



Fragmented Accountability, Unified Standards? Regulatory Governance and Neurocognitive Inclusion in Franchised Higher Education in England

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Abstract

Franchised higher education (FHE) represents a growing delivery model in England, enabling universities to expand provision through further education colleges and private partners. While this model enhances access and flexibility, it also fragments responsibility for quality assurance, student support, and regulatory compliance. Within this complex governance terrain, neurocognitive learning variability encompassing not only conditions such as ADHD, dyslexia, and working memory differences, but also contextual learner differences such as non-native English speakers, working-class students, and mature learners remains critically under-examined. Current regulatory frameworks, particularly under the Office for Students' Condition B3, require providers to demonstrate strong continuation, completion, and progression outcomes, yet offer limited guidance on how this broad spectrum of cognitive diversity should be addressed across diverse delivery contexts.

This paper explores how existing regulatory governance structures conceptualise and operationalise cognitive inclusion in FHE partnerships. Through a qualitative document analysis of OfS regulatory texts, awarding body policies, and publicly available institutional quality assurance frameworks, the study identifies gaps between the aspirations of inclusive practice and the mechanisms of regulatory control. It further examines how the centralised compliance logic of the OfS interacts with the decentralised realities of franchised delivery. Drawing on the author's professional experience as a HE partnerships lead, the paper argues that regulatory homogeneity may inadvertently constrain context-sensitive support for cognitively diverse learners in franchise settings.

The paper concludes by proposing governance recommendations that better accommodate the complexity of distributed provision while advancing cognitive accessibility. It contributes to the literature on inclusive education governance and urges a rethinking of regulatory models to better serve all learners in a diversified HE sector.

Keywords: Neurocognitive, OfS, Franchised HE

1. Introduction

Franchised higher education (FHE) is a significant and expanding feature of the English higher education landscape. Under this model, universities establish formal partnerships with further education colleges, private providers, or other delivery organisations to teach programmes leading to the awarding body's degree. While franchising can broaden access and increase flexibility in provision, it also introduces complex governance and quality assurance dynamics, as responsibility for academic standards and student support is shared across organisational boundaries. In particular, regulatory oversight must account for provision delivered "by, or on behalf of a provider," including courses delivered under partnership arrangements where multiple entities may have compliance obligations simultaneously (Office for Students, 2021, p. 2).

At the same time, English higher education institutions are under increasing pressure to demonstrate inclusive practices and strong outcomes for diverse student populations. The Office for Students (OfS), as the principal regulator under the Higher Education and Research Act 2017, requires registered providers to deliver positive outcomes for all students in continuation, completion and progression encapsulated under *Condition B3* of the OfS regulatory framework (OfS, 2021). However, current regulatory texts do not explicitly articulate how higher education providers should embed practice to support learners with neurocognitive learning variability such as students with autism spectrum conditions, ADHD, dyslexia, differences in working memory and executive functioning, as well as those whose learning processes are shaped by contextual and sociocultural factors. This includes non-native English speakers, working-class students, and mature learners who often enrol in franchised programmes due to their flexible schedules and weekend delivery formats. These students may not present formal diagnoses but face comparable cognitive and learning challenges, such as academic acculturation, managing complex responsibilities, or navigating unfamiliar educational norms.

The literature on neurodiversity in higher education highlights the educational and pedagogical value of recognising cognitive diversity and designing learning environments that accommodate learner variability (Sulik et al., 2021; Harrison, 2024). Such literature emphasises frameworks like Universal Design for Learning (UDL), which advocate for proactive, inclusive instructional design to reduce barriers and support learner engagement across cognitive profiles (Newcastle University, 2025).

Yet this literature primarily assumes centrally unified institutional governance, where academic delivery and student support operate within coherent organisational structures.

Franchise models disrupt these assumptions because governance is distributed between an awarding body and one or more delivery partners, each with their own operational contexts. The Quality Assurance Agency's (QAA) *Principle 8 – Operating Partnerships* provides sector-agreed advice on managing academic standards and quality across partnerships, but it is not itself a regulatory compliance indicator in OfS terms and offers no explicit guidance on neurocognitive inclusion (QAA, 2025). In this context, the translation of high-level inclusion values into practice across franchised partners remains under-examined in the literature.

