MOVING ON UP:

Pathways of care leavers and care-experienced students into and through higher education

Neil Harrison
November 2017

UWE Bristol | University of the West of England

NNECL
National Network for the Education of Care Leavers

TABLE OF CONTENTS

FOREWORD

We are delighted to be able to introduce the Higher Education: Researching Around Care Leavers' Entry and Success (HERACLES) *report, which makes an important contribution to our understanding of the experience of care leavers who enter and progress through higher education.*

The National Network for the Education of Care Leavers (NNECL) emerged after the closure of the national Aimhigher scheme, when a group of committed practitioners recognised the need for a continued focus on supporting care leavers to access higher education. Since 2013, NNECL has been championing good local practice, multi-agency partnerships and national collaboration. Our organisation received a boost in 2014 when two years' funding from the Higher Education Funding Council for England's National Networks for Collaborative Outreach programme allowed us to formalise and expand our work to its current level.

Important to our work is the sharing of information and best practice that is already available, and identifying the gaps not only in our understanding, but also in the available support for care leavers. When NNECL first came together, the most powerful research on the experiences of care leavers in higher education was the ground-breaking By Degrees *five-year research project, conducted by Professor Sonia Jackson, Sarah Ajayi and Margaret Quigley, and published in 2005 under the title* Going to University from Care*. That research led to the Frank Buttle Trust (now Buttle UK) creating a quality mark that was awarded to higher, and later further, education institutions demonstrating a range and quality of support for care leavers, as recommended in the report.*

Since then, much has changed for care leavers in higher education. The requirement for universities charging tuition fees of over £6,000 (now £6,165) to publish access agreements approved by the Office for Fair Access, meant that higher education institutions have had to consider, and develop, the support that they offer certain under-represented groups, including care leavers. Legislation has meant that local authorities have a duty to provide a bursary to care leavers at higher education institutions, as well as accommodation out of term time. Research undertaken by Become (formerly The Who Cares? Trust) led to the development of The HE Handbook*, which in turn led to the creation of* Propel.org.uk*, a website that details the support that individual universities offer to care leavers.*

Meanwhile, though, the proportion of care leavers entering higher education and the numbers graduating, have not significantly improved. We still need to further our understanding of what is required to provide really meaningful support to young people who have experienced care. There remains a lack of clarity around the number of care leavers in higher education, because those

statistics rely on self-reporting, and official Department for Education statistics on the destinations of young people only cover care leavers aged 19-21.

NNECL is grateful to Dr Neil Harrison and to the University of the West of England for undertaking this work on behalf of our organisation. Focusing upon the cohort of young people in England who completed Key Stage 4 in 2007-8, the research provides us with a more complete understanding of the number of care leavers entering and – importantly – succeeding in higher education. It also contributes to our appreciation of the factors that seem to make a difference in their success. We are alerted to some statistical inconsistencies that make a compelling case for a 'joined-up' method of measurement which takes into account that care leavers might not go directly from school to higher education. We also learn that care leavers are significantly more likely to drop out than other groups. It is useful to know, for example, that young people who experience a managed transition process and successful integration into the higher education community are more likely to stay the course, as are those who could access high-quality disability support and 'second chance' educational pathways. Finally, this report extends our understanding of the reasons why some young people did not complete their studies and alerts us to the importance of good financial guidance and support, and consistent support for psychological wellbeing.

NNECL members will be looking carefully at the recommendations in this report in order to develop and to improve our current practice. But we are aware that we need to know more. Next steps may well include looking at the experiences of other UK nations. The different structures and support systems in place may mean that experiences in Scotland, Wales and Northern Ireland differ and we suspect that there could be much to learn in sharing experiences, challenges and expertise in that wider context.

The By Degrees report was instrumental in bringing the needs and experience of care leavers to the forefront of the minds of those holding education briefs in government. Significant changes were made in the offer available to care leavers in higher education. But there is still very much more to do. As we witness ongoing changes to the education system, we hope that this research will make a considerable contribution to ensuring that care experienced people in higher education remain on the agenda of our regulators and policymakers.

Kay Bridger and Priya Clarke
Co-Chairs of NNECL, the National Network for the
Education of Care Leavers

NNECL
National Network for the
Education of Care Leavers

EXECUTIVE SUMMARY

1. This report concerns the findings of the HERACLES (*Higher Education: Researching Around Care Leavers' Entry and Success*) project which ran from November 2016 to March 2017. The project comprised two parts providing novel data and forms of analysis:

   - PART 1: A statistical analysis of official data for England of the cohort of 650,220 young people finishing Key Stage 4 in 2007/08, including 6,470 care leavers;
   - PART 2: A quantitative and qualitative analysis of the 212 responses to an online questionnaire from care-experienced students currently in higher education.

2. Analysis of the Part 1 data found that 11.8% of care leavers in the cohort entered higher education by 2014/15; this is considerably higher than previous estimates. However, care leavers were around 11% less likely to enter higher education than other young people with similar demographic profiles and qualification levels. White care leavers and those with special educational needs had particularly low participation rates.

3. Even once entry qualifications were taken into account, care leavers were around 38% more likely to withdraw from their course and not return. Care leavers' reasons for withdrawal were similar to other students, with academic issues being the most common. Among all students, men and those from deprived areas were significantly more likely to withdraw.

4. Those care leavers who did complete a degree were just as likely as other students to achieve a first or upper second class degree once entry qualifications and their demographic profile were taken into account.

5. Analysis of the Part 2 data revealed that around two-thirds of respondents had positive experiences of being in higher education. However, over half had considered leaving, with one-in-five having done so often. Disabled students were significantly more likely to have considered leaving and to have sought help from support services.

6. The most common negative experiences during the transition into higher education were poor support from the local authority, difficulties in navigating changes, financial problems and social/emotional issues. The most common reasons for considering leaving were academic issues, emotional and mental health issues and financial problems.

7. Derived from the Part 1 and Part 2 findings, the main factors associated with successful participation in higher education were: (a) strong KS4 attainment; (b) a managed transition process; (c) successful integration into the higher education community; (d) high levels of resilience and/or determination; (e) high-quality disability support; and (f) access to 'second chance' educational pathways.

CHAPTER 1: Introduction

1.1 Key terminology

In common with many other countries, England provides a statutory safety net for children whose birth parents are unable to care for them and/or who suffer (or are at risk of suffering) serious neglect or abuse. Commonly, this will be related to the parents' substance abuse, criminality and/or disability (including learning or mental health difficulties), while the child will have suffered significant trauma either through the original experiences or through the subsequent detachment from their family. Other reasons for being in care include being an unaccompanied asylum seeker or refugee, being homeless or being orphaned.

These *children-in-care*[1] become the legal responsibility of social workers within the local authority; most commonly they are cared for by paid foster parents, in children's homes or with their extended family (known as kinship care). Children can enter care at any age, for anything from a few days to many years, and may spend more than one spell in care. The legislative framework surrounding children-in-care is complex and includes the Children Act 1989, the Children and Young Persons Act 2008 and the Children and Families Act 2014.

Most children-in-care will ultimately return to their birth families, be adopted or be placed under the formal guardianship of family members. However, some remain in care until the age of 16 (or enter at 16 or 17) at which point they are designated *care leavers*[2] if they have spent three months or more in care since the age of 14, with the local authority being required to make provision for their transition into adulthood, including the possibility of higher education (HE). Local authorities have responsibility for care leavers until the age of 21 – or 25 if they are in full-time education or in certain other circumstances.

This report focuses primarily on care leavers and their pathways into and through HE. However, as HE institutions (HEIs)[3] and students tend to use somewhat looser definitions than local authorities and the Department for Education (DfE), so there is also some focus on a wider group of *care-experienced*[4] people in HE. Indeed, the distinction between care leavers and care-experienced

---

[1] This term is synonymous with 'looked after children' or 'children looked after', which have previously been more commonly used and which are still used in some local authorities and elsewhere.

[2] A slightly different definition derived from the National Pupil Database was used in this study, denoting a young person who was in care at some point during the final year of Key Stage 4; the difference between these definitions is minimal, although a very small number of young people might be captured by only one of the definitions.

[3] The term 'institution' is used here to denote universities and higher education colleges that are recognised higher education providers, but not further education colleges that offer higher education (see Footnote 5). Elsewhere, universities and colleges are discussed separately.

[4] This report uses the term '*care-experienced*' to denote a wider population of people who were in care at some point during their childhood. This includes care leavers, as well as people who may have spent only a short period in care or who left care before the age of 16. In the context of this report, it also refers to those who entered higher education after they ceased to be care leavers – i.e. as mature students once they had left the responsibility of the local authority.

young people is somewhat arbitrary, with highly heterogenous experiences in both groups. For example, members of the care-experienced group may have suffered greater trauma, spent longer in care or undergone more educational disruption than many care leavers.

1.2 Project overview

This report covers the findings of the HERACLES (*Higher Education: Researching Around Care Leavers' Entry and Success*) project. This study was commissioned by the National Network for the Education of Care Leavers (NNECL) in September 2016 and the fieldwork was undertaken between November 2016 and March 2017, having received approval from the UWE research ethics committee (ref. 16-17.10.03) on 10th November 2016. The principal investigator was Dr Neil Harrison in the Department of Education and Childhood at the University of the West of England. The geographical scope for the project was England, although it is likely that the findings will be more widely applicable. The study was constrained by the resources available in terms of the data collected and the analysis undertaken; limitations and avenues for future research are highlighted at relevant points in the text.

The study sought to answer the following nine research questions:

1. Do care leavers enter HE with the same propensity as other young people, including those from disadvantaged groups?
2. What are the social and educational attributes of care leavers who do enter HE?
3. How do HE completion and withdrawal rates for care leavers compare with other young people, including those from disadvantaged groups?
4. For what reasons do care leavers withdraw from HE and are these similar to the reasons given by other students?
5. What are the social and educational attributes of care leavers who withdraw from HE?
6. What are care-experienced students' experiences of the transition into HE?
7. What factors lead care-experienced students to consider leaving and why do they choose to remain in HE?
8. What support services do they access through their university or elsewhere?
9. What additional support do they feel could be offered to improve their transition, retention and success in HE?

Part 1 of the study comprised a quantitative analysis of a dataset of 650,220 young people (including 6,470 care leavers) who completed Key Stage 4 in 2007/08, drawn from the National Pupil Database and the data held by the Higher Education Statistics Agency (HESA). The subset who entered HE by 2014/15 was isolated, with the subsequent analysis being used to answer research questions 1 to 5. Part 2 of the study comprised an online questionnaire of current care-experienced students in HE, with 212 responding and these responses being used to answer

research questions 6 to 9. More information about the methodology for the two parts are provided in the relevant chapters.

This report echoes this structure, with Part 1 of the study being reported in Chapter 2 and Part 2 in Chapter 3. Chapter 4 provides an integrated discussion across the two elements, with the concluding Chapter 5 responding directly to the research questions laid out above and Chapter 6 offering recommendations derived from the data and analysis. The remainder of this chapter covers contextual matters, including a short review of directly relevant literature.

1.3 Context and background

There have been concerns about the educational and other life outcomes of children-in-care since at least the 1970s (e.g. Essen *et al.*, 1976), but it was not until the Children Act 2004 that Local Authorities were given a specific duty to promote educational achievement. By the time of the *'Care matters: time for change'* White Paper (Department for Education and Skills [DfES], 2007), it was noted that just 12% of children-in-care attained five GCSE passes at A* to C, compared to 59% in the general population; the equivalent figures for 2015 were 18% and 64% (DfE, 2017).

The reasons for these low educational outcomes are multifarious, complex and highly individualised. At the heart, in many cases, will lie the childhood trauma which led to the young person being taking into care. Mental health issues are common – DfES (2007) cites a figure of 45% among children-in-care, rising to 75% for those needing to be placed in children's homes – and these may manifest as behavioural, emotional or social difficulties in both home and school contexts. For a minority, additional traumatic experiences may be associated with the experience of being in care – e.g. through a breakdown in a relationship with a foster carer. Children-in-care are often found to have low levels of self-confidence or self-esteem, which may also be linked to their history of trauma (Berridge, 2006; Welbourne and Leeson, 2012; Lewis *et al.*, 2015).

Large-scale quantitative analysis by the Rees Centre (Sebba *et al.*, 2015) found that disruption in care and/or school placements had a significant negative impact on educational attainment, as did absenteeism and school exclusion. Conversely, stable long-term placements, especially in foster or kinship care, were associated with more positive outcomes. Children-in-care were more likely to have special educational needs than the general population and around 40% were educated outside of mainstream school settings (e.g. in special schools or pupil referral units) that were associated with low attainment; boys in care were also found to have disproportionately low attainment. The role of supportive adults (especially teachers) was stressed. This was broadly consistent with the findings of Welbourne and Leeson (2012), whose review of the literature also stressed the need for effective therapeutic interventions for many children-in-care, while Driscoll (2013b) focused on the importance of resilience and adult relationships.

Over the last ten years, there has been a series of policy interventions designed to improve educational outcomes, including the creation of 'virtual schools' (to monitor, support and encourage individual children across schools), the introduction of the 'pupil premium plus' (additional school-based funding), efforts to improve placement stability and funding to allow care leavers to remain with foster parents after 18 (Berridge *et al.*, 2009; Carpenter *et al.*, 2013; DfE, 2014; Munro *et al.*, 2012; The Who Cares? Trust, 2012). However, as noted above, progress to date has been limited, possibly, as Sebba *et al.* (2015) note, as children-in-care with the strongest educational outcomes may also be those most likely to leave care before Key Stage 4, such that they are no longer in care at the time of GCSE examinations and are never therefore designated as care leavers.

Given the low GCSE attainment of children-in-care compared to the general population, it is perhaps unsurprising that relatively few care leavers progress to HE. While no authoritative statistics currently exist, the most commonly quoted figure is that only around 6% of this group will enter HE by the age of 21, compared to 43% of 18 and 19 year olds in the general population (DfE, 2017; University and Colleges Admissions Service [UCAS], 2016). This suggests a widening inequality for care leavers with respect to their ability to access HE when compared to GCSE outcomes, which may be down, in part, to their transitions at the age of 16 (Driscoll, 2013b). Drawing on international evidence, Jackson and Cameron (2012) argue that social workers may underplay the role of academic progression and that care leavers are often forced to delay their education or pursue alternative pathways.

While they had undoubtedly been there for some time, the presence of care leavers within HE first came to significant policy attention in the mid-2000s, in large part due to the efforts of the Buttle Trust (now Buttle UK) and their ambitious *By Degrees* project (Jackson *et al.*, 2005). In what remains the most substantial piece of research in the field, the team tracked 129 care leavers into and through HE using a longitudinal approach with periodic interviews. A wide array of experiences was reported, with contrasting levels of practical support and encouragement from foster carers, social workers, local authorities and HEIs. The students themselves were found to be highly motivated and determined, with positive attitudes to education that were felt to differentiate them from other care-experienced young people.

The participants in Jackson *et al.* (2005) reported facing a mix of practical challenges that were distinct from those experienced by other students or that were heightened because of their background in care. Finding appropriate housing was often problematic as it was needed outside of university terms and sometimes for the student's own family, while other students struggled to resolve their immigration status. Securing financial support was challenging due to the complexities of dealing with multiple sources of funding and the reluctance of some local authorities to provide what was required. Care leavers also reported finding additional academic difficulties due to gaps in their understanding derived from their disrupted schooling. In particular, it was found that stress levels increased when multiple challenges were experienced, with the mental health issues associated with childhood experiences adding a further level of

complexity. Nevertheless, the participants had a marginally better withdrawal rate than the average for the general population at the time, suggesting high levels of resilience.

The *By Degrees* project had a significant impact on the policy landscape. DfES (2007) and the subsequent Children and Young Persons Act 2008 sought to improve housing and financial support for care leavers. There has been sustained policy attention since, with care leavers being identified as an important target group in terms of widening access to HE (e.g. Department of Business, Innovation and Skills [BIS], 2014). Meanwhile, the Buttle Trust created a 'quality mark' that sought to commit HEIs to minimum standards in terms of advising and supporting care leavers into and through HE; the majority of HEIs obtained certification before it was abolished in 2016 (Hyde-Dryden, 2013). As a result, most HEIs now provide a dedicated point of contact for care leavers, additional financial support, advice on admissions and other services designed to enable care leavers to participate more fully in HE. This is likely to be less strong in small institutions and those further education colleges offering HE[5].

Despite this on-the-ground progress, surprisingly little research on the experiences of care leavers in, or moving towards, HE has been undertaken since Jackson *et al.* (2005). The online survey of young people and professionals undertaken by The Who Cares? Trust (now Become) found that local authorities were patchy in their advocacy for higher education, that there was too little information available (especially for front-line staff) and that some young people lack confidence to extend their education (The Who Cares? Trust, 2012). Indeed, Lewis *et al.* (2015) discuss an HEI-led intervention to boost confidence among children-in-care as a prelude to their arrival in HE. Drawing on a single university, Cotton *et al.* (2014) report similar findings to Jackson *et al.* (2005) with respect to the barriers faced, stressing the need for advanced preparation, resilience and a supportive adult to enable them to navigate through the HE experience; they also report strong success among their participants. Hyde-Dryden (2013) highlighted shortfalls in financial, practical and emotional support for her sample of eighteen care leavers in HE.

While the DfE do publish annual statistical summaries (e.g. DfE, 2017), no nationwide analysis is available exploring how the changes outlined above have impacted on participation in HE, nor how care leavers fare in terms of completion or degree results. Similarly, little additional evidence has emerged about the contemporary experiences of care leavers, aside from that discussed above. The purpose of the HERACLES project was therefore to contribute to filling this gap in knowledge about the HE experiences of care leavers and care-experienced students. As noted above, Part 1 aimed to provide a national quantitative picture of the pathways into and through HE where none has been available before, while Part 2 aimed to collate experiences from care-experienced students across a wide range of HEIs and, it is believed, offers the widest snapshot of views thus far collected, albeit without the depth of Jackson *et al.* (2005).

---

[5] Around 8% of HE students undertake their studies in further education colleges (Parry *et al.*, 2012), usually in the form of foundation degrees and other undergraduate courses below full degree level and often on a part-time basis.

1.4 The number of care leavers and care-experienced students within HE

One interesting component of the study of care leavers and care-experienced students in HE is that there is significant complexity and uncertainty concerning the number of individuals, with no authoritative figures currently available. There are two main sources of information: (a) derived from Local Authorities and collated by the DfE, and (b) from students via their HE application and collated by HESA.

The DfE collates annual information from local authorities about the care leavers that they are supporting up to the age of 21, with the most recent estimate being 2,030 as shown in Table 1.1 (DfE, 2017). Given that these data cover all years of study, this would equate to an annual intake of around 550 to 600 care leavers aged 21 or under. This will be an underestimate as it excludes those young people aged over 21 and those who are no longer in contact with their local authority. It also obviously excludes other care-experienced students, including older students who were once considered care leavers. Also noteworthy in Table 1.1 is the relatively low proportion of 18 year olds, suggesting that care leavers are less likely than other young people to make a direct transition from school or college into HE.

Table 1.1: Care leavers in HE as reported by local authorities in England for 2016

	Aged 17	Aged 18	Aged 19	Aged 20	Aged 21	TOTAL
Full-time	10	240	500	570	630	**1,950**
Part-time	-	10	20	20	30	**80**
TOTAL	**10**	**250**	**520**	**590**	**660**	**2,030**

Source: DfE (2017) – note that numbers are rounded to the nearest ten.

Meanwhile, national data on care-experienced students in HE have been collected by HESA since 2013/14, derived from two sources. The first is that, on application to HE, prospective students are invited to indicate whether they have ever been in care for at least three months[6]. The second is that HEIs are asked to identify those students who are known (by the HEI) to meet the more stringent definition of being a care leaver. The data from 2015/16, presented in Table 1.2, suggests that 3,530 students were in the first group and 2,570 students were in the second, for an overall total of 6,100 (HESA, 2017).

The number of care leavers is broadly consistent with, but slightly higher than, the data derived from local authorities, which may be due to the inclusion of students older than 21 and those who are no longer in contact with their local authority. Being based on self-reporting, the figure for care-experienced students is likely to be something of an underestimate due to students not

---

[6] The UCAS website somewhat conflates care leavers and the wider care-experienced group, with the former terminology being used to denote the latter. The national HE access strategy (BIS, 2014) similar conflates care leavers, people who have been in care and people with 'care backgrounds'.

wishing to reveal their past to their HEI. These data also exclude students undertaking HE in a further education college.

Table 1.2: English-domiciled care leavers and care-experienced students in HE in 2015/16

	Care leavers	Other care-experienced students
First degree:		
- Full-time	1,900	3,230
- Part-time	450	100
Other undergraduate study:		
- Full-time	110	150
- Part-time	110	50
TOTAL	**2,570**	**3,530**

Source: HESA (2017) – note that numbers are rounded to the nearest ten and that the care leaver column also includes small numbers of students still deemed to be in care.

In summary, the best information available suggests that, at present, around 650 care leavers enter HE each year (of all ages), leading to a total in any given academic year of around 2,500 across the various undergraduate years. There are an additional 3,500 care-experienced students who either left care before the age of 16 or who entered HE later after the responsibility of their local authority ended. For reasons discussed above, these figures are likely to be underestimates, but the scale of the underestimate is not currently known.

CHAPTER 2: Analysis of national data

2.1 Introduction

The dataset used in this study is derived from that obtained from the DfE (an extract from the National Pupil Database) and from HESA (for linked data around university entry, retention and completion). It contains a total of 650,220 individuals who completed their Key Stage 4 in England in July 2008. A number of minor exclusions were made (e.g. those young people taking GCSEs early) to ensure that the dataset was as accurate a representation of the cohort as possible.

The main group of interest within this report is a 'care leaver group', defined as being those young people who were marked within the data as being in care at any point during the 2007/08 academic year. As noted in Footnote 2, this is somewhat different to the formal definition used by local authorities, but it is not anticipated that the group of young people captured will be substantively different or that it will create a systematic bias within the results. There were 6,470 young people meeting this definition, comprising 1.0% of the total cohort.

2.1.1 Limitations

There are four main limitations within the dataset, analysis and presentation of results:

- Firstly, the dataset does not include HE offered through further education colleges – only that provided through universities, university colleges and colleges of higher education in England. As mentioned in Footnote 5, the proportion of HE offered within further education is relatively small, but it is likely that care leavers are over-represented within this sector as it generally represents a variant that is local, lower cost and has lower entry requirements. The result of this omission is that the progression rates calculated for the care leaver group within this report will be an underestimate of the true value – it is not currently possible to estimate the extent of this. Young people who complete one qualification (e.g. Foundation Degree) within a further education college, but progress to a university to 'upgrade' to a full degree are represented in the dataset. Future research would be able to rectify this limitation by integrating data from Individual Learner Records; this was beyond the resources available to this project.

