Is this target collaborative?	Data source	Baseline year	Units	Baseline data	2026-27 milestone	2027-28 milestone	2028-29 milestone	2029-30 milestone
To increase the proportion of IMD quintile 1 students to a statistically similar rate to that of IMD quintile 5 students by 2028/29	PTA_1	Access	Deprivation (Index of Multiple Deprivations [IMD])	IMD quintile 1	IMD quintile 5	Increase the proportion of quintile 1 students in line with the OfS priority area to reduce gaps by 5% by 2030.	No	HESA publications (please include details in commentary)	2022-23	Percentage points	5.5%	6%	7%	9%	13%
To increase the proportion of students with a household income below £25k	PTA_2	Access	Deprivation (Index of Multiple Deprivations [IMD])	IMD quintile 1 and 2	IMD quintile 3, 4 and 5	Increase participants from lower income households. Using internal data.	No	Other data source (please include details in commentary)	2022-23	Percentage points	16.5%	17.5%	18.5%	20%	21.5%
	PTA_3														
	PTA_4														
	PTA_5														
	PTA_6														
	PTA_7														
	PTA_8														
	PTA_9														
	PTA_10														
	PTA_11														
	PTA_12														

Table 5d: Success targets

Aim (500 characters maximum)	Reference number	Lifecycle stage	Characteristic	Target group	Comparator group	Description and commentary [500 characters maximum]	Is this target collaborative?	Data source	Baseline year	Units	Baseline data	2026-27 milestone	2027-28 milestone	2028-29 milestone	2029-30 milestone
To ensure that completion rates for IMD quintile 1 students remain statistically comparable with those from IMD quintile 5 by 2029/30.	PTS_1	Attainment	Deprivation (Index of Multiple Deprivations [IMD])	IMD quintile 1	IMD quintile 5	We have very small numbers of students who graduate each year. Completion rates are high for all students. As we aim to increase the number of q1 and q2 we will take steps to remain comparable. Baseline = Gap	No	Other data source (please include details in commentary)	2023-24	Percentage points	10%	8%	6%	4%	2%
To ensure that completion rates for students with a household income below £25k remain statistically comparable with those from the whole student population by 2029/30.	PTS_2	Attainment	Deprivation (Index of Multiple Deprivations [IMD])	IMD quintile 1 and 2	IMD quintile 3, 4 and 5	We have very small numbers of students who graduate each year. Completion rates are high for all students. As we aim to increase the number of q1 and q2 we will take steps to remain comparable. Baseline = Gap	No	Other data source (please include details in commentary)	2023-24	Percentage points	5%	4%	3%	2%	1%
To ensure that attainment rates for IMD quintile 1 students remain statistically comparable with those from IMD quintile 5 by 2029/30.	PTS_3	Attainment	Deprivation (Index of Multiple Deprivations [IMD])	IMD quintile 1	IMD quintile 5	We have very small numbers of students who graduate each year. Attainment rates are high for all students. As we aim to increase the number of q1 and q2 we will take steps to remain comparable. Baseline = Gap	No	Other data source (please include details in commentary)	2023-24	Percentage points	10%	8%	6%	4%	2%
To ensure that attainment rates for students with a household income below £25k remain statistically comparable with those from the whole student population by 2029/30.	PTS_4	Attainment	Deprivation (Index of Multiple Deprivations [IMD])	IMD quintile 1 and 2	IMD quintile 3, 4 and 5	We have very small numbers of students who graduate each year. Attainment rates are high for all students. As we aim to increase the number of q1 and q2 we will take steps to remain comparable. Baseline = Gap	No	Other data source (please include details in commentary)	2023-24	Percentage points	5%	4%	3%	2%	1%
	PTS_5														
	PTS_6														
	PTS_7														
	PTS_8														
	PTS_9														
	PTS_10														

	PTS_11														
	PTS_12														

Table 5e: Progression targets

Aim (500 characters maximum)	Reference number	Lifecycle stage	Characteristic	Target group	Comparator group	Description and commentary [500 characters maximum]	Is this target collaborative?	Data source	Baseline year	Units	Baseline data	2026-27 milestone	2027-28 milestone	2028-29 milestone	2029-30 milestone
	PTP_1														
	PTP_2														
	PTP_3														
	PTP_4														
	PTP_5														
	PTP_6														
	PTP_7														
	PTP_8														
	PTP_9														
	PTP_10														
	PTP_11														
	PTP_12														