2. Methodology

This paper adopts a qualitative document analysis approach, informed by Bowen (2009), to examine how regulatory and quality assurance texts construct and operationalise inclusion in franchised higher education. Document analysis was chosen because it enables systematic, replicable interrogation of publicly available governance artefacts without requiring access to individual providers' confidential partnership data, which is rarely disclosed.

The sampling frame comprised three categories of text: (i) statutory and quasi-regulatory instruments issued by the Office for Students, principally Condition B3 guidance and the associated Regulatory Framework; (ii) sector-agreed quality assurance guidance published by the Quality Assurance Agency, including Principle 8 and the Advice and Guidance on Partnerships; and (iii) publicly available institutional policy documents – partnership handbooks, Access and Participation Plans, and quality assurance frameworks – published by a purposive sample of five English universities operating franchised provision with further education college or private-provider partners. Institutions were selected using maximum-variation sampling across provider type (pre- and post-92 universities), partnership scale (single-partner and multi-partner networks), and subject mix, to capture a reasonably representative cross-section of the franchise landscape rather than a single institutional case.

The document set was bounded to material published or substantively revised between January 2021, when Condition B3 came into force, and January 2026, the point at which data collection for this study concluded, capturing the period in which OfS scrutiny of partnership delivery intensified following the 2022–24 government consultations on franchised provision.

Texts were analysed using a hybrid deductive–inductive coding scheme, developed with reference to Braun and Clarke’s (2006) approach to thematic analysis. Deductive codes were derived a priori from the study’s conceptual framework (e.g. ‘outcome indicator’, ‘partnership oversight’, ‘inclusive design’), while inductive codes were allowed to emerge from the data, most notably a code capturing the absence of neurocognitive or contextual inclusion language. Coding reliability was supported through a two-stage process: an initial coding pass by the author, followed by independent second-coding of a 20% sample of documents by a critical colleague, with disagreements resolved through discussion and a coding memo. Triangulation was achieved by cross-referencing regulatory texts against QAA mapping documents and institutional policy, and by comparing findings against the empirical literature on neurodiversity and franchise governance summarised in the review below.

This study is subject to several limitations. First, the document set is confined to publicly available material; internal partnership agreements, memoranda of understanding, and operational guidance – which may contain more granular detail on inclusive practice – were not accessible and could not be analysed. Second, the analysis is a snapshot bounded by the time period specified above, and both OfS and QAA guidance continue to evolve. Third, and most significantly, the author’s professional positionality as a higher education partnerships lead is both a resource and a limitation: it provided contextual insight into how regulatory texts are interpreted and operationalised in practice, but also raises a risk of confirmation bias toward findings consistent with practitioner experience. To mitigate this, the author maintained a reflexive research log throughout the analysis, subjected emergent themes to the second-coder check described above, and deliberately sought disconfirming evidence within the document set. Readers should interpret the findings as an informed, practitioner-situated reading of the regulatory landscape rather than a wholly detached external audit.

This paper addresses that gap by reviewing regulatory governance frameworks including OfS Conditions and QAA quality assurance guidance and situating them against literature on inclusive learning for neurodivergent students. It explores whether current governance and regulatory texts enable franchised providers to implement practice that anticipates and responds to neurocognitive and contextual learner variability, or whether blind spots in regulatory models perpetuate inconsistencies in inclusive provision and accountability.

3. Literature Review and Conceptual Foundations

3.1 Neurocognitive Learning Variability and Inclusive Higher Education

Neurocognitive learning variability refers to the range of differences in cognitive processes including attention, memory, processing speed, and executive function that affect how students engage with learning environments (Harrison, 2024; Durgungoz, 2025). Traditionally, this includes learners with ADHD, autism, or dyslexia. However, recent inclusive education literature expands this to acknowledge that students may face cognitive and learning differences arising from their socio-cultural and linguistic contexts. For example, non-native English speakers often face dual challenges in language processing and academic cognition (Cummins, 2001), while mature learners or those balancing employment and caregiving responsibilities experience cognitive overload and fragmented study time (Andrade, 2006).