  Secondly, 55,110 individuals (8.5% of the cohort) are missing one or more pieces of demographic data. These are overwhelming (87.6%) drawn from independent schools, but also includes individuals in pupil referral units, as well as some recent migrants in mainstream settings. This group features in the descriptive analysis where their data are available, but are unavoidably excluded from the regression analyses which rely on having complete data for all individuals. It is impossible to determine the impact of this on the

analysis, but the exclusion of young people in independent schools might slightly diminish the relative effects for care leavers by removing what is generally a highly privileged group from the comparisons provided by regression. As very few young people in pupil referral units entered HE in the timescales being analysed, so this exclusion is very unlikely to have a meaningful impact on the overall results.

- Thirdly, the permission to use data from the National Pupil Database is predicated on ensuring anonymity when analysis is published. Most importantly within this report, all actual numbers have been rounded to the nearest five, with no groups comprising fewer than five individuals being reported. Also, no reported percentages are based on groups containing fewer than 50 individuals, with subgroups being aggregated as appropriate. Given the relatively large numbers being reported, this will have had little or no impact on the results overall.

- Fourthly, the dataset does not contain information about the subject studied or HEIs attended by those students who participated in HE. This was partly due to resource constraints and partly related to the previous point, where identification at this level could be problematic, especially in the context of small groups like care leavers. Within the analysis in this report, the data on entry qualifications are likely to perform as a rough proxy for institutional type. A future study might wish to obtain data by 'mission type' or broad subject area to provide additional insight.

2.1.2 Analytical approach

The main analytical approach used in this study is to compare the care leaver group to the whole cohort of young people and to two disadvantaged comparator groups: (a) those who were eligible for free school meals (FSM) in 2007/08 on the basis of low household income, and (b) and those who were living in POLAR2[7] Quintile 1 (Q1) areas (i.e. with historically low participation in HE) when they entered HE. These two latter comparator groups were chosen as they represent priority groups for widening participation (BIS, 2014; Office for Fair Access [OFFA], 2015) for which data were readily available, and therefore provided a benchmark of educational disadvantage to contextualise the care leaver group. The comparison was achieved using two main techniques:

- **Bivariate crosstabs**. These provide a simple tabular representation of percentages of the care leaver group and other groups falling into various categories – e.g. by gender or qualification level. While these are useful for demonstrating *prima facie* differences between the groups, it must be remembered that there are likely to be background confounding variables that explain, in part or whole, these differences.

---

[7] For more information about the POLAR methodology, see Higher Education Funding Council for England (2010).

- **Binary logistic regression.** The use of binary logistic regression is intended to overcome these difficulties. It examines the likelihood of individuals falling into one of two groups (e.g. participated or did not participate in HE) given a range of potential explanatory factors. It then determines the effect of each of these factors while controlling for the others, isolating the individual contribution of each to the overall pattern of allocation of individuals to the two possible outcomes. The overall explanatory power of the model is represented by Nagelkerke's pseudo-R^2 statistic which estimates the proportion of the overall variability collectively captured by the factors within the model. As a rule of thumb within a logistic regression analysis with lots of categorical variables (e.g. gender or ethnicity), an R^2 below 0.1 should be considered weak, while an R^2 above 0.5 should be considered very strong. A weak model is one in which uncaptured factors outside the dataset (e.g. motivation or subject) play a big part in determining outcomes or where there are no meaningful predictive factors (i.e. the outcomes are essentially random).

The two statistics of particular relevance within the binary logistic regressions are the p-value and the odds ratio. The p-value provides a measure of the statistical significance of the variable in question – i.e. the likelihood that a result could be due to random variation rather than a real relationship between variables. A significance threshold of 5% (i.e. a p-value of <.05) is used throughout. The odds ratio is a measure of the effect size of a particular variable – i.e. how important it is in determining outcomes for young people in the case of this study. The odds ratio itself is not readily interpretable, so Zhang and Yu's (1998) formula to estimate 'relative likelihood' is used:

$$\text{Estimated RL} = \frac{\text{OR}}{(1-\text{P}) + (\text{P}\cdot\text{OR})}$$

(RL is the relative likelihood, OR is the odds ratio and P is proportion of individuals not in the group of interest achieving the outcome being analysed.)

In particular, this estimate is used within this report to compare the likelihood of a given outcome (e.g. participating in HE) for the care leaver group and the remainder of the whole cohort, controlling for a range of demographic and educational variables. For example, the care leaver group might be estimated to be 18% less/more likely to achieve a particular outcome, relative to the wider cohort. In conjunction with the p-value, this enables claims to be made about the extent to which the care leaver group differs from the whole cohort.

2.2 Cohort overview

2.2.1 Demographic profile

Key finding: *Care leavers were substantially more likely to have special education needs (and at a more severe level) and to attend non-mainstream schools compared to the whole cohort or the two comparator groups.*

Table 2.1 shows the demographic and educational profile of the care leaver group in comparison to the whole cohort, the FSM group and the POLAR2 Q1 group. A number of key differences emerge. Members of the care leaver group were slightly more likely than average to be male, to be of black or mixed/other ethnicity (but less likely to be Asian) and to have been living in areas with a low propensity to access HE. The differences were starker when we turn to special educational needs (SEN) and school type. Among the care leaver group, 30.8% had a statement of SEN[8] (the highest category of need), compared to 3.6% in the cohort as a whole. Similarly, 30.9% of the care leaver group attended a non-mainstream school (including special schools, pupil referral units and similar), while the equivalent figure for the whole cohort was 2.4%. Members of the care leaver group were significantly more likely to have a SEN than either of the other disadvantaged comparator groups. Only 37.3% of the care leaver group were not considered to have a SEN of any type.

Table 2.1: Demographic profile of cohort and subgroups

	Whole cohort	Care leaver group	FSM eligible[i]	POLAR2 Q1[i]
Women	49.0	46.7	49.3	49.4
Men	51.0	53.3	50.7	50.6
White	77.2	71.2	69.0	87.8
Black	3.5	5.9	8.7	3.3
Asian	6.2	4.7	13.6	4.3
Mixed / Other[ii]	3.7	6.7	7.0	3.4
Not known	9.5	11.2	1.6	1.2
POLAR2 Q1	13.1	16.5	24.6	n/a
POLAR2 Q2	18.2	19.9	26.5	n/a
POLAR2 Q3	17.4	17.4	18.8	n/a
POLAR2 Q4	20.3	19.0	16.0	n/a
POLAR2 Q5	22.5	16.9	13.6	n/a
POLAR2 Unknown	8.5	10.2	0.5	n/a
No SEN / No data	80.2	37.3	61.6	71.8
School Action SEN	10.9	11.4	19.4	15.5
School Action Plus SEN	5.4	20.4	11.3	8.2
Statement of SEN	3.6	30.8	7.7	4.5
Mainstream school (all types)	90.6	68.8	96.0	97.9
Non-mainstream school[iii]	2.4	30.9	4.0	2.1
Independent[iv]	7.0	0.3	-	-

Notes: (i) These columns exclude young people for whom the relevant data is missing, which explains the low proportions of unknown ethnicity and POLAR2 quintiles; (ii) Includes those identified as Chinese, which has been aggregated due to small numbers; (iii) Includes special schools, independent special schools and pupil referral units; (iv) Excludes independent special schools, as per note iii.

[8] As the data relate to the 2007/08 cohort, the categories predate the introduction of Education, Health and Care Plans in 2014. School Action, School Action Plus and Statement represent ascending levels of assessed need.

It is useful to briefly reflect here that for many care leavers, their SEN will be a specific result of their childhood trauma, including those SENs categorised as behavioural, emotional or social difficulties, mental health issues or learning difficulties. For others, their SEN will relate to underlying and pre-existing disabilities that were beyond the capability of their birth parents to manage (e.g. autism or physical impairments). As such, a care leaver's SEN may be a partial cause and/or consequence of the reasons why they were taken into care; of course, there will be many for whom their SEN is entirely unrelated to their care status.

2.2.2 Key Stage 4 (KS4) attainment

Key finding: **Care leavers were substantially less likely to attain good GCSE or equivalent results than the whole cohort or the two comparator groups. This relationship persisted even once their level of SEN was taken into account.**

In this study, GCSE attainment was the measure of school attainment used. There were a number of reasons for this. Firstly, at the time of the data, KS4 marked the end of compulsory schooling and so it forms a useful snapshot of a young person's educational trajectory at a fixed point in time. Secondly, GCSE results form a well-understood gateway into Level 3 study which, in turn, provides the most common (and traditional) pathway into HE. More generally, research (e.g. Crawford, 2014) has shown the importance of GCSE results in predicting or determining HE entry. Finally, the end of KS4 also corresponds with the time point when children-in-care are redesignated as care leavers. Data on attainment at Key Stages 2 and 3 were available within the dataset, but resources precluded their inclusion in the analysis. Data on Key Stage 5 attainment were not available within the dataset as that relating to qualifications attained in further education colleges is not stored within the National Pupil Database, but rather within the Individual Learner Record data which was out of scope for this study.

Presenting data about KS4 attainment is somewhat vexed by the range of alternative qualifications available to young people beyond the standard GCSE offer – for example, the Level 2 BTEC and the range of qualifications offered by OCN, ASDAN and other awarding bodies. At the time from which the data are drawn, most of these qualifications were deemed to have an 'equivalency' with one or more GCSEs at a given grade.

Table 2.2 shows the percentage of young people reaching a range of KS4 attainment thresholds. The attainment of five GCSE passes at A* to C including English and maths is often seen as a useful criterion as it offers the young person the opportunity to immediately progress to Level 3 study (e.g. A Levels). Just 8.8% of the care leaver group reached this threshold, compared to 24.1% of the FSM group, 32.1% of the POLAR2 Q1 group and 47.8% of the cohort as a whole. The care leaver group therefore emerges as having substantially lower attainment than the whole cohort and both disadvantaged comparator groups. This pattern was maintained across all the attainment thresholds. Of the care leaver group, 26.6% did not achieve any GCSE or equivalent

passes at A* to G, compared to just 2.4% of the whole cohort, 5.3% of the FSM group and 3.7% of the POLAR2 Q1 group.

Table 2.2: Percentage of each group achieving GCSE outcome thresholds (including equivalents)

	Whole cohort	Care leaver group	FSM eligible	POLAR2 Q1
5+ A* to C inc. English and maths	47.8	8.8	24.1	32.1
5+ A* to C	65.6	16.8	41.5	53.4
5+ A* to G	91.9	48.7	83.1	88.0
1+ A* to G	97.6	73.4	94.7	96.3

Table 2.3 looks in more detail at the relationship between SEN status and attainment. Those in the care leaver group without a SEN are considerably more likely to achieve the threshold of five GCSE passes at A* to C including English and maths, with 21.0% doing so. At the other end of the spectrum, just 1.3% of those with a statement of SEN attained the same threshold and only 34.3% attained any GCSE or equivalent pass. When these proportions are compared to the whole cohort, care leavers still had lower attainment overall, even once SEN status is taken into account. This strongly suggests that there are at least two layers of inequality operating within the data, with both SEN status and care status exerting separate and additive effects on attainment.

Table 2.3: Percentage of care leavers and whole cohort attaining GCSE thresholds by SEN status

	No SEN	School Action	School Action Plus	Statement
Care leaver group:				
5+ A* to C inc. English and maths	21.0	7.7	7.2	1.3
5+ A* to C exc. English and maths	35.2	20.5	16.9	2.9
5+ A* to G	73.5	72.3	61.6	18.8
1+ A* to G	91.2	90.8	87.2	39.3
Whole cohort:				
5+ A* to C inc. English and maths	57.8	16.9	11.1	5.4
5+ A* to C exc. English and maths	74.6	34.7	22.5	11.3
5+ A* to G	97.2	87.9	70.8	44.0
1+ A* to G	99.3	98.7	92.4	68.7

There was also a strong correlation with school type, with 48.0% of care leavers in non-mainstream schools not being entered into any qualifications – these were predominantly those with statements of SEN. Only 30.6% achieved any GCSE or equivalent pass, with the remainder only undertaking qualifications that were not deemed to have any GCSE equivalency.

2.3 Pathways into HE

2.3.1 Participation rates

Key finding: *The HE participation rate of care leavers was 11.8%, which was substantially lower than for other groups. This was largely due to lower KS4 attainment, but participation was also markedly lower among those care leavers with lower attainment. Once a range of factors were controlled for, care leavers were around 11% less likely to participate than other members of the cohort.*

The next stage of the analysis relies on linking the KS4 data with that held about HE students. For the purposes of this study, participation is defined as entering HE in the academic years 2010/11, 2011/12, 2012/13, 2013/14 and 2014/15, allowing two years from the end of KS4 (when most young people would have been pursuing A Levels or other Level 3 qualifications) and then five possible entry years.

A total of 765 members of the care leaver group entered HE during the period in question, comprising 11.8% of the total. As can be seen in Table 2.4, there is a significant disparity in the headline participation rates, with the care leaver rate being roughly a quarter of that for the whole cohort and a half of that for the two disadvantaged comparator groups. Of the care leavers entering HE, 475 had achieved five GCSE passes at A* to C (335 including English and maths) at the end of KS4[9], while 290 had lower attainment.

Table 2.4: Percentage of each group participating in HE by GCSE and equivalent attainment

	Whole cohort	Care leaver group	FSM eligible	POLAR2 Q1
Entered HE (all)	43.1	11.8	26.1	25.5
- 8+ A* to C [i]	76.2	71.3	72.3	65.0
- 5+ A* to C inc. English and maths	68.4	58.6	62.3	55.0
- 5+ A* to C exc. English and maths	38.9	26.8	31.6	22.4
- 5+ A* to G	11.3	8.7	12.2	8.0
- 1+ A* to G	8.1	4.5	3.4	3.3
- No passes	2.8	2.4	2.0	2.4

Notes: (i) Excludes equivalent qualifications as these data were not available for the year in question.

When GCSE attainment is controlled for, the picture changes somewhat. For those with five GCSE passes at A* to C including English and maths, 58.6% of the care leaver group progressed to HE compared to 68.4% of the cohort as a whole. Expressed in a more tangible way, an additional 55

[9] The datasets used in this study did not take account of additional Level 2 qualifications undertaken after KS4, including retaken GCSEs.

care leavers entering HE across the country would have equalised the participation rates within this attainment band. The participation rates for care leavers were also very similar to those for the FSM group and actually somewhat higher than for the POLAR2 Q1 group. However, there was a disparity across all the attainment categories in Table 2.4 and this is most marked at the lower attainment ranges.

To recap, KS4 attainment appears to account for the majority of the differences in the headline HE participation rates between care leavers and the other groups. However, higher attaining care leavers were almost as likely to progress to HE as their peers, while the lower attainers were more substantially less likely to do so (as were those in areas lacking a strong history of HE participation). Nevertheless, the participation of care leavers was lower than the whole cohort in every attainment band.

There are other potential explanatory factors for HE progression rates that can be taken into account, with gender, ethnicity, household income, historical area participation rates and SEN all widely taken to exert separate influences on the propensity of a young person to participate. Table 2.5 presents a multi-stage binary logistic regression model to examine the participation once these other factors are controlled for.

Model 1 solely uses membership of the care leaver group as a predictor for participation within HE. Unsurprisingly, it is statistically significant, with the care leaver group being only 31% as likely to participate within five years as their peers, if no other factors are taken into account[10]. Model 2 adds five demographic factors, all of which have a statistically significant effect, with women, member of minority ethnic communities and those in areas with high historic HE participation being more likely to participate and those eligible for FSM being less so. In this model, members of the care leaver group are 44% as likely to participate once demographic factors are included.

Model 3 adds two measures of KS4 attainment. The first is a score calculated by the DfE for each young person encapsulating their attainment in GCSEs and equivalent qualifications[11]. The second is the number of GCSE passes attained at grades A* and A, representing elite KS4 qualifications that are disproportionately likely to propel a young person into post-compulsory education and towards HE. These two measures exert separate and significant effects within the model. Once KS4 attainment is included in the model, the relative likelihood of members of the care leaver group progressing to HE rises to 89%. In other words, even once demographic and attainment variables are controlled for, the care leaver group is still significantly less likely to attend HE in the first five years, although the difference between them and their peers is substantially reduced by the inclusion of the control variables, as can be seen in Figure 2.1. Model 3 is also considerably better at explaining the data as a whole, with the R^2 statistic rising from .179 for Model 2 to .486,

---

[10] This figure (and subsequent measures of relatively likelihood) are derived from the odds ratio via the formula presented in Section 2.1.2.

[11] This is the 'KS4_PTSTNEWE' field in the National Pupil Database – its calculation is described in DfE (2011).

demonstrating that KS4 attainment is the single strongest predictor of HE participation within the data available.

Table 2.5: Logistic regression models for HE participation

	Model 1			Model 2			Model 3		
	B(SE)	OR	p	B(SE)	OR	p	B(SE)	OR	p
Care leaver group (reference = 'no')									
- Yes	-1.591 (.040)	.204	<.001	-1.180 (.043)	.307	<.001	-.188 (.047)	.828	<.001
Gender (reference = 'men')									
- Women				.242 (.006)	1.273	<.001	.064 (.007)	1.066	<.001
Ethnicity (reference = 'white')									
- Asian				1.226 (.012)	3.409	<.001	1.368 (.014)	3.927	<.001
- Black				1.246 (.015)	3.476	<.001	1.700 (.017)	5.475	<.001
- Mixed / other				.781 (.014)	2.184	<.001	.844 (.017)	2.327	<.001
- Not known				.132 (.023)	1.141	<.001	.265 (.029)	1.303	<.001
Free school meals (reference = 'no')									
- Yes				-.822 (.010)	.441	<.001	-.208 (.011)	.812	<.001
Special Education Needs (reference = 'none')									
- School Action				-1.218 (.010)	.296	<.001	-.315 (.012)	.730	<.001
- School Action Plus				-1.589 (.016)	.204	<.001	-.357 (.019)	.700	<.001
- Statement				-1.988 (.023)	.137	<.001	-.289 (.026)	.749	<.001
POLAR2 quintile (reference = 'Quintile 5')									
Quintile 1				-1.064 (.010)	.345	<.001	-.664 (.012)	.515	<.001
Quintile 2				-.769 (.009)	.463	<.001	-.454 (.010)	.635	<.001
Quintile 3				-.556 (.008)	.573	<.001	-.332 (.010)	.717	<.001
Quintile 4				-.330 (.008)	.719	<.001	-.185 (.009)	.831	<.001
Not known				-.700 (.047)	.497	<.001	-.291 (.056)	.747	<.001
KS4 attainment									
- Points score for GCSEs and equivalents							.006 (.000)	1.006	<.001
- Number of GCSE passes at A* or A							.393 (.002)	1.481	<.001
Constant	-.364 (.003)	.695	<.001	-.311 (.004)	.733	<.001	-4.264 (.016)	.014	<.001
N	597,404			597,404			597,404		
R²	.005			.179			.486		

However, it should be noted that Model 3 is sensitive to the measures of KS4 attainment used. There is no perfect means of reflecting the diversity of qualifications undertaken by young people or the relative importance of grade or subject combinations. A number of alternatives were explored and, in some of these, care leavers were found to have statistically similar HE participation rates to the whole cohort. The combination presented was felt to provide a good balance between representing all qualifications and giving additional emphasis to those that are taken to represent elite performance; this could be modelled further in future studies.

Figure 2.1: Likelihood of HE participation relative to whole cohort, by control variables
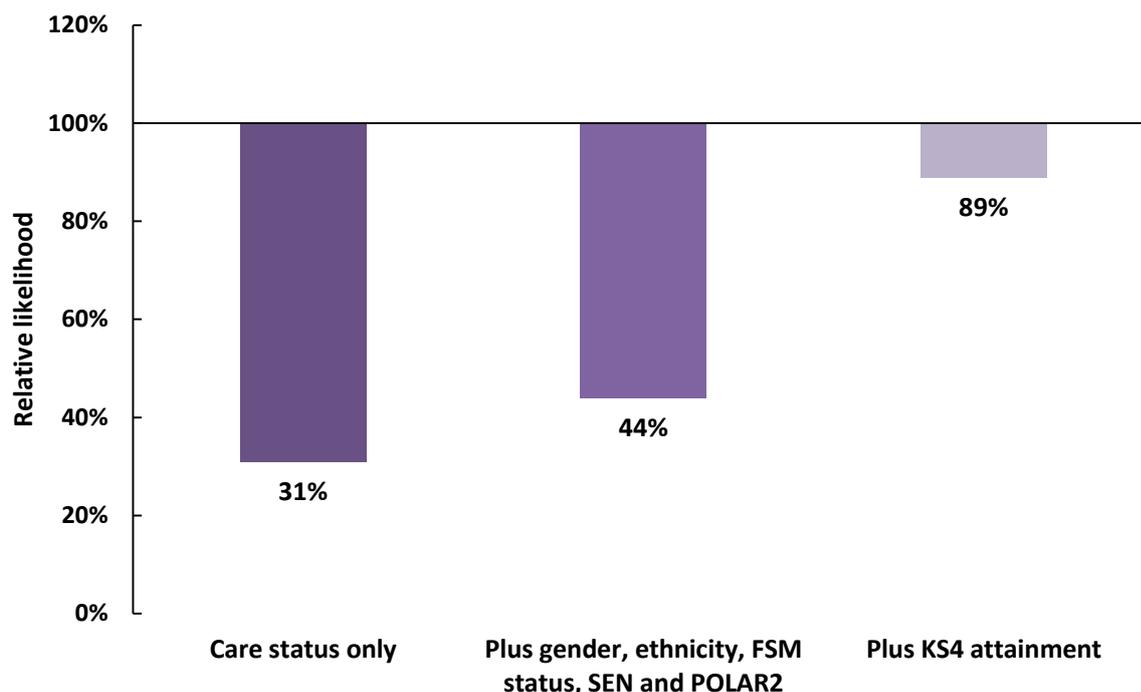
2.3.2 Care leavers in HE

Key finding: *Care leavers in HE come from more diverse backgrounds than average. KS4 attainment is the strongest predictor for participation, but once this is taken into account, care leavers from minority ethnic communities are significantly more likely to participate, while those with higher levels of SEN are less likely to do so.*

This section focuses on those young people who did progress to HE between 2010/11 and 2014/15. Table 2.6 provides a brief demographic and educational overview of this group with respect to those not participating. As can be seen, those care leavers participating in HE were disproportionately female, from a minority ethnic group and without SEN. Of those not participating in HE, few (5.8%) had five or more GCSEs at grades A* to C, although interestingly, many with fewer GCSEs did indeed enter HE, making up nearly half (47.3%) of the total to do so. This evidences the importance of 'second chance' routes into HE for care leavers, where the young person has been able to improve their qualifications markedly since the end of compulsory schooling.

