

# Type 3 evaluation case study: King's College London



## Evaluation at King's College London

King's was an early adopter in exploring causal impact in a Widening Participation setting. We ran a project with the Behavioural Insights Team (KCLxBIT) in 2017, which included pulse surveys and a series of specific interventions using randomised controlled trials (RCT) informed by behavioural science (e.g., to boost engagement for underrepresented learners, principally in an on-course setting). Off the back of this, we established the What Works at King's team in 2018 to develop this approach across the access, student success and progression lifecycle.

What Works is now embedded in the Social Mobility and Widening Participation department and has a threefold remit: use different methods to establish what works, how and for who; oversee the evidence base and evaluation of activity, with a focus on findings being translated into action and changes to practice; and conduct research and upskill colleagues across King's in these approaches. The structure and roles within the team have always held a balance of qualitative and quantitative experience and mixed methods to cover the breadth of different contexts we work in and initiatives we deliver, with a capacity for statistical analysis and data science. This means we can cover RCTs, quasi-experimental design approaches, survey design, delivery and analysis, focus groups and participatory research.

## Evaluation of K+ (Multi-Intervention Outreach and Mentoring)



K+ is King's College London's flagship widening participation programme. The aim is to increase access to highly selective higher education providers.

The programme includes 13 events throughout Years 12 and 13. These include an induction session, higher education experience days, careers advice, academic taster sessions, online mentoring, a summer school, personal statement workshops, study skills and graduation. The target group is A-Level students from widening participation backgrounds in Greater London or Essex.

K+ was selected for causal evaluation because it is our flagship (and most expensive and intensive) programme. We have an ethical and practical duty to establish what we do is working and doing what we say for the benefit of our learners. And if it is not, we can decide how to change it. The number of applicants and structure of interventions within the programme means it theoretically lends itself to an RCT because we have a higher volume of applicants for K+ than we do places available.

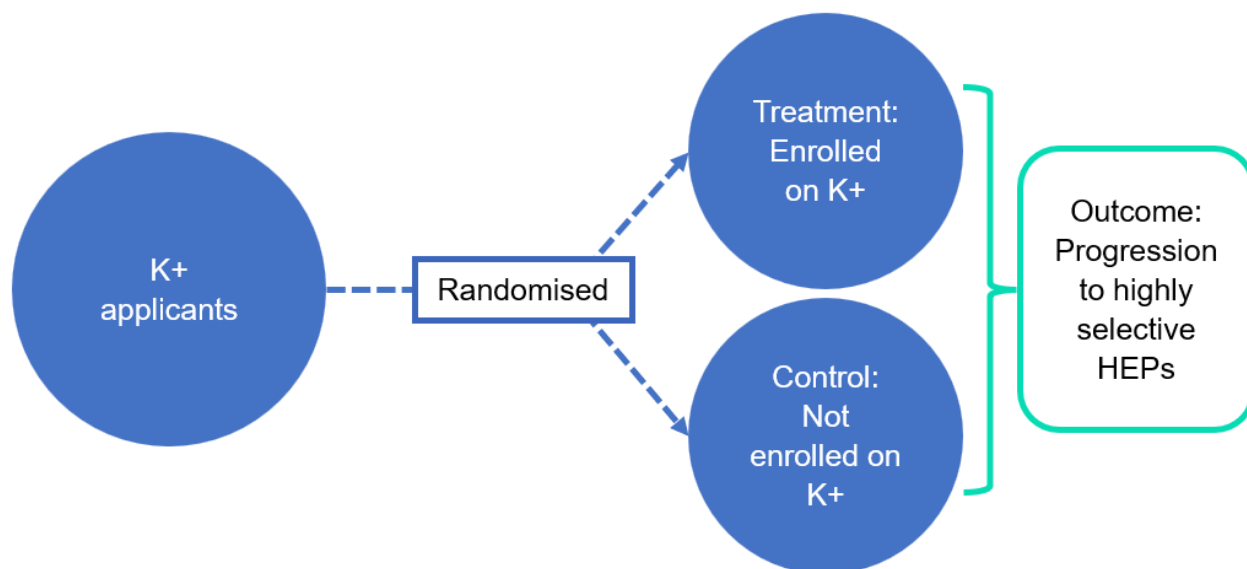
The primary research question we wanted to answer was whether participation in K+ increases students' enrolment at selective higher education providers (HEPs).

The secondary research questions were whether participation in K+ increases: students' expectations that they can progress to a highly selective HEPs; sense of belonging to higher education; academic self-efficacy; and 'social capital'. These align with the secondary objectives of

the programme, due to the (hypothetical) link between these measures and increased progression to higher education.

## Evaluation design

A two-arm RCT was conducted. The trial compares average outcomes across the treatment (those enrolled on K+) and control (those not selected for K+) groups. The aim is to generate causal evidence of the programme's effectiveness.