Inclusive learning frameworks such as Universal Design for Learning (UDL) emphasise the need to anticipate and support such variability, advocating for institutional practices that reduce cognitive barriers for both formally neurodivergent students and those from diverse learning contexts. Yet, most studies in this area assume a centralised governance structure and do not address the added complexity of distributed governance in franchised provision.

Despite a growing evidence base for inclusive design and pedagogy, most studies are situated within traditional campus governance structures where centralised leadership can align policy, teaching and support services. There is a noticeable gap in the literature examining how such principles are translated into practice where governance and accountability are distributed, such as in franchised provision.

3.2 Governance in Franchised Higher Education

Franchised higher education partnerships involve formal agreements through which an awarding body delegates aspects of teaching delivery and sometimes student support to a partner organisation. Governance in these contexts must ensure maintenance of academic standards and quality irrespective of organisational differences. The Quality Assurance Agency's *Principle 8* provides sector guidance on operating partnerships, emphasising due diligence, clarity of responsibilities, monitoring and evaluation, and compliance with relevant legislation (QAA, 2025).

However, QAA guidance is positioned as sector-agreed and not mandatory in regulatory compliance for most English providers except under specific oversight review methods (QAA, 2024). Meanwhile, the OfS regulatory framework focuses on broad outcome measures and sustainable quality assurance across "*higher education provided in any manner or form*" including courses delivered on behalf of registered providers (OfS, 2021, p. 1). This emphasises the accountability of the registered provider for outcomes irrespective of delivery arrangements.

What is less clear in these frameworks is how governance practices across franchised partners should respond to learner-centred inclusion beyond broad demographic analyses particularly for cognitive diversity. Much of the governance literature in higher education concerns risk, compliance, and assurance of standards, with limited attention to how such frameworks operationalise evidence-based inclusive pedagogy. This governance lacuna is significant because it potentially masks inconsistent experiences of neurodivergent learners in franchise settings and limits the ability of regulators and institutions to assess whether inclusive practices are embedded and accountable across partnerships.

3.3 Legal, Policy and Pedagogical Foundations for Inclusive Practice

Beyond the sector-specific instruments discussed above, franchised providers also operate within a wider legal architecture that shapes duties toward cognitively diverse learners. The Equality Act 2010 imposes a duty on higher education providers to make ‘reasonable adjustments’ for disabled students, a category that in principle captures many neurodivergent learners, while the Public Sector Equality Duty (Equality Act 2010, s.149) requires providers – and, by extension, delivery partners exercising public functions – to have due regard to advancing equality of opportunity. Neither instrument specifies how these duties should be discharged across a franchised delivery chain, nor whether the awarding body or the partner bears primary responsibility where a student’s needs are not formally disclosed.

The Disabled Students’ Allowance (DSA) scheme provides funded support for students with a diagnosed disability or specific learning difficulty, but its reliance on formal diagnosis means it offers no direct mechanism for supporting the wider population of contextually diverse learners identified in this paper – non-native English speakers, working-class students, and mature learners – who may experience comparable cognitive load without meeting DSA eligibility criteria.

At the level of sector strategy, OfS Access and Participation Plans (APPs) require providers to set targets for closing equality gaps in access, continuation and progression, and increasingly ask providers to evidence how such targets extend to franchised and partnership delivery. Yet APP guidance, like Condition B3, is framed around demographic and socio-economic categories rather than cognitive or neurodivergent profiles, so franchised partners receive limited steer on how APP commitments should translate into inclusive pedagogical design. Similarly, the Teaching Excellence Framework (TEF) and the OfS’s ongoing consultations on a reformed Student Outcomes and Teaching Excellence Framework signal growing regulatory interest in the student experience within partnership arrangements, but, as with B3, the proposed metrics remain outcome- rather than process-oriented and make no explicit reference to neurocognitive inclusion.