Table 2.6: Demographic profile of entrants and non-entrants for care leavers and whole cohort

	Care leavers entering HE	Care leavers not entering HE	Whole cohort entering HE	Whole cohort not entering HE
Men	43.7	54.5	46.5	54.5
Women	56.3	45.5	53.5	45.5
White	59.2	79.2	77.5	87.8
Black	18.8	4.6	5.6	2.6
Asian	8.6	4.6	10.2	4.3
Mixed / Other	11.3	7.0	5.2	3.2
Not known	2.2	4.6	1.5	2.1
POLAR2 Q1	13.4	16.9	7.7	17.2
POLAR2 Q2	23.8	19.4	14.2	21.1
POLAR2 Q3	17.6	17.4	15.8	18.6
POLAR2 Q4	21.5	18.7	21.0	19.9
POLAR2 Q5	17.8	16.8	27.7	18.6
POLAR2 Unknown	5.9	10.8	13.6	4.6
No SEN / No data	57.3	27.5	91.0	69.8
School Action SEN	13.4	12.4	6.0	15.8
School Action Plus SEN	19.8	22.8	2.0	8.4
Statement of SEN	9.5	37.3	0.9	6.0
- 5+ A* to C inc. Eng/maths	43.6	4.1	75.8	26.6
- 5+ A* to C exc. Eng/maths	18.1	6.7	16.0	19.1
- 5+ A* to G	23.4	33.1	6.9	41.1
- 1+ A* to G	9.5	27.1	1.0	9.2
- No passes	5.4	29.0	0.2	4.1

The contrast with the whole cohort can also be readily seen, with the care leaver group being more diverse by ethnicity (with the exception of Asian students), SEN status and historical HE participation of their home area, as well as having substantially weaker GCSE attainment on average. For example, the care leavers in HE were around ten times more likely to have had a statement of SEN or to have been assessed in the School Action Plus category than the cohort as a whole in HE (29.3%, compared to 2.9%).

Table 2.7 examines which factors may predict the propensity of care leavers to participate in HE using logistic regression models. Model 1 contains the same demographic variables as Table 2.5, with women and members of minority ethnic communities being significantly more likely to participate, while care leavers with SEN are significantly less likely. Interestingly, historical HE participation of the young person's home area and FSM eligibility are not significant predictors. Once KS4 attainment is included in Model 2, gender and being assessed for School Action SEN are no longer significant. In other words, after controlling for KS4 attainment (which has its own predictors), care leavers from ethnic minority communities are disproportionately likely to participate in HE, while those with more severe SEN are less likely to do so.

Table 2.7: Logistic regression models for HE participation among care leavers

	Model 1			Model 2		
	B(SE)	OR	p	B(SE)	OR	p
Gender (reference = 'men')						
- Women	.239 (.086)	1.271	.005	.125 (.096)	1.066	.196
Ethnicity (reference = 'white')						
- Asian	.618 (.157)	1.856	<.001	.851 (.184)	2.342	<.001
- Black	1.476 (.124)	4.374	<.001	1.409 (.017)	4.090	<.001
- Mixed / other	.533 (.137)	1.704	<.001	.539 (.017)	1.715	.001
- Not known	-.354 (.339)	.702	.296	-.182 (.029)	.833	.622
Free school meals (reference = 'no')						
- Yes	-.092 (.114)	.912	.417	.103 (.128)	1.109	.421
Special Education Needs (reference = 'none')						
- School Action	-.609 (.125)	.544	<.001	-.272 (.141)	.762	.054
- School Action Plus	-.798 (.107)	.450	<.001	-.317 (.121)	.728	.009
- Statement	-1.906 (.138)	.149	<.001	-.513 (.159)	.599	.001
POLAR2 quintile (reference = 'Quintile 5')						
Quintile 1	-.207 (.146)	.813	.156	-.014 (.163)	.986	.933
Quintile 2	.114 (.129)	1.120	.378	.185 (.148)	1.203	.211
Quintile 3	-.034 (.137)	.966	.802	-.010 (.160)	.990	.948
Quintile 4	.137 (.131)	1.147	.296	.289 (.150)	1.335	.054
Not known	-.012 (.403)	.988	.977	-.340 (.444)	1.404	.445
KS4 attainment						
- Points score for GCSEs and equivalents				.006 (.000)	1.006	<.001
- Number of GCSE passes at A* or A				.651 (.077)	1.917	<.001
Constant	-1.651 (.125)	.192	<.001	-3.913 (.185)	.020	<.001
N		5,805			5,805	
R^2		.158			.376	

2.3.2 Forms of HE

Key finding: *Care leavers tended to enter HE later than other young people, which was associated with their weaker KS4 attainment. They were also considerably less likely to enter full degree courses, more likely to enter with vocational Level 3 qualifications rather than A Levels and to have weaker entry qualifications.*

The care leaver group not only had differences in its propensity to participate in HE, but it did so in notably different forms and through different pathways to the rest of the cohort. In particular, this section focuses on (a) year of entry, (b) qualification pursued, and (c) entry qualifications used to gain entry.

Figure 2.2: Year of entry as percentage of total entrants for whole cohort and subgroups
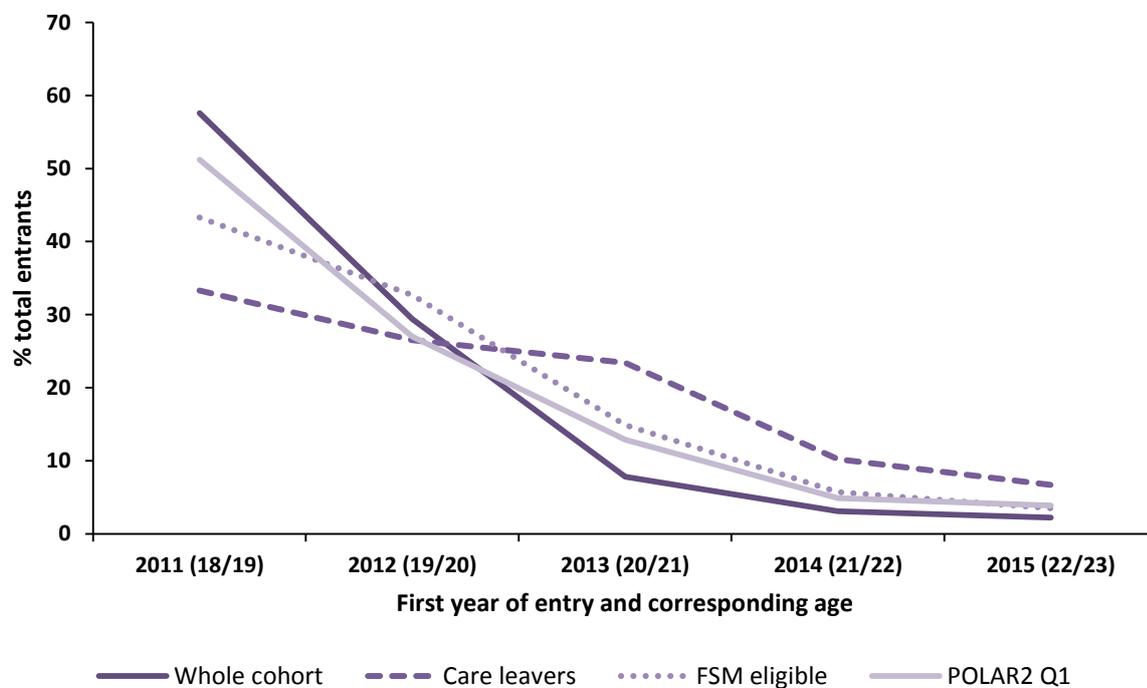

Figure 2.2 shows the year of first entry for the whole cohort, the care leaver group and the two disadvantaged comparator groups. As can be seen, care leavers were significantly less likely to enter in 2011 (as an 18/19 year old) and more likely to enter in 2013, 2014 and 2015 than any of the other groups. On average, care leavers entered HE eight months later than the whole cohort. This will be due, in small part, to the missing data on HE in further education colleges, as discussed previously. When only students with five GCSE passes at A* to C including English and maths were examined, the entry year for the four groups was very much more similar – for example, 54.8% of care leavers entered at the age of 18 or 19, compared to 63.8% of the whole cohort. This suggests that much of the delay in entry for care leavers can be accounted for through their lower average attainment at KS4, presumably leading to retaken examinations and alternative routes to acquire Level 3 qualifications.

Table 2.8 shows whether the first qualification pursued by the young person was a full degree course or a lower HE qualification, including a wide range of foundation degrees, diplomas and certificates. Once again, the care leaver group shows a distinctive pattern of engagement, being substantially more likely to enter HE to pursue a lower qualification compared to the whole cohort and the two disadvantaged comparison groups. Interestingly, however, this does not in this instance appear to be strongly related to KS4 attainment. While the higher attaining group were

more likely to enter full degree courses, this does not change the basic pattern of the care leaver group being less likely to do so. Of the 110 in the care leaver group pursuing a lower qualification, 55 were undertaking foundation degrees, 20 Higher National Diplomas (HND) or Diplomas of HE (DipHE), and the remainder a heterogeneous assortment of other qualifications or standalone credits.

Table 2.8: Percentage of each group and level of study on first entry to HE[12]

	Degree	Other UG
Whole cohort	90.6	9.3
Care leaver group	85.2	14.6
FSM eligible	88.1	11.7
POLAR2 Quintile 1	87.3	12.5
Whole cohort (5+ A*-C inc. E/M)	92.4	7.5
Care leaver group (5+ A*-C inc. E/M)	88.6	11.4

Table 2.9 and Figure 2.3 show the entry qualifications used to access HE for each of the groups of interest. The care leaver group is markedly less likely to enter with A Levels than the cohort as a whole (29.8%, compared with 49.3%), and more likely to enter through a range of non-traditional routes, including access courses, vocational qualifications and other HE courses within a further education setting. Their propensity to do so was stronger than in either of the two disadvantaged comparator groups. Looking only at the subset achieving five GCSE passes at A* to C including English and maths, there was considerable narrowing of the gap between the care leaver group and whole cohort, but a 7.5% difference in the propensity to have entered HE through A levels remained.

Table 2.9: Percentage of each group entering HE by entry qualifications

	Other UG[i]	Access to HE course	A Levels or IB[ii]	Level 3 Dip/Cert[iii]	Other[iv]
Whole cohort	2.6	1.1	48.5	44.4	3.4
Care leaver group	5.7	5.2	29.8	49.3	9.9
FSM eligible	3.3	2.3	37.0	52.2	5.2
POLAR2 Q1	3.6	1.9	38.7	50.4	5.4
Whole cohort (5+ A*-C inc. E/M)	2.1	0.7	53.6	41.5	2.1
Care leavers (5+ A*-C inc. E/M)	3.6	3.3	46.1	43.1	3.9

Notes: (i) This includes those students who undertook HE courses in further education before moving on to a HE provider; (ii) The International Baccalaureate is included with A Levels as a higher-status qualification; (iii) This includes a range of vocationally-focused Level 3 qualifications, including those young people with a mixed portfolio with A Levels; (iv) This includes all other forms of 'qualification', including those not formally recognised, those gained overseas or entry through professional experience.

---

[12] The percentages do not sum to 100% as a very small number of students are recorded as pursuing postgraduate qualifications as their first engagement with HE, which may reflect earlier international study or data entry errors.

*Figure 2.3: Percentage of each group entering HE by entry qualifications*
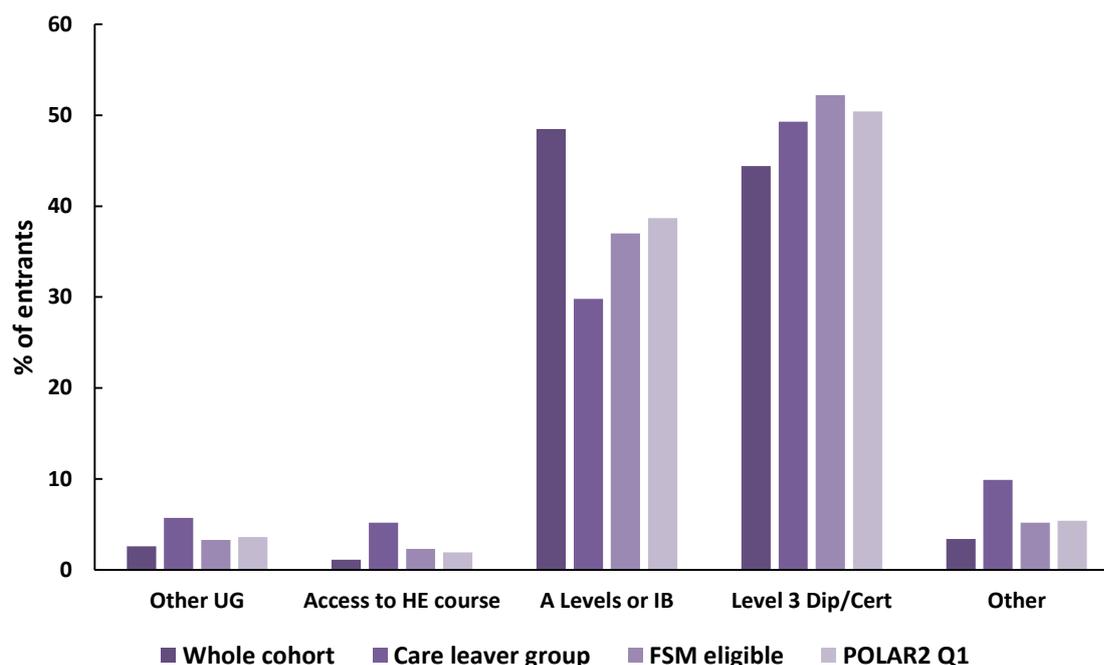
Finally, Table 2.10 and Figure 2.4 examine the UCAS tariff points accumulated by young people at their first point of entry to HE. In keeping with their greater propensity to pursue non-traditional pathways into HE, the care leaver group were substantially more likely to enter with a qualification outside of the tariff system (28.2%, compared to 12.0%), as well as being less likely to have more than 360 points. Once again, their situation was also markedly worse than that of the comparator disadvantaged groups. As with Table 2.9 above, there is some reduction in these differences when only the higher-attaining young people are analysed. Interestingly, care leavers with lower attainment at GCSE were represented among the higher tariff groups, demonstrating that some members of the care leaver group entered HE with considerably stronger qualifications than their GCSE attainment might have predicted.

Table 2.10: Percentage of each group entering HE by tariff points accumulated

	Not tariffed[i]	Fewer than 120	120 to 239	240 to 359	360 to 479	480 and over
Whole cohort	12.0	2.7	13.6	32.9	26.3	12.5
Care leaver group	28.2	3.9	19.5	28.7	16.6	3.1
FSM eligible	17.8	5.1	21.3	33.7	18.0	4.3
POLAR2 Q1	18.3	4.3	16.8	34.1	20.4	6.2
Whole cohort (5+ A*-C inc. E/M)	8.8	2.0	12.5	34.9	28.3	13.5
Care leavers (5+ A*-C inc. E/M)	17.4	3.0	22.5	36.2	17.1	3.9

Note: (i) This includes a range of qualifications and accreditation of prior learning that are not specifically recognised within the UCAS tariff tables, but which are used by institutions to admit students. It broadly represents the Other UG, Access to HE and Other columns in Table 2.9, plus some of those students with vocational Level 3 qualifications.

Figure 2.4: Percentage of each group entering HE by tariff points accumulated
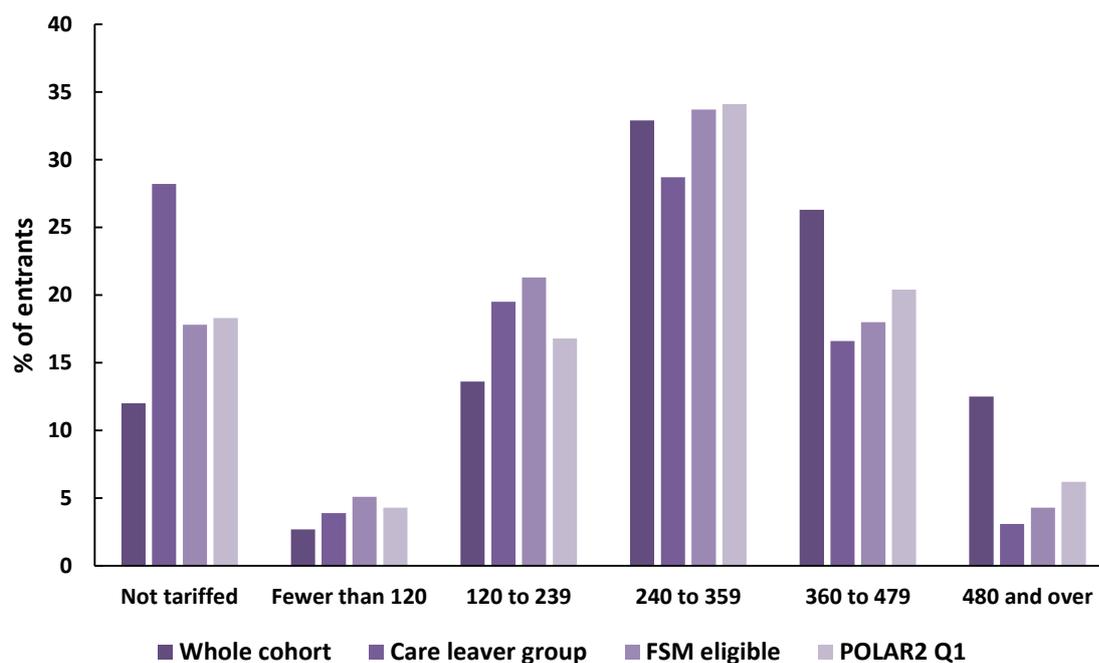
2.3.3 Summary

In summary, there are clear differences between the care leaver group and other groups in terms of the likelihood of them entering HE and the forms of HE accessed. In general, care leavers were significantly less likely to enter and, if they did, were more likely to follow non-traditional and lower-status routes, often with a period of delay relative to their peers. In large part, these differences appeared to result from the differences in KS4 attainment explored in the Section 2.2, where care leavers completed KS4 with significantly lower qualifications, on average. When only the higher-attaining members of the care leaver group were compared with similarly qualified members of the wider cohort, the differences were substantially reduced or disappeared. However, they remained in evidence when looking at mid- or lower-attaining young people, suggesting that care leavers were less able to find a pathway into HE if their initial KS4 attainment was low, compared to other young people. There was also evidence to suggest that some members of the care leaver group substantially improved their attainment between KS4 and entry to HE, underlining the importance of such routes.

2.4 Pathways through HE

2.4.1 Care leaver experiences

Key finding: Just over half of the care leavers entering HE completed a qualification by 2014/15. Nearly one-in-five (18.3%) withdrew, with the remainder still studying

at the end of the period. Many care leavers had non-linear pathways through HE with changed courses, returns from withdrawal and periods of dormancy.

The routes of the care leaver group through HE were often complex. As we have already seen, they tended to delay their entry and to enter through non-traditional routes. Similarly, the traditional linear view of a three year degree was less common, with students often withdrawing, switching course or having periods of dormancy. This is a challenge for analysis as it is difficult to always categorise students clearly in terms of concepts such as 'retention' or 'success'. For example, a student may be considered not to have been retained if they left HE after one year, but this does not preclude them returning two years later and going on to complete their degree. Because of the heterogeneous nature of these pathways, some were pursued by very small numbers of students where the requirement to maintain anonymity attached to the use of NPD data prevents a full exposition of the routes taken (see Section 2.1.1).

Of the 765 members of the care leaver group entering HE, 385 were recorded as completing a qualification within the timeframe afforded by the dataset. In 320 cases, this was a full degree, with the remainder being 'other' qualifications (e.g. foundation degree, HND or DipHE). Of this latter group of 65 individuals, 30 had continued in HE after obtaining their first qualification (mainly to full degrees) and were still studying in 2014/15. Among those passing a full degree, 9.1% received a first class, 41.6% received an upper second class, 27.3% received a lower second class and the remaining 5.2% received a third class, pass or unclassified degree. Furthermore, 25 (8.3%) of those completing had progressed on to a Master's programme, nearly all in 2014/15 academic year; there were no doctoral students drawn from the care leaver group. Interestingly, 30 of those completing a qualification (full degree or 'other') had previously withdrawn from a course, speaking again for the non-linearity of care leavers' experiences of HE.

Conversely, 160 of the 765 were recorded as having withdrawn (or been required to withdraw) from HE without passing any qualification. There was complexity within this group too. Twenty of the group had returned to HE after withdrawing but had not yet completed as of 2014/15. A further 30 had only withdrawn in 2014/15 and some may have been intending to return (e.g. on another course) in the following year. Therefore, the number from the care leaver group seemingly having left HE permanently without securing a qualification was 140; of course, it is possible that some may have subsequently returned after 2014/15.

The remaining 220 members of the care leaver group in HE had neither completed a qualification nor withdrawn. The majority of these (150 individuals) were still active students as of 2014/15, with the remaining 70 appearing to be dormant, in that they had not completed or withdrawn, but they also had no record of attendance for 2014/15. These were most commonly part-time students or those on periods of suspension (e.g. for health reasons).

The descriptive data presented in this section are summarised diagrammatically in Figure 2.4 below, with a flow from the 6,470 original members of the care leaver group on the left through to their HE experiences (if any), to the right.

