

GRADUATE OUTCOMES COHORT D REVIEW

C17071 2017/18 JANUARY 2020

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SECTION 1 - CLOSING OUR FIRST YEAR

This update provides an overview of the final cohort of the Graduate Outcomes survey which launched on Monday 2 September 2019.

If you can cast your mind back as far as December 2019, you'll remember that we reached an important milestone on Graduate Outcomes... the new model and survey turned one year old! In year one we received responses from 361,260 graduates providing an overall collection response rate of 46.9% and a 'home' response rate of 51.6%. We will continue to aim for a 60% response rate in our second year, but it is important to bear in mind the other significant characteristics of a good quality survey, the key differences between the Graduate Outcomes survey and DLHE, and other factors that have affected response rates in our first year.

This review focuses on our biggest cohort of the year, which puts the processes, practises and methodologies we'd put in place over the previous three cohorts to the test. With over 540,000 graduates to survey, resulting in huge call volumes and the dispatch of millions of emails, we were pleased with the implementation of the cohort. We now know that the measures and technologies we'd put in place to manage the flow of emails to avoid spam and to maintain a stable survey platform was worth the immense effort.

As you'll read in <u>section 2</u>, the introduction of MailJet at the end of cohort C delivered huge benefits. We now have a full cohort of data identifying the level of engagement with our email invitations and we're pleased to share some of this in this review. This allows us to review the effectiveness of our communications to graduates and react accordingly. We've already been putting this to good use in year two and we'll share more about this in due course.

Over the collection, the validation of contact details has improved with the launch of new validation to help providers identify and address inaccuracies, allowing HESA to make new efforts to survey graduates. As you'll see from the 17/18 collection infographic in <u>section 3</u>, HESA received over 2.2 million individual contact details which were all received and processed in the provider portal. We have gradually enhanced the quality rules applied in the portal with additional validation put in place to check mobile numbers for cohort D. This paid off with over 59,000 numbers being found invalid which not only saved effort, but avoided HESA paying for SMS messages that would inevitably fail.

Data classification was also a significant topic during cohort D with the continued supply of raw coding available in the provider portal. As you can read on our <u>data classification information page</u>, the quality assurance (QA) process for SIC/SOC coding is significant, with multiple manual checks completed for each code by the time we disseminate. Due to the raw nature of the reporting and the ongoing nature of the QA process, we received a significant amount of feedback from providers and sector groups. There was a strong desire for an opportunity to challenge these codes, despite their provisional nature. HESA responded to this and extended the window for providers to submit codes that they believed to have systemic issues (through to 6 January). HESA received over 80 responses from providers and these are being worked through.

In some cases, HESA will not be acting on SIC/SOC coding feedback. Some of the feedback received is either incorrectly challenged by the provider or may, if acted on by HESA, compromise the integrity of the holistic coding approach. For example, where providers have asked HESA to edit the graduate's survey response to switch the main activity or to selectively recode individuals. We've noted that the trend of requests, where the determination may be subjective, is towards

SOC major groups 1, 2 or 3 and therefore we are also concerned to manage an inflationary trend or bias.

Similarly, we will not recode an industry category where HE providers have asked HESA to classify graduates to separate SIC codes while being employed by the same company. This is because the intent for SIC coding is to reflect the economic activity of the employer.

HESA is also unable to reflect changes to SIC/SOC coding where they are not systemic, widespread or significant. A good example of a widespread or systemic error is the incorrect coding of an entire professional group. Judgements made by HE providers about coding of individual graduates may be subjective, represent isolated cases or may have very little/no impact on the intended uses of the data. Actioning such requests for changes could compromise the consistency of the data set as a whole and could generate administrative overhead and delivery delays which are unjustified in the context of overall data quality. A key principle of Graduate Outcomes is the delivery of high-quality data using appropriate and proportionate methodologies and the approach we are taking is true to the open centralisation model.

Despite the above, we can confirm that we have made a range of changes to the coding following provider feedback. More broadly, as with any first collection, we have learned a lot about how we can continually develop our approach to data collection and classification for future collections. This is thanks to the commitment of our supplier, Oblong, as well as the sector and provider feedback we've received over the past few months.

Although data collection is complete, we're not at the end of our year one journey. Quality assurance is well-underway and colleagues across HESA are working hard to deliver our first set of data. You can read more about this in <u>section 6</u>, including a link to the timeline for delivery of data and Official Statistics.