The governance literature on franchising and partnership arrangements in higher education further underlines the accountability risks addressed in this paper. Studies of transnational and franchised partnerships (Healey, 2018; Universities UK, 2023) consistently find that quality risk increases with the length and complexity of the delivery chain, and that awarding bodies’ oversight mechanisms are frequently better suited to detecting academic malpractice or financial risk than to assuring the quality of inclusive pedagogical practice. This body of work reinforces the argument developed later in this paper that franchised governance structures require bespoke, rather than transplanted, mechanisms for assuring cognitive accessibility.

Finally, the paper draws more fully on core Universal Design for Learning (UDL) and inclusive assessment scholarship. CAST’s (2018) UDL framework identifies multiple means of engagement, representation, and action/expression as central design principles, while Tai et al. (2023) and Waterfield and West (2006) extend this thinking to assessment design specifically, arguing that flexible assessment formats and clear, front-loaded assessment criteria disproportionately benefit neurodivergent and contextually diverse learners without disadvantaging others. This literature provides the pedagogical benchmark against which the regulatory gaps identified in the following sections are assessed.

4. Regulatory Frameworks: OfS and Quality Assurance Bodies

This section examines the two principal governance frameworks affecting franchised higher education in England: The **Office for Students’ regulatory framework (and specifically Condition B3)**, and the **Quality Assurance Agency’s (QAA) Quality Code and partnership**

guidance. The aim here is to analyse how these frameworks frame inclusion and quality in franchised delivery, and to highlight where they do or do not incorporate attention to neurocognitive learning variability.

4.1 Office for Students Regulatory Framework and Condition B3

The Office for Students (OfS) is the statutory regulator for higher education in England, established under the **Higher Education and Research Act 2017**. The OfS's **Regulatory Framework for Higher Education** sets out the conditions that registered providers must satisfy to remain on the OfS register and thereby maintain access to student support funding (OfS, 2022). The OfS's particular relevance to inclusive governance is **Condition B3 Student outcomes**, which requires providers to **deliver positive outcomes in continuation, completion and progression** for all students on their higher education courses, regardless of the mode or form of delivery (OfS, 2021).

Condition B3 explicitly applies to **higher education provided “in any manner or form by, or on behalf of, a provider”** (OfS, 2021, p. 1). This means franchised provision where a university (the awarding body) contracts one or more delivery partners falls squarely within OfS's regulatory purview. The condition further requires the OfS to judge whether outcome data meets or exceeds numerical thresholds, or whether contextual factors justify performance outcomes (OfS, 2021). Of particular note, Condition B3 designates *split indicators* that allow outcomes to be disaggregated by characteristics such as disability, ethnicity and sex, including provider partnership arrangements and teaching arrangements (OfS, 2021).

While this approach invites analytical visibility of outcomes across student groups and delivery arrangements, it does **not explicitly refer to neurocognitive learning variability** or require providers to set out how they support students with different cognitive profiles beyond broad disability categories. As a general regulatory condition focussed on outcomes rather than design or pedagogical practice, B3 does not prescribe or describe inclusive learning standards. Instead, positive outcomes must be evidenced through outcome data on completion, continuation and progression and judged against thresholds and context (OfS, 2021). This regulatory emphasis on outcomes over process raises questions about whether providers operating through complex franchised relationships will be required or encouraged to design systems and governance arrangements that proactively support cognitive accessibility across partners.

Additionally, while the OfS framework is detailed about responsibilities for quality and outcomes, *regulatory guidance on implementation in diversified governance structures* particularly partnerships involving further education colleges and private providers has been subject to government consultations on strengthening oversight (UK Government, 2024). These consultations concern issues such as transparency and assurance of quality in partnerships, rather than specific mandates on inclusive practice for particular student groups, including learners with neurocognitive differences.