Figure 2.5: Summary of care leaver pathways into and through HE
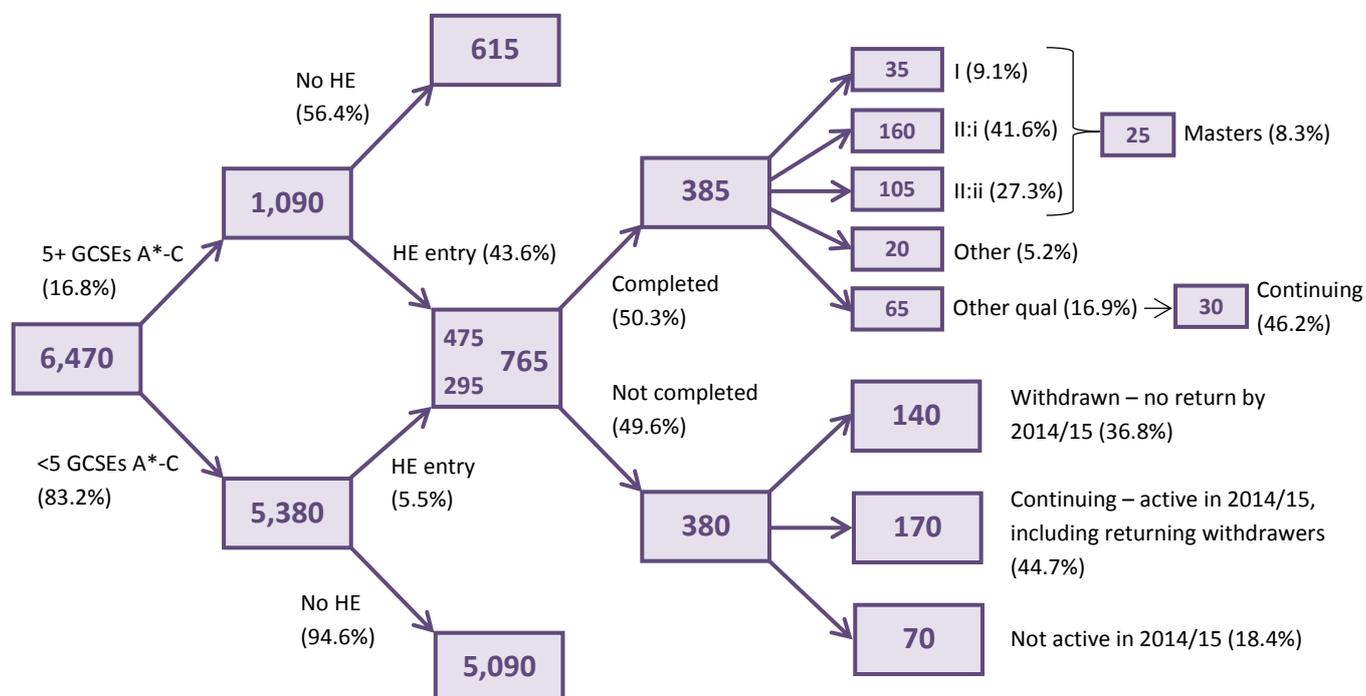
2.4.2 Student outcomes by 2014/15

Key finding: *Rates of completion by 2014/15 were unsurprisingly strongly related to the year of entry. Headline withdrawal rates were higher for care leavers with lower entry qualifications, men and students from areas with low historic participation in HE.*

Due to the high proportion of care leavers not completing their studies within the five year time period being examined, a direct comparison with the wider cohort is not fruitful. Instead, Table 2.11 below compares outcomes across three broad categories of 'completed', 'withdrawn' (and not returning) and 'continuing' (including those currently dormant).

Nearly three times as many of the care leaver group were still studying in 2014/15 (31.3%, compared to 12.8%), with fewer having completed (50.4%, compared to 77.2%). The proportion of the care leaver group withdrawing (18.3%) was nearly twice as high as for the cohort as a whole (10.0%); we will return to this shortly. For every entry year, care leavers were more likely to still be continuing than the cohort as a whole, suggesting that disrupted pathways through HE were more common for care leavers, for example, with retaken years, changes in course or HEI and

periods of timeout. Similarly, for nearly all entry years (2013/14 being the exception), care leavers were less likely to have completed by 2014/15[13].

Table 2.11: Percentage of HE outcomes by group and demographic and educational variables

	Care leavers			Whole cohort		
	Completed	**Withdrawn**	**Continuing**	**Completed**	**Withdrawn**	**Continuing**
2010/11 first entry	70.2	18.4	11.4	87.0	8.2	4.8
2011/12 first entry	61.6	21.2	17.2	77.8	11.7	10.5
2012/13 first entry	38.0	17.9	44.1	45.8	14.8	39.3
2013/14 first entry	16.7	14.1	69.2	16.4	16.0	67.6
2014/15 first entry	2.0	13.7	84.3	7.5	8.8	83.7
Not tariffed	27.3	21.8	50.9	47.2	17.0	35.8
Fewer than 120 pts	36.7	23.3	40.0	62.4	20.6	17.0
120 to 239 pts	53.0	22.8	24.2	70.1	16.6	13.3
240 to 359 pts	64.5	15.0	20.5	81.3	10.2	8.6
360 to 479 pts	63.8	14.2	22.0	86.0	5.8	8.3
480 or more pts	58.3	4.2	37.5	87.5	2.5	10.0
Men	45.7	21.8	32.5	74.7	12.0	13.3
Women	54.1	15.5	30.4	79.4	8.3	12.3
White	47.8	19.8	32.4	77.1	10.2	12.6
Black	56.5	17.4	26.1	67.1	14.9	18.0
Asian	58.7	14.3	27.0	75.7	10.7	13.7
Mixed / Other	55.4	13.3	31.3	73.3	11.3	15.4
Not known	56.3	25.0	18.8	72.5	11.1	16.4
POLAR2 Q1	33.0	20.4	46.6	68.3	13.9	17.8
POLAR2 Q2	50.0	24.7	25.3	72.3	12.6	15.1
POLAR2 Q3	51.1	16.3	32.6	75.1	11.3	13.6
POLAR2 Q4	58.2	17.6	24.2	77.6	9.9	12.5
POLAR2 Q5	57.4	10.3	32.4	80.0	8.7	11.3
POLAR2 Unknown	40.0	20.0	40.0	83.2	6.5	10.3
TOTAL	**50.4**	**18.3**	**31.3**	**77.2**	**10.0**	**12.8**

The most readily apparent pattern within the care leaver group is that the likelihood of completion is, unsurprisingly, strongly correlated with the year of entry, while early enterers were also slightly more likely to have withdrawn. Students with untariffed qualifications or low tariff points were also at greater risk of withdrawal, with only 4.2% of students with the strongest qualifications having done so, compared to 23.3% of those with the weakest. Men were somewhat more likely

---

[13] Completion in less than three years relates to students on certificates (one year) or diplomas (two years), or to those topping-up a Foundation Degree acquired in a further education college.

to have withdrawn (21.8%, compared to 15.5%) and less likely to have completed, as were White students. Finally, care leavers from areas with a less strong tradition of HE participation were less likely to have completed and more likely to have withdrawn. Despite the differences in the overall rates of completion, withdrawal and continuation, similar patterns were identifiable within the whole cohort data, with the exception that Black students were at higher risk of withdrawal. The two disadvantaged comparator groups occupied an intermediate position and are not reported here for reasons of space.

2.4.3 Withdrawal from HE

Key finding: *Even after demographic factors and entry qualifications were controlled for, care leavers were still significantly more likely to withdraw than other students, although interestingly this effect disappeared once KS4 attainment was also taken into account. Care leavers had generally similar recorded reasons for withdrawal to the cohort as a whole.*

Logistic regression models were prepared to explore the predictors for completion and continuation, but these were so closely related to year of entry that the analysis was not fruitful. However, it was possible to create insightful models for withdrawal, where there was no obvious pattern with respect to entry year; these are shown in Table 2.12.

Model 1 supports the initial position that care leavers are significantly more prone to withdrawal, being 74% more likely to do so. This relationship is carried into Model 2, although the effect size is diminished by the inclusion of demographic factors and entry qualifications. Within this model, members of the care leaver group are 38% more likely to withdraw than their peers, but gender, ethnicity, home area and entry qualifications are also statistically significant factors; the latter of these has a particularly strong influence.

Model 3 sees the inclusion of KS4 attainment. Under this model, care leavers are just 12% more likely to withdraw and this is not statistically significant. In addition, the effect of ethnicity and gender are reduced and home area is no longer significant. In other words, in this model, care leavers withdraw at approximately the rate that would be predicted by their qualifications profile (both GCSE and HE entry qualifications), mediated through their gender (women being less likely to leave) and ethnicity (Asian students being less likely to leave).

It is unclear why KS4 attainment should have such a strong influence on the propensity of students to withdraw given that entry qualifications are also in the regression model. Whatever the reason, it is disproportionately felt by care leavers as the relative likelihood of withdrawal fell markedly between Models 2 and 3, as can be seen in Figure 2.6; this will be discussed later. However, with an R^2 statistic of .097, even Model 3 is not a strong fit for the data, suggesting that other factors (e.g. levels of motivation) are important in determining which students withdraw.

Table 2.12: Logistic regression models for withdrawal from HE

	Model 1			Model 2			Model 3		
	B(SE)	OR	p	B(SE)	OR	p	B(SE)	OR	p
Care leaver group (reference = 'no')									
- Yes	.636 (.096)	1.889	<.001	.361 (.098)	1.434	<.001	.131 (.098)	1.140	.183
Gender (reference = 'men')									
- Women				-.394 (.013)	.674	<.001	-.332 (.014)	.717	<.001
Ethnicity (reference = 'white')									
- Asian				-.123 (.023)	.884	<.001	-.177 (.023)	.828	<.001
- Black				.098 (.027)	1.103	<.001	-.034 (.027)	.967	.204
- Mixed / other				-.002 (.030)	.998	.941	-.029 (.030)	.972	.339
- Not known				.021 (.057)	1.022	.705	-.019 (.055)	.981	.734
Entry qualifications (reference = 'untariffed')									
- Fewer than 120 pts				.186 (.033)	1.205	<.001	.180 (.033)	1.207	<.001
- 120 to 239 pts				-.065 (.021)	.937	.002	-.020 (.021)	1.041	.352
- 240 to 359 pts				-.562 (.019)	.570	<.001	-.348 (.020)	.758	<.001
- 360 to 479 pts				-1.078 (.023)	.340	<.001	-.597 (.024)	.572	<.001
- 480 pts and above				-1.919 (.041)	.147	<.001	-.955 (.044)	.375	<.001
Free school meals (reference = 'no')									
- Yes				.375 (.022)	1.454	<.001	.262 (.022)	1.300	<.001
POLAR2 quintile (reference = 'Quintile 5')									
Quintile 1				.296 (.024)	1.344	<.001	.188 (.024)	1.207	<.001
Quintile 2				.224 (.020)	1.251	<.001	.146 (.020)	1.157	<.001
Quintile 3				.160 (.020)	1.174	<.001	.102 (.020)	1.108	<.001
Quintile 4				.072 (.019)	1.075	<.001	.035 (.019)	1.036	.066
Not known				.246 (.110)	1.279	.025	.147 (.110)	1.158	.184
KS4 attainment									
- Points score for GCSEs and equivalents							-.001 (.000)	.999	<.001
- Number of GCSE passes at A* or A							-.139 (.004)	.870	<.001
Constant	-2.136 (.007)	.118	<.001	-1.545 (.020)	.213	<.001	-.857 (.034)	.425	<.001
N	243,234			243,234			243,234		
R²	<.001			.068			.097		

Figure 2.6: Likelihood of withdrawal relative to whole cohort, by control variables
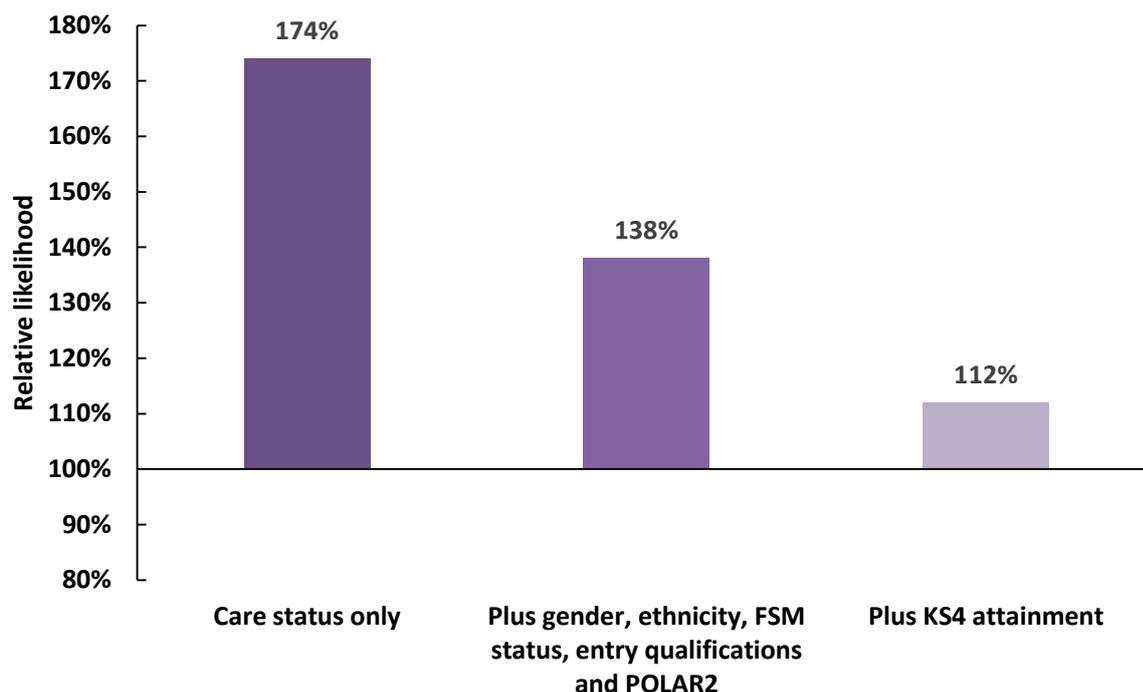
A total of 190 members of the care leaver group had a reason for leaving their course recorded that was not that they had completed – i.e. they had withdrawn or been required to withdraw. As noted above, 30 of these did later complete a course and 20 had returned, but not yet completed; fifteen had more than one withdrawal recorded. A total of 205 withdrawals were recorded, taking into account multiple instances, and these are summarised in Table 2.13 below, alongside the data for the cohort as a whole.

Table 2.13: Recorded reasons for withdrawal for care leavers and whole cohort

Reason for withdrawal	Care leaver group		Whole cohort	
	Number	Percentage	Number	Percentage
Academic failure	80	39.0	14,755	34.4
Personal reasons	40	19.5	10,925	25.5
Written off due to inactivity	25	12.2	3,905	9.1
Exclusion (behaviour/non-payment)	10	4.9	1,055	2.5
Transferred institutions	5	2.4	1,765	4.1
Financial	5	2.4	650	1.5
Health	5	2.4	1,395	3.3
Other/unknown reason	35	17.1	8,435	19.7
Total	205	100.0	42,885	100.0

These data are provided by HEIs and rely on them knowing the reasons for withdrawal. This coupled with the large proportion of 'unknowns' means that these data should be treated with caution. Academic failure was the most prevalent reason for care leavers to withdraw; the 'written off' withdrawals will also include some students who have failed, but who have absented

themselves from opportunities to resit. Personal reasons for withdrawal were also widespread, which is likely to take in a wide range of issues including emotional issues, family issues and so on, but excluding financial and health issues which are recorded separately. As can be seen, the reasons for withdrawal for the care leaver group are not dissimilar to the wider cohort. The proportion leaving due to academic failure, written off after inactivity or being excluded were slightly higher, while personal reasons were less likely to be recorded. However, there is no evidence that the care leaver group had radically different reasons for withdrawing.

2.4.4 Degree classification

Key finding: *Care leavers who completed a full degree were less likely to achieve a first or upper second class degree, but when entry qualifications were taken into account, this difference disappeared. Within the care leaver group, the number of GCSE passes at A or A* was the only significant predictor of degree outcome.*

We now focus on the students who completed a full degree and therefore have a classification recorded – this included 320 care leavers. Because the subgroups are small within the care leaver group, they have been aggregated into 'higher' (first and upper second class) and 'lower' (all others). Overall, as shown in Table 2.14 below, 72.6% of the whole cohort who completed a full degree achieved a 'higher' classification, compared to 61.9% for the care leaver group. Within the care leaver group, the differences in degree attainment are relatively muted, with over half of students with the lowest entry qualification still attaining a higher degree.

Overall, care leavers with strong KS4 attainment or high entry qualifications were somewhat more likely to achieve higher degrees, as were women and white students; there was a similar pattern within the whole cohort. Interestingly, care leavers with fewer than 240 tariff points were slightly more likely to attain a higher degree than the cohort as a whole.

Table 2.14: Percentage of groups by degree classifications, demographic factors and qualifications

	Care leavers		Whole cohort	
	Higher	**Lower**	**Higher**	**Lower**
Not tariffed	52.6	47.4	57.0	43.0
Fewer than 240 pts	58.0	42.0	53.1	46.9
240 to 359 pts	60.0	40.0	69.4	30.6
360 pts and higher	71.6	28.4	82.8	17.2
Men	58.9	41.1	70.0	30.0
Women	63.9	36.1	74.8	25.2
White	64.5	35.5	74.4	25.6
Black and minority ethnic group	57.7	42.3	61.4	38.6
<5 GCSEs A* to C (inc. E/M)	52.1	47.9	60.7	39.3
5+ GCSEs A* to C (inc. E/M)	67.3	32.7	75.4	24.6
Total	**61.9**	**38.1**	**72.6**	**27.4**

Table 2.15: Logistic regression models for the attainment of a higher degree classification

	Model 1			Model 2			Model 3		
	B(SE)	OR	p	B(SE)	OR	p	B(SE)	OR	p
Care leaver group (reference = 'no')									
- Yes	-.462 (.116)	.630	<.001	-.130 (.121)	.878	.285	.104 (.121)	1.100	.389
Gender (reference = 'men')									
- Women				.216 (.011)	1.242	<.001	.157 (.011)	1.171	<.001
Ethnicity (reference = 'white')									
- Asian				-.416 (.018)	.660	<.001	-.383 (.018)	.682	<.001
- Black				-.656 (.024)	.519	<.001	-.537 (.025)	.584	<.001
- Mixed / other				-.272 (.025)	.762	<.001	-.271 (.025)	.762	<.001
- Not known				-.104 (.048)	.902	.011	-.088 (.049)	.916	.072
Entry qualifications (reference = 'untariffed')									
- Fewer than 120 pts				-.188 (.040)	.829	<.001	-.100 (.040)	.905	.013
- 120 to 239 pts				-.047 (.024)	.954	.053	-.006 (.025)	.994	.822
- 240 to 359 pts				.561 (.022)	1.752	<.001	.419 (.023)	1.520	<.001
- 360 to 479 pts				1.116 (.023)	3.053	<.001	.672 (.024)	1.957	<.001
- 480 pts and above				1.525 (.028)	4.596	<.001	.610 (.031)	1.841	<.001
Free school meals (reference = 'no')									
- Yes				-.230 (.022)	.794	<.001	-.115 (.022)	.891	<.001
POLAR2 quintile (reference = 'Quintile 5')									
Quintile 1				-.348 (.021)	.706	<.001	-.153 (.095)	.858	.106
Quintile 2				-.214 (.017)	.807	<.001	-.091 (.094)	.913	.333
Quintile 3				-.129 (.016)	.879	<.001	-.047 (.094)	.954	.615
Quintile 4				-.057 (.015)	.944	<.001	-.011 (.094)	.989	.904
Not known				-.192 (.100)	.825	.055	-.011 (.093)	.989	.905
KS4 attainment									
- Points score for GCSEs and equivalents							.001 (.000)	1.001	<.001
- Number of GCSE passes at A* or A							.133 (.003)	1.143	<.001
Constant	.932 (.005)	2.540	<.001	.361 (.023)	1.434	<.001	-.385 (.096)	.680	<.001
N		171,143			171,143			171,143	
R²		<.001			.101			.141	

Table 2.15 above presents three binary logistic regression models for the achievement of a higher degree classification, with Figure 2.7 below showing the relative likelihoods for each model. Model 1 contains only membership of the care leaver group as a possible factor and, in this model, members of the group are significantly less likely to achieve a higher degree classification, being only 86% as likely as their peers to do so. However, when demographic factors and entry qualifications are added in Model 2, this effect is no longer significant, with the relative likelihood rising to 96%. Model 3 adds in KS4 attainment. Once again, membership of the care leaver group is not a significant predictor of degree outcome. However, whilst it is not a significant effect, the model now sees membership of the care leaver group as having a positive overall impact once KS4 attainment is controlled for, being 3% more likely to achieve a higher classification all else being equal. The supports the earlier evidence that many care leavers are able to overcome weak KS4 attainment once in HE.

Figure 2.7: Likelihood of attaining higher classification relative to whole cohort, by control variables
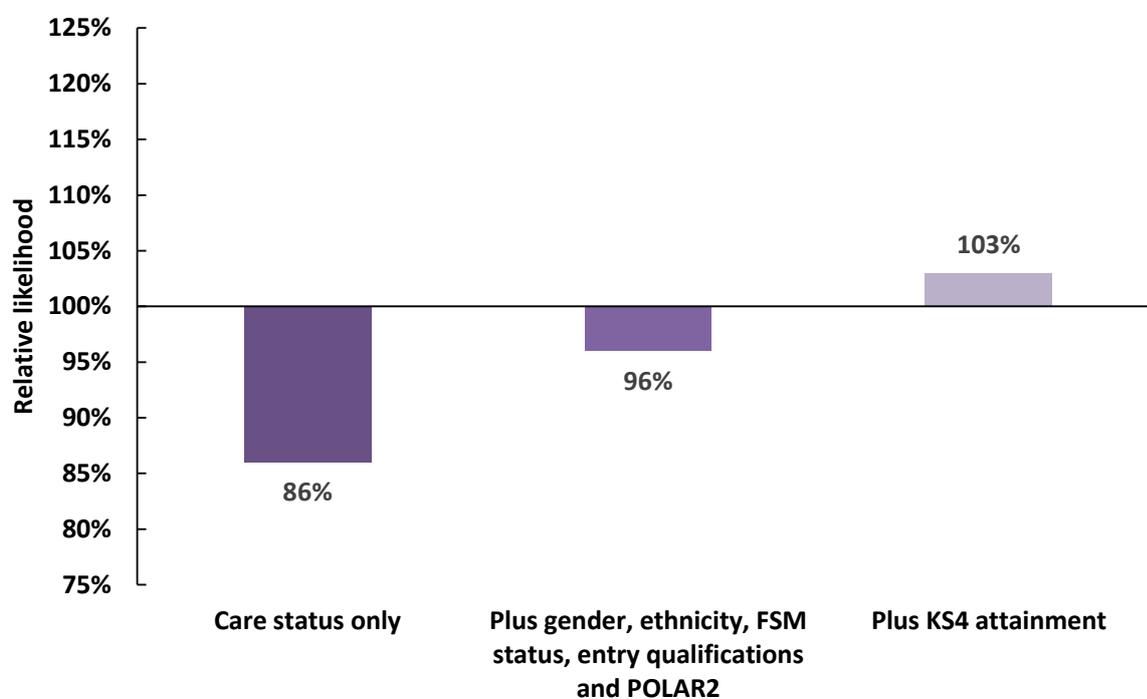
Table 2.16 shows two binary logistic regression models for the care leaver group with respect to their likelihood of attaining a higher degree classification. Model 1 includes gender, ethnicity, entry qualifications, FSM eligibility in KS4 and POLAR2 quintile, but none of these possible factors was found to have a significant effect on the likelihood of a student achieving a higher degree classification. Model 2 adds in KS4 attainment as a possible factor and here it was found that the number of GCSE passes at A* or A did have a significant effect, with each additional pass adding around 10% to the likelihood that the student would go on to achieve a higher degree classification. This is a fascinating result in several ways. Firstly, the influence of KS4 attainment was still being felt many years later; this is also perhaps acting as a proxy for children in stable care arrangements where high achievement at school is more readily supported. Secondly, the KS4 attainment has a stronger explanatory role than actual HE entry qualifications. This is surprising,

but this may represent the ability of many care leavers to overcome their initial disadvantages while in HE.