Finally, I'd like to take the opportunity to thank everyone who's been involved in Graduate Outcomes, including our dedicated suppliers, providers and sector bodies. We've certainly learned a lot during this first year, all of which sets us up to build on this strong inaugural year. We now have our all-important year one baseline data which provides us with more information about Graduate Outcomes than we have ever had before. We look forward to updating you on our progress within these reviews over the coming year.

As always, if you have any queries, please do get in touch.

Rob Phillpotts Managing Director, Statutory Services

SECTION 2 - OUR COHORT D AND INITIAL 2017/18 COLLECTION FINDINGS

RESPONSE RATES

As at Sunday 1 December (based on the previous day's surveying), we had received responses from 361,260 graduates providing an overall collection response rate of 46.9% and the 'home' response rate of 51.6%. For cohort D, this was a response rate of 49.8%.

Cohort D 2017/18 collection Main target group Target response rate response rate UK domiciled, full-time 60% 52.8% 52.3% UK domiciled, part-time 60% 47.7% 48.7% Research funded 65% 58.4% 58.0% EU domiciled 45% 48.2% 46.1% Non-EU domiciled 25% 34.6% 29.4%

The breakdown by target group can be found in the table below:

Please note, all response rates and results published prior to the final release of data in 2020 are provisional.

Although HESA has seen an overall trend of response rate increase, you will note that in its first year, HESA has not hit the published home target response rate of 60%. We will continue to aim for this target in our second year, but it is important to bear in mind the other significant characteristics of a good quality survey, the key differences between the Graduate Outcomes survey and DLHE and other factors that have affected response rates in our first year. <u>View our response rate FAQs</u>.

ENGAGEMENT STRATEGY

Telephone interviewing (CATI)

We achieved a total of 148,512 responses over the telephone, which is 55% of all the responses in cohort D. Across the whole year, 56% of all responses were collected over the phone. We therefore now have a baseline CATI response rate for Graduate Outcomes against which we can use to compare future iterations of the survey.

To give us the best chances of making contact, it's critical that we have accurate contact details, but we found that just over 30,000 graduates had no phone numbers in cohort D. Of those who did, 40,000 graduates had invalid phone numbers. A total of 59,692 mobile numbers were deemed invalid by the <u>UKMOB08</u> quality rule which checks the validity of the number using Infobip.

We also found that the proportion of graduates we spoke to who stated that they have not graduated (and therefore not eligible to take part in the survey) halved in cohort D (at less than 0.2%), compared with cohort A. This may be due to the fact that a vast majority of graduates in cohort D had more traditional degrees and the enhanced guidance to interviewers and respondents on survey eligibility. 6% graduates refused to take part in the survey over the phone. When a graduate requests to opt-out by phone, we give them the option to complete the survey via email (even though they will have been sent it via email already). We found that 701 graduates who initially requested to opt-out over the phone, successfully went on to complete the survey online.

On average, 5 calls were made to all respondents which compares with 13 calls to non-respondents.

Email and SMS messages

For the first time in Graduate Outcomes, the introduction of MailJet meant that we were able to monitor delivery, open and click rates for all of our emails to graduates for a complete cohort.

The following table provides examples of some key statistics on these rates:

Week	Description	Delivery rate	Open rate	Click rate
0	Warm up (pre-notification) email to all graduates	96.2%	36.1%	1.6%
1	Invitation email to first supplied email (Email 01)	97.4%	45.9%	21.6%
3	Reminder email to first supplied email (Email 01)	99.8%	39.1%	14.8%
10	Reminder email to first supplied email (Email 01)	98.6%	26.0%	7.1%
13	Final reminder	98.5%	23.9%	13.7%

The constant, high delivery rates give us confidence in our technology and ability to reach nearly all graduates in the cohort. All other figures are in line with expected respondent behaviour e.g. high open rate following warm-up and declining open and click rates over time. The higher click rate to the last reminder might be a result of the emphasis on this being the last chance to respond.

It has also been noted that the delivery rate of emails supplied in position 01 are higher than those for emails 02-10. This hopefully means that providers have noted our guidance that we would like the <u>"best" contact detail</u> to be placed in the first position i.e. email 01. This means that this contact detail is used first in the engagement strategy.