## Outcome measures

Higher education destinations will be used as the primary impact measure once data is available in 2024. In the meantime, an interim survey of participants' first choice via UCAS was used. For secondary research questions, pre- and post-surveys were used to measure constructs (e.g., sense of belonging) in the treatment and control groups. Focus groups were conducted with both groups for thematic analysis and to question the assumptions underpinning the K+ theory of change.

## Timing & staff

The trial was carried out throughout 2021 in line with the K+ schedule. Kings Social Mobility & Widening Participation staff did the evaluation with support from TASO. A senior evaluation officer from the What Works team worked with the K+ delivery team and management.

## Participants

There were 2,300 applications to the programme in 2020-21. Once ineligible applicants had been filtered out, a total of 981 eligible applicants remained. 40 places on the K+ programme were randomly allocated to Priority Group students (care-experienced students and students estranged from their families). The remaining 833 eligible applicants were randomly assigned to either the treatment or control group. This was representative of the K+ eligibility criteria.

## Evaluation results

A proxy measure for the primary outcome of progression to highly selective HEPs was via a survey of UCAS first-choice applications. There was no difference between treatment and control groups in reported UCAS choices in terms of choosing a selective HEP as their first choice. We cannot be confident that self-reported first-choice HEP is an accurate proxy for eventual higher education progression. The survey sample is likely to be unrepresentative and limits the generalisations that

can be made at the interim reporting stage. However, the final analysis of longer-term outcome data (HEAT destinations reporting) will remedy this.

We used pre- and post-survey analysis for the secondary research questions. The impact evaluation findings indicate that participation on K+ is positively associated with students' self-reported levels of academic self-efficacy. However, no other effects were observed from the interim analysis.

To analyse the impact of K+, several logistic and linear regression models were built to investigate the impact of participation on both primary and secondary outcomes, while controlling for key variables of interest.

Focus group analysis confirmed several of the underpinning assumptions in the theory of change in terms of participants' experiences and perceptions of the programme, themselves, and their pathways to higher education.

There were some encouraging signs from the implementation and process evaluation. Although small sample sizes made comparisons between control and treatment group challenging, data does suggest that students felt K+ (and other multi-intervention outreach and mentoring programmes) supported them to increase knowledge, grow in confidence, and boost their sense of belonging. Particularly important are aspects that replicated the experience of higher education, such as speaking to students and completing an academic assignment.

Given the challenges and learnings below, we are awaiting the final impact data. However, we are conducting a follow-up RCT in 2024-25 for the in-person K+ programme, as this evaluation was conducted during covid, making it an atypical year.

## Challenges

1. Students have access to multiple outreach activities. At its most extreme, one student counted nearly 20 that they could have participated in. Not only does this threaten the validity of the study's final results, but it also raises questions for HEPs about how effectively we are using resources. K+ is designed to give participants all the information and experiences they need to apply to a highly selective HEP. There is a risk that the more outreach someone participates in, the returns of each activity start to diminish. A large-scale, cross-sectoral study may benefit here in order to understand the effects of programme exposure on outcomes.
2. Another risk to the validity of the study was the potential for 'contamination'. That is, when students in the control group are exposed to aspects of the K+ intervention. There is low level evidence this took place. Two enterprising students in the treatment group mentioned they established an internal school programme where they distributed materials to others.

## Learnings

1. Be bold but go in with eyes open. Without a dedicated evaluation officer working on this RCT as a protected part of their workload, it would not have been possible. At the same time, Type 3 causal evidence definitely takes work in terms of scoping out, assembling data, randomisation, analysis and testing etc. But it is always the biggest challenge to do it the first time and becomes easier with each trial. Working hand in hand with the delivery team to really understand the realities of the programme is important.
2. Most evaluations do not provide neat conclusions and clear proof of impact. You have to get your teams ready and feeling positive about the evaluation: what will your actions be if it

shows that evaluating this work, which people hold dear and spend a lot of their time and professional identity on, does not provide cast-iron proof of impact?

3. Things will almost certainly not go to plan. This does not mean the method is *intrinsically* wrong. Different interventions require different methods. Type 3 evaluation does not automatically mean an RCT and should ideally combine different approaches to look not just at whether something 'works', but taking into account contexts, proportionality, and impact on participants in ways that are 'hard to measure' (but not impossible).

**Michael Bennett**, Associate Director of Social Mobility & Widening Participation at King's, provides final reflections on the RCT:



“We would love to show that our flagship programme has clear cut and demonstrable impact. We also need to be alive to the fact that we may not be able to. Which is why we try. We have an obligation to make sure that the students we work with are really benefitting. Like everyone, we are on a journey when it comes to Type 3 evaluation, even with our experience of RCTs and other methods. These can be intimidating, but as a set of tools and principles there are enough smart and dedicated people working in Widening Participation to continue to build the evidence in this way.”

## Contact

- Interim findings from the K+ evaluation can be found in this [report](#).
- For further information about the evaluation, please contact Michael Bennett, Associate Director of Social Mobility & Widening Participation ([michael.j.bennett@kcl.ac.uk](mailto:michael.j.bennett@kcl.ac.uk)).