Table 2.16: Logistic regression models for care leavers' attainment of a higher degree classification

	Model 1			Model 2		
	B(SE)	OR	p	B(SE)	OR	p
Gender (reference = 'men')						
- Women	.169 (.251)	1.184	.502	.135 (.258)	1.145	.600
Ethnicity (reference = 'white')						
- Asian	-.140 (.405)	.869	.729	-.241 (.417)	.786	.563
- Black	-.289 (.309)	.749	.350	-.294 (.314)	.745	.349
- Mixed / other	-.375 (.391)	.687	.338	-.574 (.408)	.563	.160
- Not known	.543 (1.316)	1.722	.680	.512 (1.340)	1.668	.702
Entry qualifications (reference = 'untariffed')						
- Fewer than 120 pts	-.460 (.865)	.631	.594	-.404 (.886)	.667	.648
- 120 to 239 pts	.298 (.430)	1.347	.488	.277 (.437)	1.320	.525
- 240 to 359 pts	.159 (.394)	1.173	.686	-.022 (.403)	.978	.956
- 360 to 479 pts	.640 (.429)	1.896	.136	.394 (.440)	1.483	.371
- 480 pts and above	2.196 (1.106)	8.988	.047	1.485 (1.141)	4.416	.193
Free school meals (reference = 'no')						
- Yes	-.517 (.362)	.596	.153	-.505 (.370)	.603	.172
POLAR2 quintile (reference = 'Quintile 5')						
Quintile 1	-.289 (.482)	.749	.549	-.183 (.491)	.833	.709
Quintile 2	-.156 (.356)	.855	.661	-.084 (.362)	.919	.816
Quintile 3	.140 (.390)	1.151	.719	.046 (.398)	1.047	.909
Quintile 4	-.651 (.353)	.521	.065	-.645 (.361)	.535	.074
Not known	.400 (1.229)	1.492	.745	.463 (1.232)	1.589	.707
KS4 attainment						
- Points score for GCSEs and equivalents				.000 (.001)	1.000	.681
- Number of GCSE passes at A* or A				.261 (.095)	1.298	.006
Constant	.445 (.471)	1.561	.345	.484 (.566)	1.622	.393
N		312			312	
R²		.085			.126	

Finally, the R^2 statistic for Model 2 is still low, with only 12.6% of the variation in the data being explained by the factors included in the model. This again speaks for an open and non-deterministic system, where demographic and educational backgrounds are relatively unimportant in defining outcomes for members of the care leaver group. In other words, many of those young people with lower qualifications prior to HE were then able to achieve highly within HE. This is likely to reflect variables that are not reflected within the dataset, including intangible ones like effort, motivation or family responsibilities.

2.4.5 Summary

This section has explored the experiences and outcomes of the 765 care leavers who did enter HE, including the 320 individuals who had completed a full degree by 2014/15. It was found that because of their fractured pathways leading into HE, care leavers were much more likely to still be studying at the end of the time period than their peers. Furthermore, they had a significantly higher headline rate of withdrawal, which persisted even after demographic factors and prior qualifications were taken into account.

Care leavers also had a lower headline propensity to attain a first or upper second class degree, but, in this instance, this could be accounted for through differences in entry qualifications and demographic profile. In other words, care leavers had a similar level of success as similar students who were not care leavers, if they completed their degree. Indeed, there was evidence that many care leavers were able to overcome weaker qualifications to succeed in HE.

2.5 Summary of outcomes for care leavers

This chapter has examined, in some detail, the pathways into and through HE for a whole cohort of young people who completed KS4 in 2007/08, including 6,470 care leavers. As we have seen, there are strong contrasts in the outcomes within the cohort, with KS4 attainment having a strong role in defining whether young people ultimately secured a place in HE. As care leavers have significantly lower KS4 attainment, on average, their likelihood of entering HE was correspondingly lower at 11.8%, compared to 43.1% for the cohort as a whole. Once in HE, care leavers were significantly more likely to withdraw than similar young people, but, if they completed, had a similar level of attainment.

This complex picture of contrasting pathways and outcomes is illustrated diagrammatically in Figures 2.7 and 2.8. Figure 2.7 displays the outcomes for 100 notional care leavers and 100 notional members of the whole cohort, while Figure 2.8 repeats this, but focuses solely on those achieving five GCSE passes at A* to C (or equivalent), including English and maths. As can be seen, the contrasts are less marked when comparing young people with similar KS4 attainment, although care leaver still have markedly lower outcomes, on average.

Figure 2.7: Outcomes for care leavers and members of the whole cohort

No GCSE equivalent qualifications at KS4	Some GCSE equivalent qualifications at KS4, but no HE
Entered HE, but withdrew without return	Entered HE and still studying in 2014/15
Achieved sub-degree HE qualification	Achieved lower classification degree
Achieved higher classification degree (first or upper second class)	
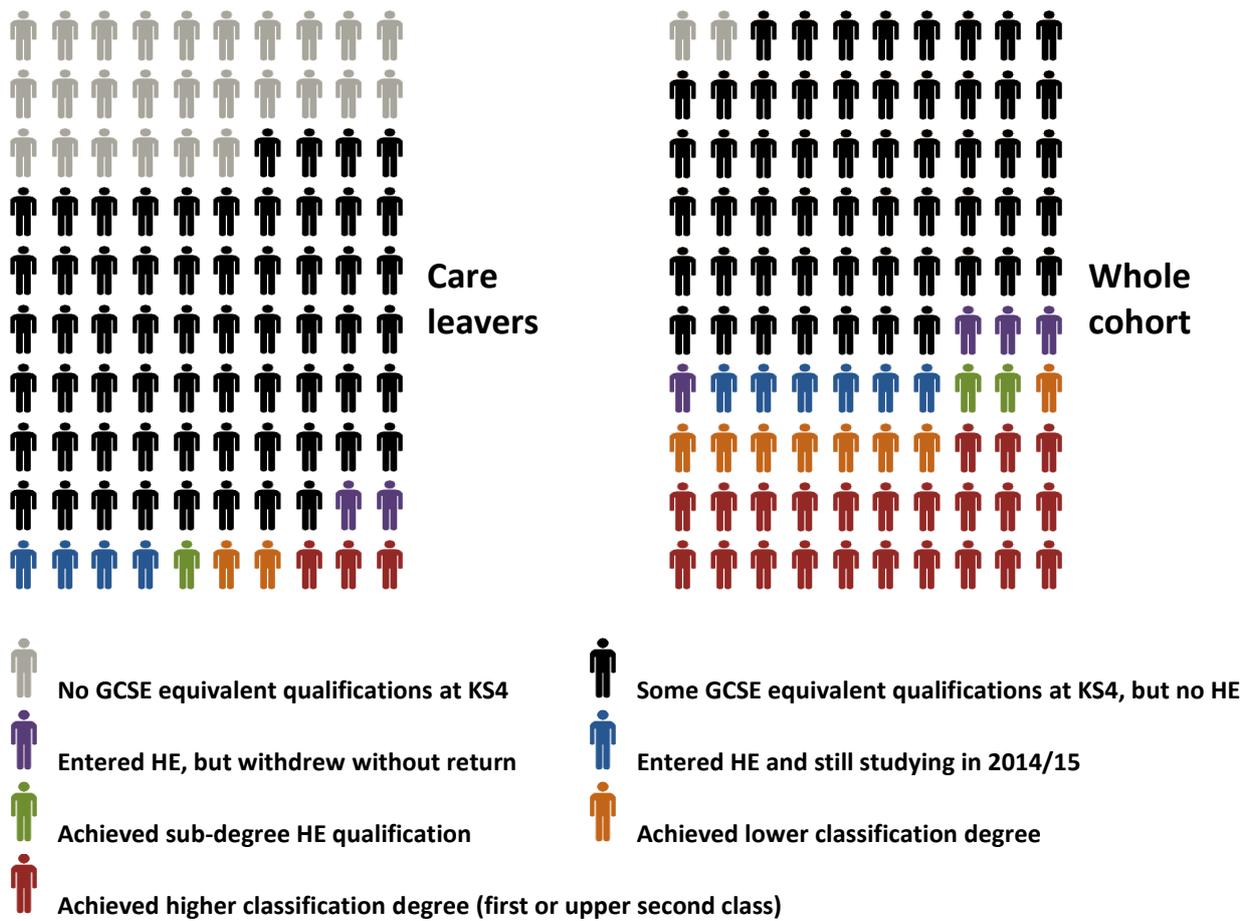
Figure 2.8: Outcomes for care leavers and members of the whole cohort with five GCSE passes at A* to C (or equivalent) including English and maths – same key applies
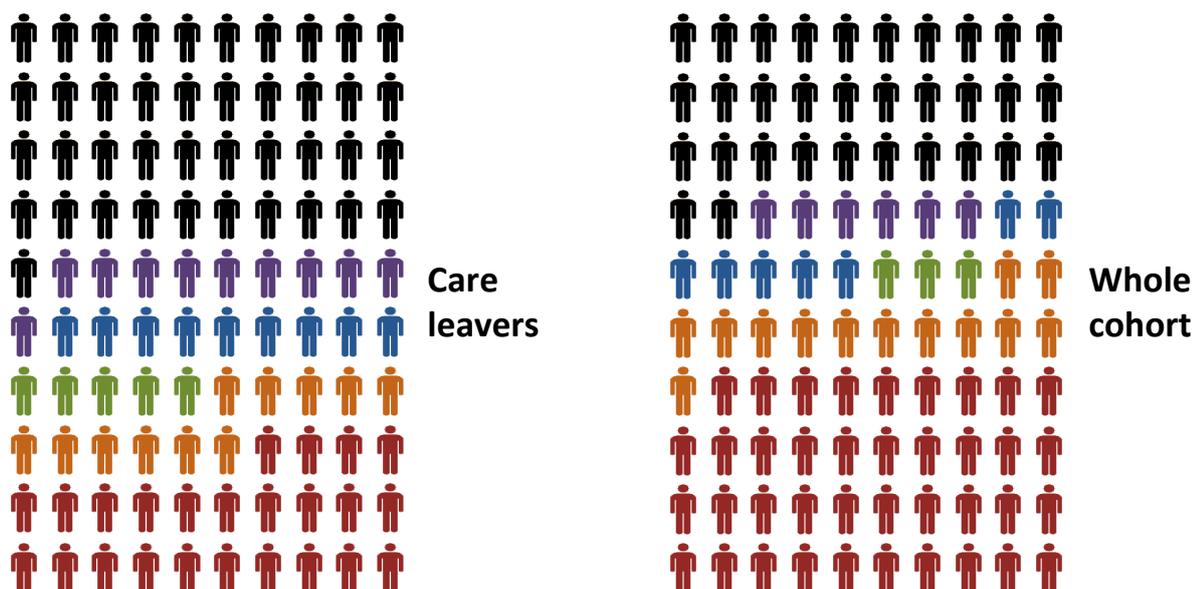
CHAPTER 3: Online survey of care-experienced students

3.1 Introduction

For Part 2 of the study, a questionnaire was implemented using the Bristol Online Surveys software and was open for responses between 15th November and 31st December 2016. This was targeted at care leavers, but within the course of the study it became apparent that many HEIs used a loose definition of the term and captured other care-experienced students too. The primary means of publicising the questionnaire was via staff at English HEIs[14] responsible for supporting care-experienced students, but national charities and some local authorities also promoted the questionnaire; there was also some informal promotion via social media. Support for publicising the questionnaire varied significantly between HEIs.

A total of 212 valid responses were received, but the responses for individual questions were sometimes lower than this figure where respondents chose not to complete them. Of these, 11 respondents were studying outside England (five from Scotland, five from Northern Ireland and one from Wales). While outside the geographical scope of the project, these have not been excluded from the analysis as there is no particular reason to assume that their experiences would be different from their English peers and they therefore contributed to the collective insights.

As noted in Section 1.4 above, there is no definitive national figure for the total number of care-experienced students in HE, so it is impossible to calculate a response rate. Most likely the data represents around 3% of care-experienced students in England, but a much higher proportion of those in HEIs that promoted the study strongly (anecdotally 30% or more).

Table 3.1: Distribution of questionnaire responses by HEI

Number of responses	Number of HEIs with this number of responses	Number of responses	Number of HEIs with this number of responses
More than 10	4	**4**	4
7	5	**3**	7
6	3	**2**	9
5	4	**1**	25

There were responses from 61 HEIs (including two in Scotland, two in Northern Ireland and one in Wales). However, as Table 3.1 shows, the level of response varied considerably between HEIs. Four HEIs collectively accounted for 58 responses (27% of the total), while 25 HEIs were represented by just one response each.

---

[14] Due to the small numbers of care-experienced students within them, colleges were not actively targeted – this is reflected in the terminology of the questionnaire, which asked people to comment on their 'university'. To maintain continuity with the rest of this report, 'HEI' will be used in this chapter to include the small number of responses from further education colleges.

These figures will, to some extent, reflect the total numbers of care-experienced students studying at these HEIs, which in turn reflects both their student profile and overall size. However, from informal conversations with HEI staff, the disparity in responses also reflects whether students were contacted directly and personally about the questionnaire (and then reminded) or whether it was simply advertised within a website or newsletter. Furthermore, it is also important to note that no care-experienced students responded from around 70 English universities, plus a wider group of colleges offering HE.

Of the HEIs yielding responses, there was a good representation from both higher (pre-1992) and lower status (post-1992) universities, as can be seen in Table 3.2. There were very few responses from further education or specialist colleges, as they were not targeted (see Footnote 14) and they were less likely to be connected into the networks used to advertise the questionnaire.

Table 3.2: Distribution of responses by HEI type

HEI type	Number of HEIs	Number of respondents
Pre-1992 HEI	26	82
Post-1992 HEI	31	125
FE/specialist college	4	4

In summary, the responses were drawn from around half of English universities. The response rates from some was high, especially where staff put considerable effort into alerting and reminding students. However, there does not appear to have been a systematic bias in terms of the type or location of HEI represented in the responses, except that care-experienced students in further education colleges are significantly under-represented. Their experiences may be somewhat different to those of care-experienced students in universities and this will be considered further later. There may be some systematic bias in favour of HEIs with a strong and positive relationship with their care-experienced students.

The claims to knowledge derived from the study therefore have to be guarded and tentative, although the sample does represent a broad cross-section of HEIs – albeit with many absent. However, even in the HEIs with high response rates, there is a clear self-selection bias, with the majority of care leavers opting not to complete the questionnaire. This is an unavoidable feature of research that relies on voluntary participation, especially where the target population is widely dispersed and only available through intermediaries. We therefore also need to consider that the responses are more likely to have come from certain types of care-experienced student – perhaps those with more confidence, more time or particular experiences (positive or negative) that they wish to share. Again, this too limits the claims to knowledge and it is important to establish that the results reported herein can only be indicative rather than authoritative; for example, no claims are made that the percentages quoted in this report reflect the wider population of care-experienced students. The intent, therefore, has been for this study to map the range of experiences reported and the common themes underpinning those experiences. As we shall see,

one feature of the results is the diversity of experience and this is, in itself, a useful finding as the non-respondents are unlikely to have experiences that are widely outside the framing provided by the respondents.

3.1.1 Sample description

Table 3.3 provides the demographic and educational descriptive statistics for the questionnaire responses received.

Table 3.3: Profile of questionnaire respondents

	Number	Percentage
GENDER		
Women	143	68
Men	61	29
Agender/gender-fluid	3	1
Prefer not to say	2	1
ETHNICITY		
White British	136	65
Black African	17	8
Black Caribbean	8	4
Indian	2	1
Pakistani	2	1
Bangladeshi	3	1
Other (e.g. Irish, Arab, Afghan, European, Sri Lankan, Chinese)	18	9
Mixed heritage	15	7
Prefer not to say	8	4
DISABILITY		
Identify as disabled	32	15
Do not identify as disabled	171	81
Prefer not to say	9	4
LEVEL OF STUDY		
Foundation	14	7
First year	71	34
Second year	50	24
Third or later year	60	29
Postgraduate	15	7
SUBJECT OF STUDY		
Arts and humanities	26	12
Business (inc. accounting, economics, marketing)	22	10
Education and youth/community studies	20	10
Healthcare and medicine (inc. nursing, veterinary science)	33	16
Science and technology	35	16
Social sciences (inc. psychology, law, criminology)	53	25
Social work	21	10

It would appear that, in common with much social research, women were somewhat over-represented within the sample, although this may to some extent reflect a higher of proportion of care-experienced women progressing into HE, in keeping with the wider national picture where 57% of HE students are women (HESA, 2017). There was a good representation of students from minority ethnic communities and disabled students. Furthermore, the responses were drawn across the various levels of HE and disciplinary areas; it was notable that education/youth studies and social work were particularly strongly represented, with 10% each. This lends further credence to the earlier assertion that the sample is defensibly representative of care-experienced students, although there is some indication that men's views may be somewhat under-represented. However, without information about the overall population of care-experienced students in HE, it is impossible to assess whether other groups were under- or over-represented.

Respondents' housing arrangements are shown in Figure 3.1. The majority were either in their own home (36%) or a shared student house (31%), with smaller numbers in university halls (21%) or living with family (12%).

Figure 3.1: Housing arrangements of questionnaire respondents
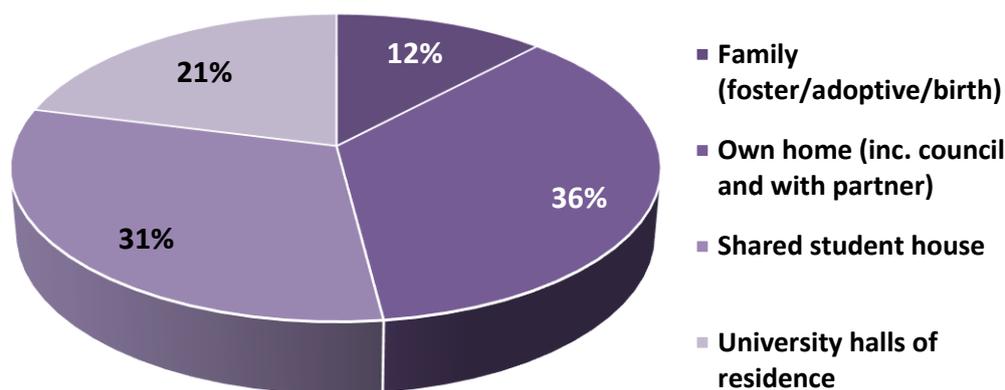
3.2 Quantitative data

3.2.1 Introduction

Aside from the demographic data described above, the questionnaire contained fourteen closed questions requiring tick-box style answers – either yes/no (or variants thereof) or five-point rating scales related to provided statements (i.e. strongly agree, agree, neutral, disagree and strongly disagree); these have been analysed quantitatively. The following section provides basic descriptive statistics for each question, with tallies and percentages of each response category. For brevity, the five-point scales are often condensed by aggregating the two agree/disagree answers, although the full results are shown within the figures. Inferential statistical testing is

then used to examine possible relationships between the demographic subgroups (e.g. by gender, HEI type, housing type) and the quantitative data. The χ^2, Mann-Whitney (U) and Kruskal-Wallis (Z) tests are used as appropriate, treating the rating scales as ordinal data. A 5% significance level is used throughout and only statistically significant results are reported.

3.2.2 Transition and subsequent experiences

Key finding: *On average, respondents were positive about the transition into HE and their subsequent experiences. They were somewhat less positive about coping with their finances, with over one-quarter reporting difficulties. Respondents living in their own homes were less likely to feel supported or to feel at home in HE.*

Students were first asked about their transition into HE, rating their agreement with five statements on a five-point scale. The results are shown in Figure 3.2.

Figure 3.2: Respondents' opinions on their transition into HE
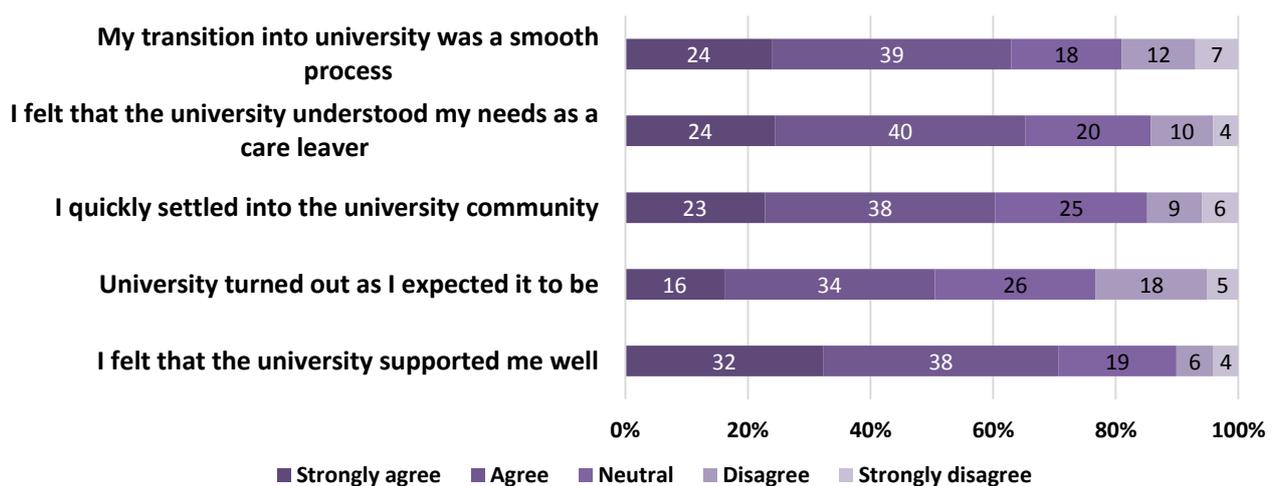
In general, students were positive about their transition process, with more choosing the 'agree' options than the 'disagree' options in every instance. Support was lowest for the statement that *"University turned out as I expected it to be"*, with 50% selecting 'strongly agree' or 'agree'; women were significantly more likely to think that it was not as they expected (U=5086.50, p=.026). Conversely, 70% of respondents felt that their HEI has supported them well, compared to only 10% disagreeing.

The respondents' current views on their HE experiences are summarised in Figure 3.3. Once again, these were generally positive. For example, only 6% disagreed that they were doing well in HE, compared to 71% who agreed. Nearly one-third of respondents reported having a good idea about what they were going to do after HE. Conversely, the least positivity was with respect to

finances, where 50% agreed that they were coping compared to 26% disagreeing. Disabled students were significantly less likely to be confident about their academic abilities (U=2028.50, p=.029).