4.2 Quality Assurance Agency (QAA) and Partnership Guidance

The Quality Assurance Agency for Higher Education (QAA) is the sector's appointed body for producing frameworks that articulate expectations for academic standards and the student learning experience. The **UK Quality Code for Higher Education** establishes **sector-agreed principles** and key practices that assist providers to design, develop and assure quality (QAA, 2024). Although the Quality Code is UK-wide, *in England its use is voluntary except where providers undergo the Educational Oversight Review (EOR) method* (QAA, 2024). This distinction is noteworthy: while the Quality Code aligns with European Standards and

Guidelines and offers a useful reference for good practice, it is not mandatory regulatory compliance under OfS conditions for most providers.

Within the Quality Code suite, **Advice and Guidance on Partnerships** provides sector-agreed guidance for providers who work collaboratively with other organisations (QAA, 2022). This guidance emphasises the importance of clear agreements setting out roles and responsibilities, effective oversight of partner delivery, and evidence-based approaches to assuring academic standards and the student experience. While the guidance supports *assuring the academic outcomes* across partnerships, it is not itself a regulatory standard and does not specifically offer criteria about *inclusive pedagogical practice* for neurocognitive learning variability.

The mapping work undertaken by QAA to align the Quality Code to OfS Conditions illustrates how sector-agreed principles can support providers in meeting baseline regulatory requirements (QAA, 2025). Notwithstanding this mapping, there remain **important distinctions** between sector guidance which can inform practice and statutory regulatory conditions which determine compliance. In franchised settings, providers must self-assure that *partner delivery meets regulatory expectations*. However, without explicit regulatory requirements for cognitive inclusive practice, the Quality Code and partnership guidance may play only an advisory role, with limited leverage to influence core governance decisions.

5. Gap Analysis: Regulatory Blind Spots in Neurocognitive Inclusion

This section synthesises the literature on neurocognitive learning variability with regulatory governance frameworks to identify **key gaps** where policy and quality assurance models fall short in addressing the needs of neurodivergent students, especially in franchised delivery contexts.

4.1 Outcome-Centric Regulation vs Inclusive Pedagogical Design

The literature on neurodiversity in higher education emphasises the need for inclusive pedagogical design and proactive frameworks such as Universal Design for Learning (UDL) that cater to cognitive variability (Rose & Meyer, 2002). Empirical studies suggest that strategies which anticipate cognitive differences such as flexible engagement modes and multimodal representation improve engagement and accessibility for neurodivergent learners (Durgungoz, 2025). By contrast, OfS Condition B3 is oriented toward outcomes data continuation, completion and progression and the regulatory judgement of performance against thresholds. While Condition B3 applies to all delivery modes and arrangements, its focus is not on how institutions design learning environments; rather, it is on whether outcomes meet thresholds (OfS, 2021).

This outcome-centric approach may miss key aspects of **how equitable learning environments are designed and maintained** across franchised partners. Without explicit attention to inclusive practice standards, providers could theoretically meet outcome thresholds through reactive adjustments post hoc rather than embedding proactive inclusive design. This gap between processive inclusive design and retrospective outcome measurement is a blind spot in regulatory governance when seeking to support neurocognitive diversity.

4.2 Distributed Governance and Inconsistent Inclusive Practice

Franchised provision involves distributed governance structures where partner organisations may have different internal policies, student support systems and pedagogical practices. QAA's partnership guidance highlights the need for clear agreements and oversight mechanisms (QAA, 2022), but it does not define criteria related to inclusive cognitive practice. Providers in England are accountable for fulfilling OfS regulatory conditions for outcomes regardless of where and how teaching is delivered (OfS, 2021). However, regulatory texts do not specify

how awarding bodies and partners must coordinate inclusive learning strategies for students with neurocognitive differences.

This creates the potential for **inconsistent experiences** across delivery sites. A franchised partner's internal approach to supporting learners with neurocognitive needs may differ from the awarding body's central practice, potentially affecting students' engagement and success. Because OfS data reporting and assessment focuses on aggregate outcomes rather than inclusive practice indicators, regulatory oversight may lack visibility into whether and how cognitive accessibility is designed and implemented across partnership arrangements.