It's also worth noting that the main factor in an email's success is the sender's name – for us that is 'Graduate Outcomes'. These graduates won't have received an email from this inbox before making it an unknown sender. This is why it is essential that graduates are aware of this name, the survey's purpose and trust that it is legitimate, achieved through provider engagement prior to graduation and in the 15 month gap. The fact that we have obtained the above very healthy open rates shows that awareness exists. All further awareness activity should increase this and therefore increase our chances of achieving a survey completion.

Having the ability to monitor these activities is enabling us to identify issues and intervene where necessary. It also strengthens our ability to conduct experiments on different subject lines (the second most important email success factor) and email content to maximise the use of this mode of data collection. We have provided details of one such experiment in the cohort A mid-point report for year two, which will be published shortly.

Although less detailed, we are also able to capture delivery statistics on SMS (text) messages. In cohort D, the delivery rate to UK mobile position 01 was over 85%. As with emails, the delivery rate to UK mobile positions 02-10 was around 70%. It seems the quality of the first contact details is much better than the ones that follow.

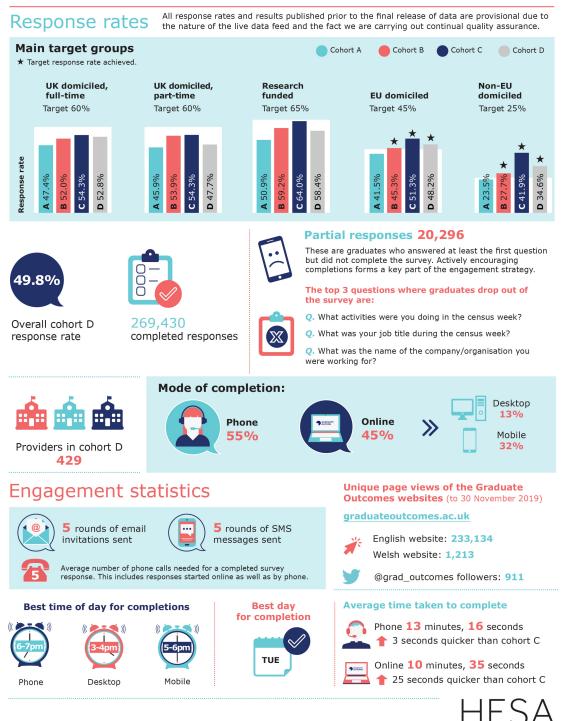
Nearly 70% of graduates completing the survey online did so by following a survey link in their emails. Of those completing via an email link, 87% completed via email 01. Less than 1% surveys are completed using email 04-10. SMS messages sent to UK mob 02-03 account for less than 2% of completions. Again, this reiterates the importance of providers supplying the best contact details for graduates only (based on past success) and placing it in position 01.

SECTION 3 - INFOGRAPHICS COHORT D RESPONSE RATES AND ENGAGEMENT STATISTICS View full printable version View all infographics

Cohort D



Opened on Monday 2 September 2019 and closed on Saturday 30 November 2019.



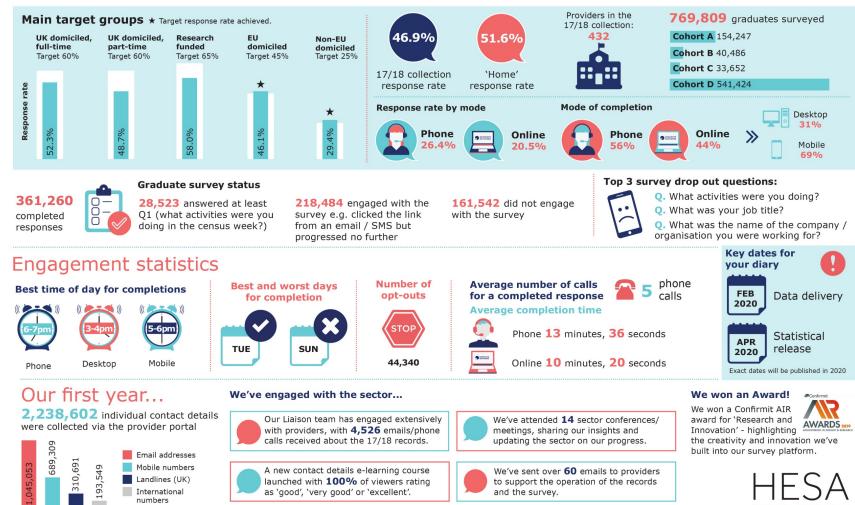
2017/18 COLLECTION RESPONSE RATES AND ENGAGEMENT STATISTICS View full printable version View all infographics

2017/18 collection

Opened on Monday 3 December 2018 and closed on Saturday 30 November 2019.