Figure 3.3: Respondents' opinions on their current HE experiences
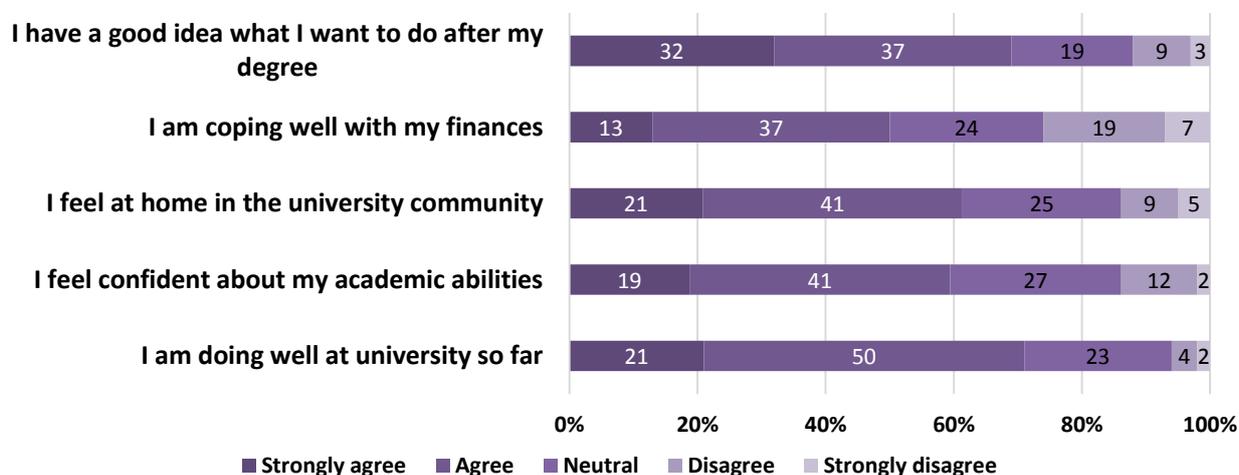
Students at pre-1992 universities were more likely to be in halls of residence compared to those in post-1992 universities, who were more likely to be in their own home (χ^2_3=15.903, p=.001). This likely reflects the localised catchment areas of the latter, where their recruitment tends to be more localised. Similarly, respondents in their first year or on a foundation course were more likely to be in halls of residence, while those later in their HE career were more likely to be in shared housing. These patterns are similar to what would be expected among students who are not care-experienced. Women were significantly more likely to be in their own homes (χ^2_3=7.978, p=.046); the qualitative data suggest that many had children, which may explain this pattern.

There were some interesting relationships between housing arrangements and experiences of HE. Respondents in their own homes were less likely to think that their HEI understood their needs (Z_3=10.167, p=.017), to feel that they were supported during their transition (Z_3=9.347, p=.025) or to feel at home within the HE community (Z_3=14.794, p=.002). They were, however, more likely to know what they wanted to do after HE (Z_3=13.806, p=.003), perhaps reflecting their higher age on entry.

3.2.3 Thoughts about leaving

Key finding: *Over half (57%) of care-experienced students reported thinking about leaving, 18% having done so often. Care-experienced students who reported negative experiences of transition or subsequent HE life were significantly more likely to have considered leaving, as were those who identified as being disabled.*

Respondents were asked whether they had considered leaving HE, with 18% saying that they had done so often, 39% that they had done so once or twice and the remaining 43% saying that they had not. Students who identified as disabled were significantly more likely to have considered leaving often (34%, χ^2_2=6.121, p=.047), but there were no other demographic trends in the data to identify students who were more at risk of withdrawal. However, there were strong and statistically significant connections with nearly all of the experiential scales discussed above, as shown in Table 3.4 below which shows the percentage of those who disagreed with the statements who had considered leaving often or not at all.

Table 3.4: Relationship between transition, subsequent experiences and thoughts about leaving

	% of those who had considered leaving often	% of those who had not considered leaving	Z₂ statistic	p
I felt that the university supported me well	21	3	16.960	<.001
University turned out as I expected it to be	50	9	40.166	<.001
I quickly settled into the university community	33	8	35.795	<.001
I felt that the university understood my needs as a care leaver	24	11	10.881	.004
My transition into university was a smooth process	31	11	16.015	<.001
I am doing well at university so far	13	2	17.128	<.001
I feel confident about my academic abilities	23	6	14.787	.001
I feel at home in the university community	36	4	37.168	<.001
I am coping well with my finances	46	17	18.128	<.001
I have a good idea what I want to do after my degree	18	7	5.790	.055

Unsurprisingly, Table 3.4 shows that care leavers who had negative experiences during transition into HE or subsequently were much more likely to have considered leaving early, albeit that this was still the minority. In particular, this group were less likely to have felt that they had settled into the HE community, to feel at home there and to feel that HE was as they had expected. Those living in their own home were also significantly more prone to considering leaving than respondents in general (25%, compared to 15% overall: χ^2_2=13.946, p=.030), which may reflect the challenges of managing a family alongside studying.

3.2.4 Use of support services

Key finding: Around two-third of respondents had used one or more support services. Women, students identifying as disabled and those in shared houses tended to make more use of student support services. Those respondents who had thought about leaving made greater use of counselling services.

Respondents had made relatively modest use of the specialist support services in their HEI, with 29% seeking financial advice, 30% visiting the counselling service, 28% visiting the careers service and 24% seeking disability advice. Over one-third (37%) had not made use of the four support

services listed, while 7% had used three and 3% had used all four of these. On the whole, there was no evidence that students considering leaving made greater use of these support services overall, although they were significantly more likely to have used the counselling service (χ^2_2=8.869, p=.012).

There were some statistically significant trends in service use by different demographic groups. Disabled students used more services on average, but this was largely driven by their higher propensity to seek disability advice (χ^2_1=68.943, p<.001) and counselling (χ^2_1=4.968, p=.026). Women were significantly more likely to have sought financial advice (χ^2_1=5.08, p=.024) and careers advice (χ^2_1=4.120, p=.042). Interestingly, those in shared student houses were more likely to have sought financial advice (χ^2_3=7.828, p=.050), counselling (χ^2_3=11.992, p=.007) and careers advice (χ^2_3=8.852, p=.031), leading to them having significantly higher service use overall (Z=9.963, 3df, p=.019); this perhaps reflects their greater integration into HE life or perhaps the pressures of maintaining a 'normal' student lifestyle. Finally, students in post-1992 universities were more likely to have used financial advice services (χ^2_1=4.987, p=.026). There were no trends by ethnicity.

3.2.5 Clubs/societies, study trips and paid work

Key finding: *Participation in clubs/societies and study trips was strongly related to the respondents' housing type – in particular, those living in family or their own homes were less likely to participate. Over half (57%) of respondents were working part-time and these tended to be less likely to report coping financially.*

Nearly two-fifths of respondents (39%) had joined a student club/society and 19% had attended a study trip related to their course, with a similar percentage stating that they had been offered a trip but had been unable to attend. Participation in these activities was significantly related to housing type, with those in family and own homes being less likely to join clubs/societies (χ^2_3=20.755, p<.001) and study trips (χ^2_3=10.290, p=.016); students in halls of residence were also less likely to have gone on study trips. Club/society membership was significantly higher in pre-1992 universities (χ^2_3=11.738, p=.001) at 54%, compared to 30% in post-1992 universities. Being a member of clubs/societies was associated with a higher likelihood of feeling of doing well in HE (U=6071.00, p=.038) and having academic confidence (U=6213.00, p=.018), but, perhaps surprisingly, not being part of the HE community. Those who had been on study trips were more likely to feel that they were copying financially (U=1053.00, p=.002), which likely reflects the costs associated.

Respondents were asked about the paid work, with 57% reporting that they were working – 30% in regular part-time jobs, 16% in occasional jobs, 4% in full-time jobs and 7% in holidays only. There were no significant demographic trends as to who was working or in which ways. Those that were working were more likely to report that they felt they were not coping financially

(U=4517.00, p=.028), but that they had a good idea about what they wanted to do afterwards (U=6640.00, p=.004).

3.3 Qualitative data

3.3.1 Analytical approach

Respondents were provided with five opportunities to provide open text answers to questions and most (176, i.e. 83%) did so. Over 16,000 words of text were provided in total, although the amounts varied considerably between respondents, with some providing short phrases while others provided detailed accounts of their experiences of HE. The first two questions concerned transition into HE and the second two on potential withdrawal and reasons for staying; the fifth was an opportunity to provide any other salient comments.

The data were analysed in these two blocks, with the answers to the fifth question being integrated into the other blocks as appropriate. A form of thematic analysis was undertaken on the two blocks of questions in turn. This was based around a framework of broad themes containing more specific subthemes. The respondents' accounts were read and provisionally allocated to subthemes which emerged inductively from the data itself. These subthemes were then reviewed, with similar or overlapping subthemes being combined and then assembled into overarching themes. A second reading of the data was then undertaken to ensure that the themes and subthemes adequately represented the data, with some final alterations being made and small subthemes being combined to ensure that all represented at least two individuals. Finally, a third reading was used to double-check the framework and to collate relevant illustrative quotes.

There are obviously some limitations within this approach. Those respondents who provided more text inevitably have a 'louder voice' in the analysis, with their accounts potentially spanning several themes and subthemes. Furthermore, the creation of the subthemes and their arrangement into themes is necessarily subjective and, to some extent, arbitrary. The approach has been to create a framework that provides a fair representation of the data, but other researchers may have arrived at a somewhat different configuration, although it is unlikely that the substance would be meaningfully different. Where this is most apparent is in the ordering of the themes, which has been done in descending order of incidence – i.e. from the most common to the least common. The decision on which subthemes are allocated to which themes therefore influences the ordering of the analysis. For example, the subtheme concerning care leavers lacking a safety net of family support could have been placed in either the theme of Emotional Issues or the theme of Managing Change.

Because the respondents chose which elements of their experiences to highlight in their responses, the indicative percentages provided in the analysis below will represent a minimum for

the proportion of respondents with these experiences as more respondents may have identified others if they had been given a list from which to choose. As the numbers in each theme and subtheme are relatively small, no formal subgroup analysis has been undertaken; rather, possible patterns (e.g. by gender) are highlighted where appropriate.

One feature of the qualitative parts of the questionnaire was that its focus was on things that had not gone well and on suggestions for how support could be improved. This means that the following sections have something of a negative tone, emphasising the respondents' problematic experiences. It is important to remember when reading that, as described above, the majority of respondents had positive experiences of transition and HE in general. These respondents tended not to provide qualitative data or they simply expressed that all had gone well for them, perhaps with some suggestions for improvements. However, with an eye to future improvements in the support provided to care-experienced students, it is important that the more challenging and problematic experiences are aired and given appropriate weight.

Finally, the questionnaire was designed to be accessible to mobile devices and it was clear that many of the respondents had used them. One side-effect of this was a relatively high incidence of 'predictive text' failures inserting inappropriate words, 'textspeak' abbreviations and typographical errors. For clarity, these have been corrected in the quotes rendered below, while the respondent's original phrasing and vocabulary has been preserved; in all cases it was obvious what was intended. Square brackets have been used to indicate substantive changes to the text, either to omit less relevant sections (with ellipses), adapt the quote for readability or to redact the name of HEIs, local authorities or other organisations.

3.3.2 Transition into HE

As noted in Figure 3.2 above, 19% of respondents did not feel that their transition into HE was a smooth process, with a further 18% giving a neutral answer. A total of seven themes were identified within the qualitative data from the two questions relating to transitions into HE, in which respondents were asked to provide more information about the difficulties they faced and what could have made their transitions smoother:

1. Local authority support (23% of the total respondents, equating to 62% of those having a negative or neutral transition)
2. Managing changes (17%/46%)
3. Financial issues (15%/41%)
4. Social and emotional issues (13%/35%)
5. Problems with HEI support (10%/27%)
6. Accommodation issues (8%/22%)
7. Legacy of care experience (7%/19%)

3.3.2.1 Local authority support

Key quote: *"The local authority was very disorganised and wasn't very informative on what care leavers get when they go [to] university, [it] was just stressful and very disorganised."*

Many students drew attention to the high-quality support that they had received from their local authority prior to and during their transition into HE, including these examples:

'My PA [personal adviser] went out of her way to make sure everything was in order and flowed smoothly by the time it came to going to university.'

'My local authority was excellent in the transition. I was well informed of everything they would pay and supported with a letter stating that I was a care leaver throughout.'

However, just under one-quarter of respondents reported difficulties arising from their relationship with the local authority – this represented nearly two-thirds of those reporting issues with their transition. Most commonly, they felt that the authority was generally unsupportive of their desire to enter HE or that they were actively negative or obstructive, either corporately (thirteen respondents) or as represented by their personal adviser or social worker (three respondents). The following example is typical of a discourse of struggle:

'I felt that the support from my local authority has been shameful. I have had to fight managers all the way through my degree […] for the basic funding […] that I am entitled to. It has been that much of a struggle as I was nearly convinced that I was not capable to attend university regardless of good marks within an access course […] If I was not stubborn and confident in my ability I would not have a bright future in front of me.'

Respondents described having to *'fight tooth and nail'* or *'to fight to be able to go'* into HE, in the face of a local authority that tried to put them off: *'they wanted me to claim benefits and leave my home'*. Another described how they felt that their local authority was simply in denial about their desire to continue their education:

'My local authority refused to acknowledge me […] I had no support to get to university. No help with applications. No travel help to university.'

Other respondents talked about being made to feel that they were doing something considered inappropriate for a care leaver and, as a result, not getting the advice they needed, as in this example where the local authority's horizons were considerably lower than the respondent's:

'There is almost an expectation [from the local authority and foster carers] of your academic achievements. There wasn't much talk about going into higher education as the

statistics would suggest that I would go on to be career criminal or abuse drugs [...] Having the right information available to me would have definitely made my transition easier.'

Four respondents felt that the local authority had broken specific promises to them about maintaining their accommodation, funding or other support, leaving them feeling let down and with a poor working relationship during their studies, as described in these two examples:

'I was told my accommodation would always be paid for, and then at [the] last minute the LA [local authority] changed their mind, which made things difficult.'

'It has been a long fight, but it tainted my relationship with social services and they told many lies which are still not resolved.'

While not directly part of the local authority, four respondents specifically identified their foster carers as being unsupportive or negative about HE:

'Someone should have helped me to move my belongings – I had to make three trips. My foster carer was not very supportive so a social worker should have stepped in. Someone should also have come to visit me as I felt pretty abandoned alone when I first moved.'

Other respondents did not necessarily feel that the local authority had been unsupportive, but that they had not been able to help them with their transition as much as they had hoped. Eight reported that their local authority had been unable to provide them with good advice due to their limited experience of supporting care leavers into HE. This variously manifested itself in a lack of information about what HEIs could offer in terms of support, poor help in completing student finance forms (causing delay – see Section 3.3.2.3 below), an inability to attend open days, an absence of advice about courses and career options and a lack of liaison between local authority and HEI, as can be seen in these examples:

'The help I did get was very supporting but it felt like it was something that no one had dealt with before which made me anxious about getting my application right and on time to start the course.'

'The care home I came from had never had anyone go to university before and so had no idea at all when it came to open days and applying. They never understood the importance of open days and this is something that was quite difficult – especially as it was required that a staff member came with me when I went out.'

'Social workers [...] could have aided me better with transport and advising on new things to consider, e.g. dealing with living alone, financial awareness.'

On a similar theme, the following respondents saw this as a failure of management within the local authorities, which then impacted on their ability to make a smooth and comfortable transition into HE:

> 'The local authority was very disorganised and wasn't very informative on what care leavers get when they go [to] university, [it] was just stressful and very disorganised.'

> 'Social services being more organised [would have helped]. The transition was a stressful period and communication and arrangements still had not been confirmed up until the second month of uni.'

This lack of knowledge and experience was sometimes exacerbated by continuity issues with personal advisers, who were changed at short notice or who were out sick for lengthy periods:

> '[I needed] better support from my PA [personal adviser] or social services because she was always off ill and kept filling in my application to student finance wrong and was difficult to contact when the university wanted to discuss my bursary.'

> 'To get my forms and applications needed to prove I'm a care leaver was hard because I had so many changes of [social] workers.'

At the most practical level, five students reported their disappointment at having no-one to help them to move to their HEI, with one having to beg a lift from friends and another being sent in a taxi which resulted in an unpleasant argument with the driver about payment on arrival.

A small number of students found themselves denied access to local authority support on what they saw as unfair technicalities. One had returned to their family weeks before their sixteenth birthday and so was not considered a 'care leaver' despite having continuing issues with their birth family, while several slightly older students were denied support by their local authority as they considered them to have already left care by living independently for a short period. This latter group reported particular difficulties in procuring student grants/loans as they had to prove 'estrangement' from their birth family as they had not left care for long enough to be deemed 'independent'; this was significantly harder and more invasive than it needed to be, they felt.

3.3.2.2 Managing changes

Key quote: *"I think I found the whole process difficult as I felt so alone and it became really obvious that I didn't have any family or anyone who cared about me."*

Unsurprisingly, the respondents often saw their transition into HE as a major upheaval in their lives and, even if positive in the long-term, one that posed new challenges – roughly one-sixth of

respondents highlighted this as a negative component in their transition, equating to just under one-half of those experiencing difficulties. In particular, they talked about the feeling of lacking a safety net, especially if they were concerned about the willingness or ability of their local authority to provide one – and particularly if they had moved away for HE. Sixteen respondents mentioned this feeling in some form, feeling that they were having to manage the changes by themselves and without the collective family resources on which other students could draw: *'It was just harder as there are less people for me to turn to for help'*. While this did include financial resources (see Section 3.3.2.3 below), more commonly the respondents were focused on the ability to get advice and to have someone to talk to about their experiences in HE:

> 'I think I found the whole process difficult as I felt so alone and it became really obvious that I didn't have any family or anyone who cared about me. Everyone else had their parents there who helped them unpack, bought them food and checked in on them.'

Conversely, those that did have strong networks recognised their value, as in this example of a respondent who had drawn heavily on their existing and new friends:

> 'If I had less of a social network I would have struggled quite a lot as there was minimal support/guidance, if any.'

Respondents specifically mentioned managing the change to independent living, taking in practicalities such as shopping, cooking and budgeting, in which they had no previous experience due to their care arrangements. Others had struggled with fitting into a new social environment with new norms, boundaries and behaviours – for example:

> '[I had] no specialist support available and at this time I found the structure of university life very difficult having had minimal structure and boundaries in my childhood.'

> '[I had] unresolved issues concerning the ability to interact with others and psychological impact of being in care in earlier life.'

The transition into a new academic milieu was challenging for others, including managing the workload, learning independently and dealing with the academic ramifications of dyslexia and mental health issues. Others found that they had gaps in their knowledge base, potentially due to school attendance issues: *'It was hard as lecturers presume you know everything and not always the case.'*

Finally, a small group of respondents had experienced unusual experiences just prior to entering HE that made their transition more problematic than it would otherwise have been, including having a foster placement breakdown, being the victim of a burglary while in temporary accommodation and having serious health issues.

3.3.2.3 Financial issues

Key quote: "Financing was the only thing that slowed me down."

The financial issues reported fell into two main categories. The first was a shortfall in the amount needed to cover essential costs, which was highlighted by twelve students who reported difficulties in meeting rent, food or travel costs, or found that they had taken on more part-time work than they had intended in order to meet their costs: *'Student finance doesn't stretch to last the full year, even with no social nights.'* For some, this was unexpected and related back to the (lack of) advice they had been given by their local authority, as in this example:

> 'No one teaches you about finances and when your student loans/bursaries etc. aren't enough to cover your rent/books/basic living and you end up in an overdraft you can't afford to pay back.'

The second group had experienced difficulties because their financial support package had not been in place when they entered HE. For some, they felt that this is because they had not been provided with the necessary information to make the arrangements in good time (*'Financing was the only thing that slowed me down'*) or were unaware that additional source of income (e.g. bursaries) were available until they arrived. Others found that their funding had been delayed in some way, including (as noted above) issues with proving their status or obtaining the appropriate paperwork from their local authority:

> 'I was completely unaware how to apply for student finance as a care leaver which left me having problems getting money on time […] no one told me.'

> 'I didn't receive my student loan for another month [after starting], without the option of any further support until I got my loan.'

Three respondents reported difficulties in communicating with Student Finance England, who they found unhelpful and unsympathetic towards them due to their status as care leavers. As one respondent put it:

> 'Student Finance England could have been a lot more accommodating to my situation as a care leaver. They asked for every detail of my situation which is not necessary and took a long time to process my application.'

3.3.2.4 Social and emotional issues

Key quote: "As you leave care, you lose a lot of contact and support [from other children-in-care] which were for some people the only family or support network you had."

Around one-in-eight respondents had social or emotional issues which impinged on their ability to move smoothly into HE. These were expressed in quite individual ways and the categorisation into subthemes is relatively artificial as it is perhaps more accurate to conceptualise the accounts on a continuum from short-term discomfort from being in a new environment to managing long-term mental health issues.

Eleven respondents talked about the *'crippling loneliness'* and isolation of their early days in HE, where they found it *'hard to make friends and harder to do things alone'*. They also described a sense of abandonment where they did not have family (or foster carers or personal advisers) to check that they had settled-in, as in this example:

> 'I would have liked more support from my foster carer. Regular phone calls or texts to see how I was coping would have been nice.'

This clearly weighed very heavily on some respondents and, as we shall see, continued to colour their experience of HE. Indeed, moving into HE was viewed by some as a *'big step'* which caused *'high anxiety'* alongside the absence of a safety net as discussed above. One student reflected on how this wrench from their established social networks left them feeling vulnerable:

> 'As you leave care, you lose a lot of contact and support [from other children-in-care] which were for some people the only family or support network you had.'

Low levels of confidence and self-esteem were also reported by multiple respondents, as well as being implicit in several of the other accounts – for example:

> 'Confidence in ability to succeed and see the course through has definitely been impacted by earlier life experience.'

Finally, seven respondents felt that their pre-existing anxiety and mental health issues had made their transition particularly challenging, especially for those who felt that their HEI was not prepared for students in their situation.

3.3.2.5 Support from the HEI

Key quote: *"Obviously care leavers want to fit in, but at the same time, their experiences do require more support systems in place."*

While respondents generally reported having very high regard for the support offered by their HEI, around one-in-ten felt that they had not been supported as well as they might have been during their transition into HE. The reasons for this were generally diverse and individual in nature. Several mentioned that either their HEI did not have a designated member of staff to assist care

leavers or that this person was insufficiently available for their needs, which included issues such as help with filling in important paperwork (e.g. for student finance) or troubleshooting issues on arrival (e.g. accommodation) – for example:

> 'I would have preferred a quicker response to some of my needs after my transition. My student finance came 2 months into my course and I was only contacted by the care leaver office [in the university] after I received the money and the housing office had stopped berating me to pay rent.'