4.3 Data Granularity and Accountability for Inclusion

OfS's use of split indicators including characteristics such as disability and partnership arrangements can help illuminate disparities in outcomes among different cohorts (OfS, 2021). However, neurocognitive learning variability is not itself a recognised analytical category under the standard disability indicators used by regulators. This means that students whose cognitive differences are not formally recorded or who do not meet standard disability reporting thresholds may not be visible in regulatory reporting. Regulatory dashboards may therefore **underestimate hidden outcome disparities** linked to cognitive diversity, leaving gaps in accountability and policy response.

4.4 Illustrative Vignettes: Evidencing the Gaps in Practice

To ground the preceding analysis, this section presents two brief, composite vignettes drawn from patterns observed across the reviewed institutional policies. Institutional identities have been redacted and details anonymised or composited, in line with the ethical constraints of this desk-based study.

Vignette A: A partnership handbook reviewed for this study required the delivery partner to report continuation and completion data quarterly, disaggregated by the OfS's standard split indicators, but contained no reference to inclusive design, UDL, or assessment adjustment beyond statutory DSA compliance. Learning support was described only as a partner responsibility to be 'resourced appropriately', with no shared definition of what appropriate resourcing entailed. This illustrates the outcome-centric, reactive pattern identified in Section 4.1: compliance is demonstrated through lagging outcome data rather than through evidence of proactive inclusive design.

Vignette B: Across a multi-partner franchise network reviewed for this study, one partner's quality assurance framework referenced UDL explicitly and required module leaders to complete an accessibility checklist, while a second partner within the same awarding body's network made no reference to inclusive pedagogy at all. Both partners nonetheless reported comparable aggregate B3 outcome data to the awarding body, illustrating how distributed governance (Section 4.2) can mask significant variation in inclusive practice beneath uniform-looking outcome metrics.

These vignettes are necessarily illustrative rather than representative, but they demonstrate concretely how the regulatory blind spots identified above manifest in the day-to-day governance documents that structure franchised delivery.

6. Discussion: Regulatory Governance, Accountability and Neurocognitive Inclusion

This section situates the findings of the regulatory and literature review within broader **theories of governance and regulation in higher education**, arguing that current regulatory

approaches are structurally ill-equipped to address neurocognitive learning variability in franchised provision.

5.1 Regulatory Governance and the Logic of Outcome-Based Accountability

Contemporary higher education regulation in England is shaped by what Black (2008) describes as outcomes-based regulation, whereby regulators focus on measurable performance indicators rather than prescribing detailed processes. The OfS regulatory framework exemplifies this logic through Condition B3, which evaluates providers against numerical thresholds for continuation, completion and progression outcomes (Office for Students, 2021). From a governance perspective, this reflects a shift from procedural oversight to risk-based, data-driven accountability (Black, 2008; Beerken, 2015).

While outcome-based regulation offers flexibility and reduces prescriptive control, governance theory cautions that it may obscure structural inequities embedded within institutional processes (Beerken, 2015). In the context of neurocognitive learning variability, the absence of explicit process expectations for inclusive pedagogical design means that regulatory compliance can be achieved without necessarily addressing the underlying cognitive accessibility of learning environments. As Shore and Wright (2015) argue, audit-driven governance frameworks often privilege what is measurable over what is educationally meaningful, thereby marginalising complex, relational aspects of student experience.

In franchised higher education, this dynamic is intensified. Outcome data may indicate parity or compliance at aggregate level, while masking variability in inclusive practice across delivery partners. Thus, the regulatory emphasis on outcomes rather than inclusive design processes represents a governance blind spot that disproportionately affects neurodivergent learners, whose needs are often addressed through informal or localised practices rather than systematised institutional strategies.

5.2 Distributed Governance and Fragmented Responsibility

Governance theory distinguishes between hierarchical, market-based and networked forms of regulation (Bevir, 2013). Franchised higher education exemplifies a **networked governance model**, where responsibility for delivery, student support and quality assurance is distributed across organisational boundaries. While awarding bodies retain ultimate regulatory accountability, delivery partners exercise substantial autonomy in pedagogical and support practices.