GRADUATE OUTCOMES

Response rates All response rates and results published prior to the final release of data are provisional due to the nature of the live data feed and the fact we are carrying out continual quality assurance.



SECTION 4 - UPDATES FROM COHORT D

CASE PRIORITISATION

Having tested our methodology in previous cohorts, we were able to implement a refined version of case prioritisation in cohort D. During the last four weeks of data collection, we prioritised 10% of the non-responding sample who were least likely to respond to the survey, based on their characteristics. This resulted in 13.8% of the priority sample responding to the survey in these four weeks with an additional 1,400 completing online during the same period.

We compared the demographic characteristics of the sample of respondents before and after case prioritisation with the entire population. This was done in order to determine whether or not case prioritisation made the responding sample more representative of the population and reduced the risk of non-response bias. The characteristics used in this analysis were age, gender, ethnicity, domicile, level of study and degree classification.

We had the following findings:

- For all groups where the sample was under-represented before case prioritisation, representation improved afterwards
- The most notable difference was the gap reduction in 'other undergraduate' students
- Some groups were over-represented in the sample prior to case prioritisation. This gap was also reduced afterwards. Most notable changes were observed in the following groups: white, graduates with a first class honours qualification and first-degree graduates.

Given the positive outcomes of this exercise, we believe it is worth implementing this in future cohorts. To avoid the risk of over-contact with a small sample, case prioritisation will be introduced at different points during the last month of fieldwork, depending on the size of the cohort.

SECTION 5 - MODIFICATIONS FOR COHORT A (2018/19)

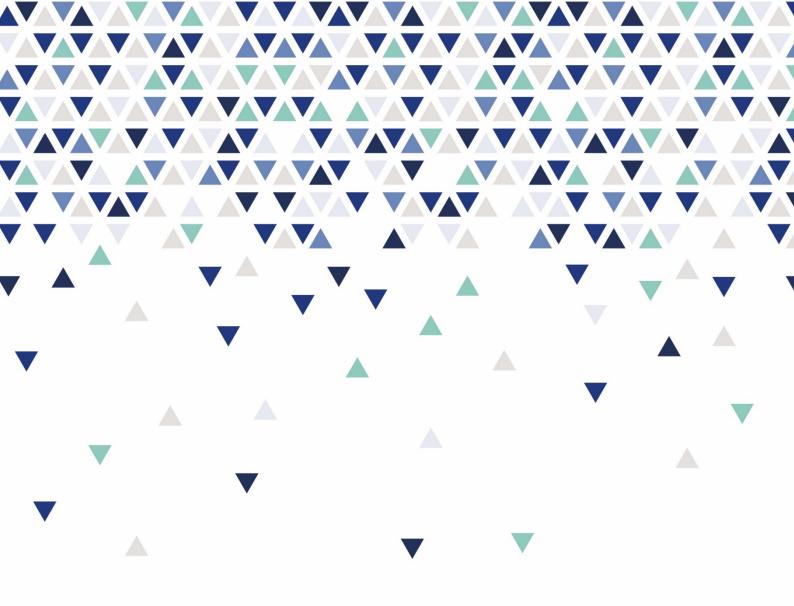
We will shortly be sharing the cohort A mid-point review which will include the changes we've made going into this cohort and year two.

SECTION 6 - THE NEXT STEPS FOR THE 17/18 COLLECTION

Now that the data collection is complete, we move onto a number of processes to prepare the data for release which we have shared in a <u>timeline</u>. This includes the quality assurance of SIC and SOC coding data by our data classification supplier Oblong, providing the quality assured datasets, the production of statistical outputs, and finally the dissemination.

Over the past few months we have been listening to provider concerns around <u>SIC / SOC coding</u>. Whilst focusing on the quality of our outputs, we are keen to give providers adequate opportunity to share their feedback with HESA. We extended the deadline for the submission of systemic coding errors to HESA which closed on Monday 6 January 2020. Should providers have missed this deadline, any feedback supplied will not be incorporated into year one (17/18) outputs but will inform the coding of year two (18/19). We will share a sector wide update in early February 2020 with any changes made to coding across the collection.

The final release dates will be shared with operational contacts (where possible) and will be added to our <u>website</u> and timeline in due course. Note that the timeline has been updated to reflect that the methodology statement and dissemination policy will now be made available in early February.



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