Six respondents reported that they felt that there was insufficient emotional and mental health support offered by their HEI and that, specifically, the doctors' surgery and counselling services were not geared up to support care leavers with severe and/or long-term issues. As one student explained:

> 'I found that not having a GP surgery specifically for students with mental health issues or a health professional on site has been difficult, as I really struggle with post-traumatic stress. I found that I felt lost when I came to university, because I didn't receive a lot of contact from university or my school or department about me being a care leaver. Obviously care leavers want to fit in, but at the same time, their experiences do require more support systems in place.'

A lack of storage facilities (especially for those previously living independently) and an inability to move into accommodation early were highlighted by three respondents and, in one case, led to the student having to change their course:

> 'I was meant to go to [name of university] but I couldn't as I had moved into supported accommodation and had all my stuff meaning I couldn't move into halls.'

3.3.2.6 Accommodation issues

> **Key quote:**   *"From first contact I stressed the importance of a quieter, more relaxed place to live. Being vulnerable as a recovering drug addict I was keen to not be at the centre of student parties."*

While relatively uncommon, accommodation problems could have a profound effect on the respondent's experience of entering HE and their ability to settle into a new environment. The most frequent issue was around access to all-year-round accommodation that did not require them to vacate during the student holidays, whether on campus or in private housing – for example:

'My primary difficulty was a lack of support in between term times as I did not have a place to live. If I did not have girlfriend at the time I wouldn't have known where to stay.'

'The university has supported me through summer vacation housing although I had been panicking for a while about becoming homeless.'

Other respondents highlighted a mismatch between their requirements or preferences, and what they had been allotted by their HEI – for some who had been housed with international or postgraduate students that they found to be too quiet, adding to their feelings of isolation, as for this respondent:

'The activities of the flat residents were not my kind of people and it was lonely there as the other students were international and spent their time socialising with other international students.'

However, for others this meant that they wanted something quieter and away from the partying associated with halls of residence:

'From first contact I stressed the importance of a quieter, more relaxed place to live. Being vulnerable as a recovering drug addict I was keen to not be at the centre of student parties etc. For over two years I lived in the noisiest part of the city, in a halls that was constantly partying. If I was less experienced and less stable in my recovery I would have been in real danger. I did a lot over those two years to support my deteriorating mental health, mostly I had to leave the halls at the weekend because I couldn't handle it.'

In most instances, the problems had been resolved relatively quickly by the HEI or through the respondent's own efforts, but they persisted throughout the first year for some. The previously-quoted respondent did manage to move into more appropriate housing in their final year and reported that they could *'not [have] been happier'* since.

3.3.2.7 Legacy of care experience

Key quote: *"It is difficult for me to tell friends in Uni about my circumstances, so I felt it is better to tell them that I am an international student."*

The final theme pulled together some highly individual experiences that related to the collision of the respondent's care experiences with a new environment. These could perhaps have been included within the Managing Changes theme, but they had a particular flavour which seemed to distinguish them because of their specific relationship to care and how care-experienced students continued to be affected by their pasts, regardless of a change in role and home.

One group of experiences were around the practical impact of care experiences. One student talked about the difficulties in procuring a bank account without the background information that is often required. Another found that their criminal record belatedly posed a problem for their course (due to checks for working with children and vulnerable adults), causing them to have to abandon one course and move to another. Others struggled to secure appropriate housing because they lacked guarantors – other students would typically have their rent underwritten by parents – or they were discriminated against as they were deemed to be 'on benefits'. Immigration and benefit issues also featured, where the switches from care leaver to student posed unexpected problems that led to anxiety, financial challenges and loss of time that would have been better spent in integrating into their new circumstances.

The other group of experiences under this theme captured how care leavers related to other people. Several respondents talked about the difficulties that they had in explaining their experiences to students and staff – for example:

> 'I find that a lot of people around me have extra support from mum and dad, and tutors have had a similar upbringing and have already gone on to be successful. I think it's harder for staff at the university to understand that I am entirely responsible for myself, without a Plan B if anything goes wrong.'

> 'It is difficult for me to tell friends in Uni about my circumstances, so I felt it is better to tell them that I am an international student.'

> 'Sometimes I found it really hard to speak about my time in care and the way it has affected me.'

> '[It would be better] if people who were not care leavers were more educated on care leavers and things like childhood domestic, sexual and emotional abuse and alcoholism and drug abuse.'

Three respondents reported being victims of stigma and prejudice while in HE, while two had unexpected and unhelpful interventions from their birth family during the transition period.

3.3.2.8 Suggested improvements

Key finding: *Care-experienced students were keen to see greater and earlier liaison between their HEI and their local authority, as well as better training for HEI staff and the chance to meet similar students during the transition process.*

Finally, while possible remedies to transition issues were implicit in many of the themes above (e.g. someone to help with moving in or more mental health support), a small number of

respondents additionally used the opportunity to suggest specific solutions to the problems that they had experienced:

- A formal meeting or information share between local authority and HEI to troubleshoot issues of finance, accommodation and other support (6 respondents)
- Training for HEI staff around understanding care experiences, especially for those (e.g. in accommodation offices) that are not used to dealing with care leavers (5 respondents)
- A mentoring/buddying programme for new care leavers in HE, whether through the HEI or local authority (4 respondents)
- Special open days for care leavers, where they could get more focused information and feel less overwhelmed (2 respondents)
- Workshops on independent living (2 respondents)
- The opportunity to have advance contact with key academic staff (2 respondents)
- A step-by-step written guide for care leavers entering HE (1 respondent)

It is likely that some of these are already in place across some local authorities and universities, but the data suggest that coverage is not yet universal. In general, there was a sense in which respondents were seeking a more managed and structured transition into HE, with their HEI taking on elements of the duty of care from their local authority, while also seeking to join a community of care leavers who were achieving greater independence as they entered their adult lives. Conversely, it is important to note that mature students with care experience did not generally fit this pattern, while some younger respondents enjoyed the clean break from their past and the chance it offered for a new anonymous start:

> 'I enjoyed the privacy they gave me, letting me deal with challenges and events independently was more satisfying and taught me experiences and skills I wouldn't have achieved otherwise.'

3.3.3 Thinking about withdrawing

As noted above, 57% of respondents had considered leaving their course, with 18% reporting that they had done so often; indeed, five respondents reported that they had left their original course and were on a second one. Nearly all of these 122 respondents provided further information about why they had thought about withdrawing and five overarching themes were identified – the same caveats outlined above about overlap and artificiality apply here too:

1. Academic issues (30% of all responses, representing 53% of those who had considered leaving at least once)
2. Emotional and mental health issues (15%/26%)
3. Financial issues (15%/26%)
4. Practicalities and unexpected disruptions (12%/21%)

5. Feelings of being unsupported (8%/14%)

In addition, respondents provided reasons why they chose to stay and what additional support their HEI could have offered to help with their retention.

3.3.3.1 Academic issues

Key quote: *"I have found with being in care I didn't attend school regularly and not at all from the age of 13. I did 1 year's access course to get on to my degree, so I feel my academic abilities are limited."*

The most common cause of potential withdrawal was academic concern, being mentioned by nearly one-third of the respondents – i.e. over one-half of those who had considered withdrawing. Around half of these had, at some point in the course, felt under heavy pressure, either through the scale of the workload or due to finding the content demanding – for example:

'I found the amount of work slightly overwhelming at first, which knocked my confidence a lot when other students found it "easy".   I chose to remain because I didn't want to let myself down, I knew I was more than capable! I worked hard and improved my grades a lot and feel I am on track to get at least 60%+.'

'The course for nursing is a highly demanding course for anyone, I found it emotionally, academically and financially hard. Even though it has been hard I know I am not the only one on this course that are finding it hard to cope so we get through it together.'

'I need help regarding my ability to write academically and present a good assignment or essay. This will boost my confidence and develop self-esteem.'

This was often exacerbated by external constraints such as family commitments or the need to work part-time for financial reasons, as in these examples:

'When the pressures of assignments hit after the Christmas holidays and I felt overwhelmed because I am also a single parent and suffer from a physical impairment. I remained because of the potential people saw in me and because I was motivated to conquer my fears and do my best for mine and my son's future.'

'The stress of working [part-time] and not having the time to do my [academic] work. I have stayed to prove those wrong who told me I couldn't do [it].'

These discourses of resilience and determination were common – the respondents were struggling but resolved to complete their studies. Conversely, other respondents' experiences were shaped

by their own low academic confidence and self-doubt based on previous study (e.g. *'I worried I'm going to fail'*, *'I'm not capable of completing a degree'* and *'I didn't feel good enough'*). One talked about the gaps in their knowledge due to their fractured schooling and non-traditional route into HE:

> 'I have found with being in care I didn't attend school regularly and not at all from the age of 13. I did 1 year's access course to get on to my degree, so I feel my academic abilities are limited.'

Indeed, six respondents had failed elements of their course, sparking a reconsideration of whether they were capable of achieving within HE, as in this example:

> 'I have thought about leaving because I failed two modules in first year and I am currently resitting them. I chose to remain because I have had a lot of bumps in the road over the years so I didn't want to just give up on this one.'

Nine respondents felt that they had potentially chosen the wrong course for them and were therefore either experiencing difficulties or simply not enjoying their current studies. One felt that they were *'struggling with the course and feeling as though [they] had chosen the wrong course'*, while another explained:

> 'I feel that the curriculum is not challenging enough for me and I am getting bored. I have chosen to stay because I know it will pick up next year and I need this degree.'

A further four placed their own issues at the door of the HEI in terms of quality or value for money. For example, one respondent felt that *'Lectures are awful, the information given is very limited – cannot believe it's 9 grand a year.'*

3.3.3.2 Emotional and mental health issues

Key quote: *"I feel very left out of the community and overwhelmed with no one to talk to. Didn't drop out because I literally have nowhere else to go."*

While academic issues had barely featured in the respondents' accounts of their transition, there was continuity in terms of emotional and mental health issues causing difficulties for care-experienced students in HE; this may be congruent to a degree with the greater propensity to consider leaving and to use support services among respondents identifying as disabled (see Sections 3.2.3 and 3.2.4). Once again, individual respondents chose to express this through slightly different vocabulary and with different emphases. Most commonly, it was articulated in terms of stress or anxiety, often related to academic or financial problems – for example:

'The degree I do is SO stressful and I feel like no one can really relate to that from my friends/family. I feel like I'm expected to just get on with it because otherwise I'm a failure. Besides, I've done 1st year so there's no point quitting now.'

'I have continuously questioned if the hard work is worth it as it can get very emotionally stressful.   I have stayed on because I refuse to struggle for the rest of my life.'

'High anxiety in first year caused me to think about dropping out.'

For others, the loneliness, isolation and upheaval described during their transition into HE was maintained well into their course, where they felt they had not made friends and had not therefore developed a supportive environment in their new setting; as one respondent put it, *'I underestimated how alone and different I would feel'*, emphasising the importance of membership of a student community to their wellbeing in HE. This sentiment was reflected in the accounts of twelve other respondents, including these examples:

'I haven't made any friends and I feel isolated in my classes. I am waiting to see how I do in my exams first. I wish someone had advised me where to live. Living at home is the worst decision ever.'

'Regretting giving up a mediocre life with my small social circle in a place I've always known for just a chance at a better life as a professional and all the uprooting feelings that happen during a big move and transition.'

'I feel very left out of the community and overwhelmed with no one to talk to. Didn't drop out because I literally have nowhere else to go.'

For those accounts above, the respondents were still experiencing thoughts of withdrawal at the time of the survey, while these had been transient for other students who were much more settled into the HE community and a circle of friends – for example:

'Because during my second year I definitely felt quite isolated and helpless going through a tough time, so in the end I saw myself possibly looking to leave university and pursue a job because of money difficulties. However after a month of finding it hard I eventually got back on track.'

'As I lived in semi-independent accommodation, I found moving into university halls challenging at first, as I'm now living with 7 other people my own age. However, as I've progressed at university it has begun to feel more like home and I have settled a lot more now.'

'Struggled to fit in during first year - didn't make friends and felt very alone. By the end of second semester I had managed to find strong friends, which transformed the whole university experience for me.'

Finally, a small group of respondents contextualised their negative experiences within their wider and ongoing mental health issues. One respondent explained how their concerns were cumulative and interconnected, leaving them with a sense of despair:

'Because sometimes I don't feel good enough and I feel lonely and struggle with mental health, and I have no money and I feel like my life will not go anywhere anyway.'

3.3.3.3 Financial issues

Key quote: *"I've had difficulty managing my student finance and wondered if returning to low paid employment wouldn't be better."*

As with the earlier transition issues, the one-in-six respondents who discussed having financial problems that caused them to think about leaving their course were not always specific about the nature of the difficulties that they faced. In these examples, this was about the amount of money available to them, in comparison to either their needs or what they might be able to earn if they were to be working full-time instead:

'Until I approached the care leaver service about their help, I was in severe financial distress and accumulated a lot of debt. This often meant I could not afford to continue on the course. I was however able to get enough loans, overdraft, credit cards to keep going. Since the care leaver support fund now helps, I have not had to take out any more loans or borrow money.'

'Because financially it is difficult to be a student in a private rented home, whilst raising a family and being pregnant. I thought perhaps going back to work would be better that way I wouldn't have to worry about money for bills or rent which my partner has to work two jobs for.'

'I really struggle at times and I often wonder whether it has been worth it. I feel very anxious about being homeless so I have great anxiety about what will happen when I finish, and whether I'd be better off just working.'

For others, the issue appeared to be more one of management – as one respondent put it succinctly, *'Financially I am in a mess'*. Others talked about struggling with independent living, budgeting and balancing different calls on their financial resources (see Ayre *et al.,* 2016). Again, this made the alternatives look attractive from time-to-time, as in this example:

'I've had difficulty managing my student finance and wondered if returning to low paid employment wouldn't be better.'

A small, but notable, group of respondents reported having specific difficulties accessing money from their HEI. In one instance, the HEI would not accept new applications for care leaver bursaries from students in their second year as they were required to apply in their first year. Others found access to the hardship funds slow or that their situation as a care-experienced student or care leaver was not recognised, including in this case where the issue was compounded by the time demands of a nursing degree:

'[University name] does not give hardship grants to first year students. I find this unbelievable. I had to work two jobs to survive my first year on top of placement and uni work. Would find it helpful if uni would stop assuming that we all have loads of free time - student nurses have almost no free time or money!'

3.3.3.4 Practicalities and unexpected disruptions

Key quote: *"[It would have helped] if I found out that I had dyslexia earlier as now I know why I have been struggling academically all the time."*

Around one-in-eight respondents had highly individual circumstances, either pre-existing or newly-arising, that impacted on their ability to engage effectively with their course. These included family commitments and pregnancy, long-term illness/disability, bereavement, problems arising from the birth family interventions and issues with housing – for example:

'I was seriously ill for the first two years which required weekly visits to hospital. While I received emotional support from my parents, nothing was given in terms of reimbursement of £200 a month hospital visit costs or any form of support from social services.'

'Fell pregnant during my second year […] Transferred universities and am currently re-doing my second year. My daughter is currently 5 months [old].'

'Just somewhere homely to live! It's all we've ever wanted. Somewhere to call home.'

'[It would have helped] if I found out that I had dyslexia earlier as now I know why I have been struggling academically all the time.'

3.3.3.5 Feelings of being unsupported

Key quote: *"I have no support and no one seems to understand."*

The final theme concerning potential withdrawal comprised a group of respondents who expressed that they did not feel that they were being supported in HE. This could potentially have been included in the Emotional and Mental Health Issues theme as there was an element of loneliness and isolation within many of these accounts, but it was kept distinct as there appeared to be more a procedural and practical element, as well as a sense that the 'fault' lay beyond the student and with those that they expected to help them.

In some instances, this was a general feeling, summed up by one respondent who stated, *'[I] feel I have no support and no one seems to understand'*. Others, as in these examples, felt that there were other agencies (or family) that were not providing what they had hoped, causing frustration or, in extreme cases, despair:

> 'I think the university just needs to be more organised and make sure that staff reply to your emails more often. You often feel quite alone when trying to resolve issues to do with the course.'

> 'More encouragement and involvement from my local authority, with less of a battle to get what I am entitled to.'

> '[I wanted my] GP to take me more seriously when I discussed my mental health.'

3.3.3.6 Staying on course

Key quote: *"I see this as my only chance to get out of a poor quality of life and become a contributing member of society."*

Students were asked about why they had remained on their course, despite considering leaving. The single most common reason was that they had received strong support from their HEI, whether academic, financial, emotional or a combination of these; this was expressed by 10% of respondents (equating to 18% of those who had considered leaving), including these examples:

> 'I have received a support worker who is helping me to ensure I keep up with my work and deadlines. I am in receipt of the care leaver bursary and hardship fund grant from the university which is assisting me financially.'

> 'All the support I received was enough, I knew who I needed to go to if there was an issue and that was great. I did not want to feel too different.'

Other respondents saw their continuation as an expression of their agency. For some, it was important to work through the adversity to achieve access to a career that they aspired to or to professional work in general – for example:

> 'I have chosen to stay as I'm doing a degree in social work, being a social worker is the only route I ever want to go down, I don't see myself being anything else.'

> 'I am determined to become a solicitor and this is my goal.'

Some saw it as a result of a more abstract *'determination'*, *'resilience'* or a desire to succeed – especially in the light of scepticism from family or their local authority. One respondent described how they saw their degree as a stronger outcome than a job offer:

> 'I am doing a police degree and I was offered a position within the police, but decided against that and continued on with my degree, mainly so that I can prove to my family that I can survive and also be the first to get a degree.'

An alternative, if somewhat less positive, expression of this same sentiment came from respondents who saw it as *'stupid'* to give up on their studies and to *'waste time'*, especially as *'it's just 3 years'* that needs to be endured.

A somewhat bleaker a version of this rationale was offered by eight respondents, who argued that they could not leave HE as there were no alternatives for them. They felt that leaving could render them homeless and returned into the milieu that they were seeking to escape through education, as this extended quote illustrates:

> 'I come from a deprived town, and the only prospects for unqualified young people are sales and customer service. Prior to starting uni, I had worked some of the worst jobs which included door-to-door sales, leaflet distribution, "charity fundraising", warehouse work and customer retention for [mobile phone company]. If I leave university now, this is what I have to go back to, and I just couldn't. The fear of being dropped is enough motivation for me to work harder. I see this as my only chance to get out of a poor quality of life and become a contributing member of society.'

Several respondents felt they had to persist with their degree despite their misgivings to secure the future for their families or to pay off their student debt. Finally, small numbers found that they settled in to the HE community, learned to cope with the academic workload or drew on support from family and friends; two respondents enjoyed their course so much that they were able to overcome the negative experiences and persist.

3.3.3.7 Suggested improvements

Key finding: *Respondents felt that there could be more dedicated support for care-experienced students, including around how to navigate the HE experience and how to thrive academically. A small number drew attention to the absence of long-term therapeutic counselling support to meet their particular needs.*

A total of 74 respondents (35%, equating to 61% of those who had considered leaving) offered suggestions for what they would have found useful. The most common suggestion was for dedicated support for care-experienced students and care leavers, mentioned by 25 individuals. For some they felt that there was no such support (even within universities that are known to have an identified point of contact), while others felt that it was too limited, insufficiently responsive or insufficiently proactive. There was often no specific detail given about what support such a person might provide, but where suggestions were made they included help with lower-level emotional issues, form-filling and engagement with HEI systems (e.g. extenuating circumstances), financial information/advice, advocacy with their academic department and liaison with their local authority. As many of these roles are fulfilled by HEI staff, it suggests that either there is patchy provision between universities or that not all care-experienced students are aware of what is available; indeed, several made the point that they were ignorant of what their HEI did offer.

More specific support requests tended to echo the themes outlined above, especially around academic, financial and emotional support. Twelve respondents felt that they would have benefited from more one-to-one academic support, especially around scholarly expectations, understanding feedback, developing essay technique and library skills. Some reported that the level of support that they received was very reliant on particular staff and that this could leave them without someone to turn to for academic advice, including this example:

> 'My tutor from last year was very helpful but she left, my new tutor lacks understanding and my course leader is very unsupportive.'

Ten respondents felt that their HEI should offer more financial support in the form of bursaries or scholarships, with three feeling that they should have preferential access to hardship funds and two asking for more advice around budgeting and/or finding part-time work.

The lack of long-term counselling provision or specialist mental health support was highlighted by seven respondents, who felt that their HEI lacked the ability to provide the higher-level and on-going professional interventions that they needed. These were mainly individuals who described pre-existing issues around their traumatic childhood experiences of abuse or neglect. Related to this, several respondents felt that their HEI should do more to educate both staff and students about what care-experienced students are, the needs they might have and how their experiences might manifest themselves – for example:

> 'A place to educate young people who aren't care leavers on the struggles care leavers face, so victims of childhood abuse are no longer taboo subjects.'

> 'An empathetic scheme where people may be told about where you're coming from just to get a grasp on why you may act abnormally.'

Conversely, two respondents highlighted their desire not to be viewed differently or with a deficit in mind, which they saw as unhelpful. One of these talked about how they wanted to transcend expectations of what care-experienced students could achieve:

> 'Due to being stereotyped – for example being a care leaver is the result of coming from adversity essentially; unfortunately, because of this, regardless of academic achievement, etc., you are still put in this bracket that you might be emotionally unstable, have underlying mental health issues or have authority issues, etc.'

Finally, six respondents felt that they would have benefited from a buddying or mentoring programme or support group with other care-experienced students, while three focused on the need for accommodation and placement options that respected the constraints on care-experienced students.

CHAPTER 4: Discussion of findings

4.1 Introduction

This chapter will attempt to synthesise the two parts of the HERACLES study into a single discussion about the experiences of care leavers and care-experienced students on their pathways into and through HE, pulling out some of the more significant findings and placing them into a broader context. There are two caveats to be established. Firstly, the diversity of experiences among care-experienced students is such that any discussion is necessarily partial and, to an extent, sweeping. Secondly, there is no intent to infer determinism within this discussion, such that some of the elements described below may be present for some people, but not for others, and to different degrees depending on their circumstances and their own exercise of agency.