The literature on partnership governance highlights that such distributed arrangements require strong coordination mechanisms to ensure consistency and equity (Kezar and Holcombe, 2017). However, as this paper's analysis demonstrates, neither OfS regulatory conditions nor QAA partnership guidance explicitly articulate expectations for how neurocognitive inclusion should be governed across these networks. Instead, inclusive practice is implicitly assumed to be transferable across contexts, despite evidence that institutional culture, staff capability and resource availability vary significantly between partners. From a governance perspective, this reflects what Jessop (2011) terms "strategic selectivity" regulatory frameworks privilege certain forms of knowledge and performance (such as quantitative outcomes) while sidelining others (such as inclusive pedagogical processes).

In franchised settings, this selectivity can result in a diffusion of responsibility for neurocognitive inclusion, where awarding bodies assume partners will deliver inclusive practice, and partners assume inclusion is governed centrally.

5.3 Neurocognitive Inclusion as a Governance, Not Merely Pedagogical, Issue

The neurodiversity literature consistently emphasises the importance of institutional structures and cultures in shaping learner experiences (Clouder et al., 2020; Durgungoz, 2025). Universal Design for Learning and compassionate pedagogy frameworks explicitly call for system-level embedding of inclusive principles rather than reliance on individual adjustments or learner disclosure (Sulik et al., 2021). However, regulatory governance frameworks in England continue to treat inclusion largely as an operational or support function, rather than a core governance concern. This is especially problematic in franchised provision where learners include not only clinically neurodivergent students but also those whose learning is shaped by migration, language, class, or age-related challenges.

These students encounter structural and cognitive barriers that are often invisible within regulatory metrics but are equally impactful on learning outcomes. This conceptual separation is problematic in franchised provision, where governance decisions such as partnership agreements, quality assurance processes and performance monitoring shape the extent to which inclusive practice is prioritised or resourced.

As Marginson (2011) argues, governance frameworks actively construct what institutions value and reward. By not explicitly embedding cognitive inclusion broadly understood to include both clinical and contextual neurodiversity within regulatory expectations for franchised governance, current frameworks risk reproducing inequities through structural omission rather than intentional exclusion.

Importantly, this analysis does not suggest regulatory failure, but rather **regulatory incompleteness**. The OfS framework provides a robust mechanism for monitoring outcomes, yet it lacks a conceptual bridge between outcome accountability and inclusive learning design particularly in contexts where delivery is decentralised.

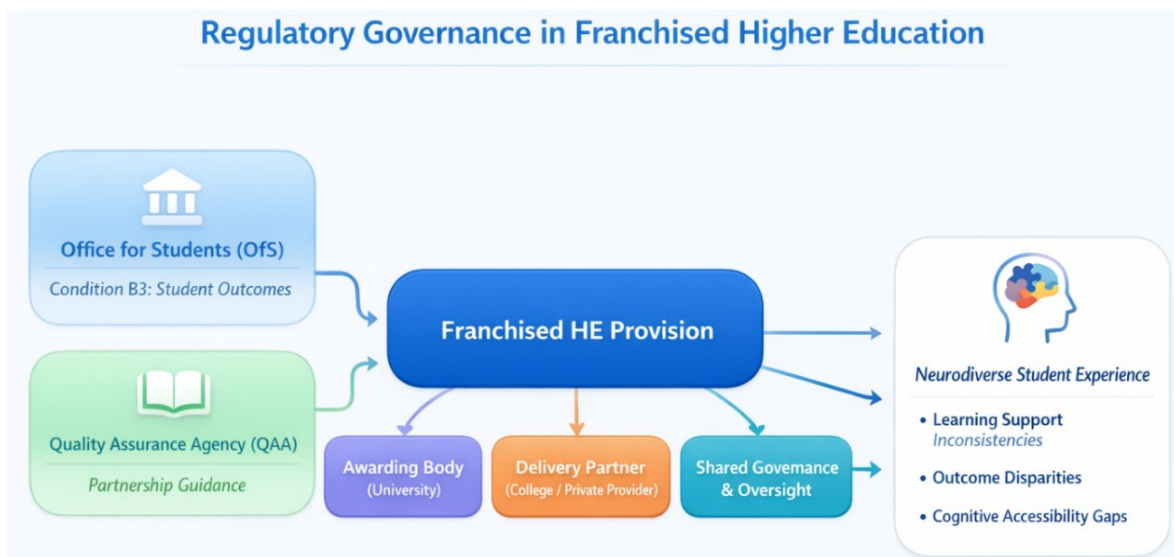


Figure 1: Regulatory Governance Landscape

7. Towards Actionable Governance Recommendations

Translating the analysis above into practice requires specific, auditable mechanisms rather than aspirational principles. The following recommendations are offered as a starting point for regulators, awarding bodies and delivery partners:

Mandatory partnership clauses on cognitive accessibility: partnership agreements should include a dedicated inclusive-practice schedule obliging delivery partners to document how

UDL principles are embedded in module design, with an explicit audit right for the awarding body over this schedule, not only over academic standards and finance.

Shared, disaggregated KPIs: awarding bodies and partners should agree shared key performance indicators that go beyond B3's split indicators to include, for example, take-up of learning support services, assessment-adjustment rates, and qualitative student feedback on cognitive accessibility, reported jointly rather than solely by the awarding body.

Independent inclusive design audits: periodic, partner-level audits of module and assessment design against UDL benchmarks, conducted jointly by awarding-body quality teams and partner staff, with findings feeding into QAA Principle 8 self-assessment and OfS-facing quality assurance reporting.

Common data standards for cognitive accessibility: development of a shared minimum data set capturing indicators of cognitive and contextual learner variability, distinguishing DSA-registered from undisclosed or contextual need, to make currently invisible disparities visible in regulatory dashboards without requiring individual diagnosis.

Staff development requirements: partnership agreements should specify minimum, jointly funded staff development in inclusive pedagogy and UDL for both awarding-body and partner-based teaching staff, rather than leaving this to partner discretion.

Cross-body accountability mechanisms: OfS, QAA and awarding bodies should establish a joint escalation and reporting route so that inclusive-practice concerns identified at partner level are visible to, and actionable by, the regulator, closing the current gap whereby only aggregate outcome data reaches the OfS.

None of these measures require new statutory powers; each could be implemented through existing contractual, quality assurance, or reporting mechanisms, but would require regulators and awarding bodies to treat neurocognitive and contextual inclusion as an explicit governance object rather than an implicit expectation.

8. Conclusion

This paper has examined how regulatory governance frameworks in England conceptualise and operationalise quality, inclusion and accountability in franchised higher education, with a specific focus on neurocognitive learning variability. Drawing on governance theory, inclusive education scholarship and regulatory analysis, it has argued that while current frameworks emphasise outcome parity and risk-based oversight, they provide limited guidance on how cognitive inclusion understood broadly to include both formally neurodivergent and contextually diverse learners should be governed across distributed partnership arrangements.

The analysis identifies a critical governance gap: neurocognitive inclusion is implicitly expected but not explicitly governed. In franchised provision, where accountability is fragmented and learner populations often include non-native speakers, working-class adults, and those balancing competing responsibilities, this absence is particularly consequential. Outcome-based regulation under Condition B3 may identify disparities after they occur, but it offers limited leverage to ensure that inclusive pedagogical design is embedded proactively across partners.

By reframing neurocognitive inclusion as a governance issue rather than solely a pedagogical or support concern, this paper contributes to emerging debates on inclusive regulatory design in higher education. It suggests that future regulatory development whether through OfS guidance, sector-led frameworks or revised partnership governance models must more explicitly address cognitive accessibility as a systemic quality concern, particularly in diversified delivery landscapes.

For future research, this review provides a conceptual foundation for empirical studies examining how awarding bodies and franchise partners interpret and enact inclusive governance in practice. As franchised provision continues to expand, regulatory frameworks that fail to account for the full spectrum of cognitive and contextual learner variability risk undermining both inclusive education goals and the integrity of outcome-based accountability itself.

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