4.2 Adequacy of current definitions

As discussed in Chapter 1, the terminology around the relationship between care and HE is somewhat fraught. Part 2 of the study revealed that HEIs had quite different conceptualisations of what their target group was, with some focusing solely on care leavers (as under the formal definition) and others engaging with a wider group of care-experienced students of varying ages, periods in care and forms of departure from care. The question on the UCAS application form references a period of three months in care at any point, while BIS (2014) uses a range of phrases when talking about care to define target groups for HE outreach work. This lack of standardisation almost certainly leads to inequalities, with similar students receiving different levels of support from different HEIs. Furthermore, there is a case to be made that the wider group of care-experienced students may be equally disadvantaged as they are likely to share elements of educational disruption (see Section 4.4 below) and childhood trauma (see Section 4.3 below). Indeed, the difference between being designated a care leaver or not may come down to a few weeks – a point made by one student in Part 2 of the study who had reconciled with their birth family shortly before their 16th birthday and so lost out on support from both their local authority and HEI. While it may not help to increase formal participation rates of care leavers, a wider definition capturing students who need additional help in HE due to the direct effects of their care experience would provide a more equitable policy foundation.

4.3 Continuity with other disadvantaged groups

Within the Part 1 analysis, care leavers occupy one end of a continuum, with other disadvantaged groups having stronger HE average outcomes in nearly all cases. This is consistent with care leavers having multiple and intersectional forms of disadvantage (Berridge, 2006) – for example, they are disproportionately drawn from low income household and deprived areas, onto which

educational disruption, SEN and mental health issues may also be layered. However, one striking element within Part 2 was the extent to which many of the experiences of care-experienced students echo those of other students from disadvantaged groups. For example, issues around academic adaptation, social integration and financial worries are also common among students from low income backgrounds and mature students (e.g. Harrison, 2006).

It may therefore be useful to conceptualise care leavers as simultaneously part of a wider pattern of disadvantage and as a group apart from others. The first conceptualisation is useful in that a significant amount is already known about best practice in supporting the participation, retention and success of disadvantaged students (e.g. BIS, 2014; Thomas, 2012; Tinto, 1994) – much of this is likely to be readily transferable to care-experienced students in HE and need not be rehearsed here. The second conceptualisation helps us to focus on the additive effect of multiple, profound and highly-personalised forms of disadvantage that place many care-experienced students in a near-unique position. The remainder of this discussion will focus primarily on this element.

4.4 The legacy of childhood trauma

Most care-experienced young people will have undergone significant childhood trauma, often due to neglect, abuse or family separation. While trauma is not unique to care leavers, it is arguably the defining feature of the group, with varying degrees of day-to-day impact. It is reflected in the high incidence of mental health issues (DfES, 2007) and the high proportion assessed as having SEN (especially behavioural, emotional and social difficulties). The relationship between SEN and attainment was very clear within the Part 1 data; those with SEN (especially at the higher levels of need) had significantly lower KS4 attainment than similar young people who were not care leavers and they were significantly less likely to enter HE, even once that lower attainment was taken into account.

A small number of the Part 2 respondents provided specific insights into this trauma, but many more discussed how it had continued to affect them through adolescence and into adulthood, leading to issues with low confidence, low self-esteem and high anxiety. They clearly felt that the legacy had impacted on their ability to achieve academically (Welbourne and Leeson, 2012). This included many respondents who self-identified as disabled and who were significantly more likely to have low academic confidence, to have made use of HEI support services and to have considered leaving often; of course, this group will have included other forms of disability too.

The Part 2 respondents also discussed how the effects of childhood trauma were continuing to compromise their ability to make new friends, join the HE community, cope with setbacks and manage the multifarious demands of life in HE. These effects also continued to impact on their studies and it was felt by some that this was not understood or respected by academic staff. For a smaller group of students, the impact of their childhood trauma was more debilitating still and manifested itself in more severe mental health issues. This group generally felt that their

universities (and associated counselling provision and GP surgeries) were unable to provide the therapeutic interventions that they needed. Some reported being offered only short-term provision or that the services were simply not geared up for the scale of mental health support that they needed.

4.5 The role of KS4 attainment

It has long been understood that the KS4 attainment of care leavers is substantially lower than the average (e.g. DfES, 2007; DfE, 2017). In pursuing this study, it was anticipated that this would impact significantly on the ability of care leavers to gain entry to HE, especially given the findings of Crawford (2014), which demonstrate how KS4 attainment both embodies and embeds prior educational disadvantage in the context of access to HE. However, it was not anticipated that KS4 attainment would continue to exert such a strong influence on outcomes once care leavers had entered HE. Nevertheless, the Part 1 analysis demonstrated that it was important in predicting both withdrawals and degree classification, even once the formal entry qualifications for HE had been taken into account.

This unexpected finding demands more research attention; this study was not able to resolve why KS4 attainment had such a far-reaching impact, although two main possibilities are suggested. Firstly, it may be that the KS4 qualifications themselves provide a better assessment of a young person's potential to succeed in HE than their subsequent Level 3 qualifications. In particular, it is possible that care leavers with weaker KS4 attainment find that they have gaps in their foundational knowledge and study skills that become more apparent when they reach HE. There is evidence of this in the Part 2 data and in Jackson *et al.* (2005), with care-experienced students describing areas of knowledge or skills assumed by their HEI that they lack due to their fractured schooling. It is also consistent with the reasons reported for withdrawal in the Part 1 data and with the reasons given for considering leaving in the Part 2 data.

Alternatively, it may be that KS4 attainment is playing a proxy role within the Part 1 regression analyses – i.e. that it is not the qualifications (or their underpinning learning) that matter, but rather that these are representing some background feature of the care leaver's life at around the age of 16 which continues to have an influence (positive or negative) when they later progress into HE. Possibilities derived from the Part 2 data might include placement stability maintained into early adulthood, a supportive home environment with positive attitudes around education, an intrinsic motivation around learning, a clear career pathway, resilience/determination or good mental health. However, it is unclear why these elements would not have been captured within the care leaver's Level 3 qualifications. As noted above, this would bear further investigation.

4.6 Raising attainment to improve participation and success

Following on from the previous discussion, the most direct way of increasing care leavers' participation and success in HE would be through a rise in KS4 attainment, as care leavers with high KS4 attainment have very similar HE outcomes to other high-attaining young people. As discussed in Chapter 1, there have been significant policy efforts to boost care leaver's KS4 attainment for over ten years, including the creation of Virtual Schools (Berridge *et al.*, 2009) and the introduction of the Pupil Premium (Carpenter *et al.*, 2013). However, while there have been creditable improvements with younger age groups, KS4 attainment has been stubborn and gains have thus far been limited. As recognised by Sebba *et al.* (2015), part of the issue is that those remaining in care as teenagers are often those with the most severe disadvantages (including a substantial group with profound disabilities who are not even entered for qualifications) and, therefore, the least likely to leave care before the age of 16.

Given the highly credentialised nature of the English education system and youth labour market (Brown *et al.*, 2002), low KS4 attainment places care-experienced young people in a vulnerable position. In particular, it has long had a filtering role for young people, offering access to the Level 3 pathways that traditionally lead towards HE. With growing governmental scrutiny, schools and colleges are under significant results-led pressure and are ever more reliant on KS4 attainment to dictate who is and is not offered a place, especially on more prestigious courses – a doctrine of 'safety first', in which care-experienced young people may be viewed as a far-from-safe option.

The answer to increasing care leaver participation in HE cannot, therefore, simply be a renewed clarion call to push up KS4 attainment. While there may be more that can be done within individual local authorities and schools, there has been no lack of political will in this area over the last decade (DfES, 2007; DfE, 2014). There may be more opportunities for HEIs to contribute through their outreach programmes, although there are also significant risks associated with placing more pressure on the young people themselves. There may be more radical approaches to this dilemma (e.g. providing preferential access to Level 3 programmes regardless of KS4 attainment), but they are beyond the scope of this report.

4.7 Fractured pathways through school and into HE

It is well-established that care-experienced young people generally have fractured educational pathways, for example, through the landmark work of Sebba *et al.* (2015). The extent of that fracturing varies substantially from individual to individual, being a function both of the circumstances that brought them into care and their experiences since. They are likely to have missed significant amounts of school (including through absenteeism and exclusion), potentially with frequent changes of school and all the upheaval that entails for their learning.

Part 1 of this study has demonstrated how this fracturing continues into post-compulsory education. Of those eventually entering HE, only around one-in-three took what might be described as a 'traditional' route, attaining sufficient GCSE passes to enter Level 3 study at 16 and HE at 18. The remainder took longer (Jackson and Cameron, 2012) – the data were not available in this study to explore this in detail, but many accumulated vocational qualifications over several years, undertook an approved Access to HE course or entered via a Foundation Degree attached to their workplace. Of course, these pathways are not unique to care-experienced young people, but they were substantially more likely to make use of them than even other disadvantaged groups. As seen in the Part 2 accounts, these were sometimes constructed by students as illegitimate or inadequate.

This heterogeneity in routes into HE clearly presents a challenge to local authorities and HEIs. Once outside the more traditional post-compulsory routes, the availability of information and advice about HE is likely to be significantly lower, with the young person not necessarily having HE in mind when they embark on learning or work that could ultimately lead them to that point. These alternative pathways are actually the most frequent ones by which care leavers reach HE, which may require a re-evaluation of the targeting of support and the ability of care leavers to return to their local authority for assistance – several students in the Part 2 data talked about the difficulties they had re-engaging with their local authority about education once they had entered the labour market. Similarly, HEIs may want to think about how they ensure their outreach activities are reaching care leavers who are outside of a recognised pathway towards HE, but who may wish to join one later. It is important to ensure that care leavers are aware of alternative pathways into HE and that they are empowered to pursue them (Driscoll, 2013b).

4.8 Transfer towards independence

For many of the Part 2 respondents, their care experience was marked either by high levels of dependency (e.g. on care home workers) or repeated upheaval leading to uncertainty and an unboundaried lifestyle. For these individuals, the transition into university, with high levels of independence coupled with established social and behavioural norms, resulted in a sense of 'culture shock' which they felt ill-equipped to manage. This is revealed in a number of ways in the data: the sense of being unsupported, the requests for lifestyle workshops, fears about accommodation and high expectations of what the local authority would be able to provide. Many of the accounts contain an undercurrent of abandonment that is disappointing and disorientating – a sudden awareness of being alone and being expected to manage a series of major changes and transitions. Several respondents drew distinctions between their situation and those of their peers, where they had family to fall back on for advice and emotional reassurance in addition to more tangible financial support. This was exacerbated where their local authority and its staff were felt to be ill-informed, ambivalent or hostile towards HE (The Who Cares? Trust, 2012).

This is also manifest in the need for a human connection that permeates many of the Part 2 responses (Driscoll, 2013b; Sebba *et al.*, 2015). There was a strong desire to have a dedicated figure within the university who provided this sort of safety net previously provided by a social worker or foster parent – advice, advocacy, reassurance and troubleshooting. These respondents were keen that this individual should liaise with their local authority, providing a practical, as well as a symbolic, handover into their new circumstances. How this might best be integrated within universities' traditional desire to avoid finding themselves *in loco parentis* for students is moot. Nevertheless, the accounts provided ample evidence that this sort of managed handover did occur in many cases and that it was highly valued.

4.9 Isolation, community and student identity

While some of the Part 2 respondents relished the opportunities that HE gave them to leave their past behind them or to reinvent themselves in a new setting, there was a significant group for whom the new environment was isolating and the cause of significant distress. Many reported feeling different to other students and agonising over whether they should disclose their care background – this was exacerbated for some by the process of moving into new accommodation, where both help and no help from their local authority could inadvertently reveal their status as a care leaver. Other complications included pre-existing issues with trust and the process of friend-making, often derived from childhood experiences. These could be aggravated by inappropriate accommodation with limited social interaction or unhelpful temptations for those with a history of substance abuse. While the transition into HE can be difficult for many students, for care leavers it is fraught with additional challenges; this may explain the keenness among some students to have semi-formal opportunities to meet other care leavers.

Given the importance of membership of the HE community for retention and success (Thomas, 2012; Tinto, 1994), this is potentially problematic from the perspectives of both the student and their HEI. Respondents living in their own homes, who tended to be older and have families, were particularly likely to report that they did not feel that they had settled into the HE community; compared to care leavers in student accommodation, they were significantly less likely to be involved in clubs and societies and less likely to tap into university support services. The qualitative data also suggested that their sense of isolation lingered for longer, while care leavers in halls of residence or shared houses were more likely to have developed a friendship group and a stronger identity as a student.

4.10 Absence of alternatives

Finally, although only discussed explicitly by eight individuals in Part 2 of the study, an implicit element in many of the accounts was the respondents' sense that they lacked a meaningful or

realistic alternative to HE. It offered a pathway to new opportunities, a fresh start and access to a stable and prosperous adulthood, compared to a return to personal uncertainty, troubled family lives and deprived communities. Respondents highlighted their lack of social and economic capital that would give them access to attractive alternatives, although many felt the draw from paid work and the short-term benefits that it might bring.

For many this provided a strong sense of resilience – a determination to overcome setbacks and to demonstrate their ability to succeed against the odds (Driscoll, 2013a). However, for others, this evoked an almost opposite state of mind, with heightened anxiety about high-stakes failure and what this might mean for them and their families. Rather than motivation, some of the accounts were tinged with desperation, making for disturbing reading, especially where this was expressed in concert with descriptions of ongoing academic difficulties or social isolation. Some saw HE as being the only component of their lives standing between them and homelessness. There were no particular indications from the data as to why some respondents felt determination and others felt desperation, but those feeling trapped in a situation where they judge their chances of success to be low are likely to suffer additional mental health challenges that may, in turn, work to undermine their success.

4.11 A salutary coda

While this discussion is somewhat negative in tone, focusing as it does on the continuing issues faced by care leavers and care-experienced students, it is important also to reflect on the progress that has been made around the support offered by local authorities, HEIs and others in recent years. This is well illustrated by this quote from a mature respondent who was thinking back to a time some years ago:

> 'It's great to see that the issues faced by care leavers are finally being addressed and that our potential is finally being recognised rather than just being left to fend for oneself and thrown on the scrapheap of failed humans.'

4.12 Summary: pathways to success

The pathways into and through HE are complex for all students, with multiple influences on whether they enter, whether they complete and what degree classification they receive. This complexity is heightened for care-experienced students due to the additional challenges that they face due to their childhood experiences.

Any firm conclusions about which students are likely to be successful are inevitably hostages to fortune, but this study has highlighted six recurring factors that are likely to predispose care-experienced students towards success:

1. **Strong KS4 attainment**, although it is currently unclear whether it is the qualifications and/or the underlying knowledge and skills that are important, or whether these form a wider proxy for positive dispositions (e.g. intrinsic motivation) or situational factors (e.g. supportive home environment);
2. A planned and **managed transition from care to HE**, including liaison between local authority and HEI and dedicated 'settling-in' support from the HEI;
3. **Membership of the HE community**, both in terms of the mutual support and human connection provided by social networks and respect and recognition from academic and administrative staff;
4. **Resilience and determination** – these were notable features of many accounts of care-experienced students who had overcome adversity;
5. **Strong disability support**, especially for SEN and long-term mental health issues, as these emerge as key risk factors in both parts of this study;
6. Recognition and support for **alternative educational pathways** from both HEIs and local authorities, including before HE (i.e. to accumulate Level 3 qualifications) and within HE (e.g. pauses in study or switches in mode).

CHAPTER 5: Conclusions

To frame the conclusions from the HERACLES study, we return to each of the nine research questions in turn:

1. **Do care leavers enter HE with the same propensity as other young people, including those from disadvantaged groups?**

   No – see Table 2.4. Among the cohort completing KS4 in 2007/08, the care leaver participation rate of 11.8% was around a quarter of that for the cohort as a whole (43.1%). Due to the use of a longer timeframe and the inclusion of students not in contact with their local authority, this is significantly higher than previous estimates based on local authority data (DfE, 2017); it is also likely to be something of an underestimate due to the exclusion of HE undertaken in further education colleges. The care leaver participation rate is also less than half that of young people eligible for FSM (26.1%) and those from areas with historically-low participation in HE (25.5%).

   Once KS4 qualifications were taken into account, the participation rate for care leavers was much more similar to other young people and even slightly higher than those from areas with historically-low participation in HE. For example, 71.3% of care leavers with eight GCSEs at A* to C entered HE, which is only slightly lower than the average of 76.2%. This strongly suggests that the main reason why care leavers were less likely to enter HE was that they had considerably weaker attainment at KS4, on average (see Table 2.2). This then limited their access to the Level 3 qualifications that afford entry to HE.

   However, even once KS4 qualifications and a range of demographic factors were accounted for, care leavers remained about 10% less likely to participate in HE compared to other young people, all else being equal (see Table 2.5 and Figure 2.1). This strongly suggests that there are additional constraints on the HE participation of care leavers and/or that care leavers are less likely to choose to progress to Level 3 study and HE than otherwise similar young people.

2. **What are the social and educational attributes of care leavers who do enter HE?**

   In common with other young people, and as discussed above, the strongest predictor for care leaver participation in HE is the level of KS4 qualification. However, due to a range of educational disadvantages (Sebba *et al.*, 2015), care leavers were significantly less likely to achieve the thresholds (e.g. five GCSE passes at A* to C, including equivalents) affording them easy access to post-compulsory education (see Table 2.2). Within the data analysed here, there was a strong correlation between attainment and SEN (see Table 2.3) which, in many cases, will have been related to childhood trauma or profound disabilities (DfES,

2007), as well as likely influencing the nature and stability of their care and school placements.

For those care leavers who did not achieve these thresholds, their chances of progressing to HE were substantially lower than those who did (see Table 2.4), although there is strong evidence of the ability of care leavers to substantially improve their qualifications after KS4. For example, 38.3% of those entering HE had fewer than five GCSE passes at A* to C or equivalent at the end of KS4, with 5.4% having no passes at all (see Table 2.6). This stresses the importance of 'second chance' routes towards HE (e.g. through Access to HE courses or Foundation Degrees). Nevertheless, they remained less likely overall to find these routes than other similarly-qualified young people (see Table 2.4).

Once KS4 qualifications were taken into account, care leavers in HE were significantly more likely to be drawn from minority ethnic communities, but significantly less likely to be those with higher-level special educational needs (see Table 2.7). This may suggest some fruitful avenues for future policy or practice intervention.

3. **How do HE completion and withdrawal rates for care leavers compare with other young people, including those from disadvantaged groups?**

This is something of a vexed question as care leavers tended to enter HE later (see Figure 2.2), through considerably more diverse pathways (see Table 2.9 and Figure 2.3) and with lower entry qualifications (see Table 2.10 and Figure 2.4) than other young people in the cohort. As a result, around one-third of care leavers were still studying in 2014/15, compared to just one-eighth of the cohort as a whole (see Table 2.11). However, in any given year of entry, care leavers were less likely to have completed than other students starting in the same year. This suggests, *inter alia*, more disruption to study (e.g. course or HEI changes), more retake years and more use of part-time options.

Comparing withdrawal rates, care leavers were nearly twice as likely as other students to withdraw and not return to HE within the time period being explored – 18.3% doing so, compared to 10.0%. This difference reduced considerably once demographic factors and HE entry qualifications were taken into account, and disappeared once KS4 qualifications were also controlled for (see Table 2.12 and Figure 2.5). This latter finding defies ready interpretation – it is unclear why KS4 attainment should have such a strong impact on HE withdrawal for care leavers. This may represent gaps in knowledge or skills due to educational disruption (Jackson *et al.*, 2005) or perhaps some element of their pre-HE experiences (e.g. having a stable foster placement that supported high KS4 attainment and then persistence through HE). The safest conclusion is that there is evidence that care leavers have a somewhat higher withdrawal rate than other students even accounting for their lower entry qualifications, but that elements of their pre-HE experiences continue to be salient in determining whether or not an individual withdraws.

There was a headline difference in the proportion of care leavers achieving a first or upper second class degree, with 61.9% doing so compared to 72.6% of the wider cohort (see Table 2.14). However, once demographic factors and entry qualifications were accounted for, there was no significant difference – care leavers were as likely to achieve a high degree classification as similar students who were not care leavers.

4. **For what reasons do care leavers withdraw from HE and are these similar to the reasons given by other students?**

The most common reasons for withdrawal recorded for care leavers were academic failure (39.0%) and personal reasons (19.5%) – see Table 2.13. These were similar to the reasons recorded for the cohort as a whole in general (34.4% and 25.5%, respectively) and consistent with the questionnaire data from students who had considered withdrawing (see Section 3.3.3). There was no evidence to suggest that care leavers had markedly different reasons for withdrawal, although they were slightly more likely to have been written off due to inactivity or excluded due to behaviour or non-payment of charges to the HEI.

5. **What are the social and educational attributes of care leavers who withdraw from HE?**

The attributes of the care leavers who withdrew from HE were very similar to that of the cohort as a whole. All else being equal, withdrawal was significantly more likely among students with low or alternative entry qualifications, men, students who were eligible for FSM at 16 and students from areas with historically-low HE participation rates (see Tables 2.11 and 2.12). As discussed above, low KS4 attainment was also associated with higher withdrawal rates.

6. **What are care-experienced students' experiences of the transition into HE?**

Around two-thirds of the care-experienced students responding to the online questionnaire reported a positive transition into HE (see Figure 3.2), although by its very nature, the data represents the views of students who successfully survived the transition process. The support received from their HEI was deemed to be the most positive element, but students were less likely to think that HE was as they had expected – although this is not necessarily negative if their initial expectations had been low.

Alongside many positive accounts, students described a wide range of negative transition experiences (see Section 3.3.2). The most common (expressed by around one-quarter of respondents) related to what was perceived to be poor or contested support from the student's local authority (c.f. The Who Cares? Trust, 2012); this could be in terms of finances, accommodation, advice about HE or practicalities (e.g. moving). One-in-six students found the process of managing a major life change stressful and disorienting,

especially when they felt they did not have practical or emotional support from knowledgeable adults. A similar proportion reported financial difficulties, either in terms of managing on the funds available (Ayre *et al.*, 2016) or arranging their finance package due to problems with generating the necessary paperwork from their local authority. Smaller groups discussed feelings of loneliness and isolation, issues with support from their HEI or accommodation problems.

7. **What factors lead care-experienced students to consider leaving and why do they choose to remain in HE?**

While nearly three-quarters of respondents felt that they were doing well in HE (see Figure 3.3), over half had thought about leaving and one-in-five had done so often. These were significantly more likely to be those students who had had negative experiences during transition or since; those identifying as disabled were also significantly more likely to have considered withdrawing (see Table 3.4), which may be congruent with the lower participation in HE among care leavers with SEN, as discussed above.

As with transitions, students reported a wide range of experiences (see Section 3.3.3). Academic issues loomed largest, being mentioned by one-in-three respondents. Some reported struggling to cope due to their fractured educational experiences, including knowledge gaps from missing school and limited study skills, with determination and resilience being identified as key attributes in long-term success; these accounts strongly echoed those reported a decade ago (Jackson *et al.*, 2005). Emotional issues continued to be problematic for one-in-six, especially those with more severe mental health issues for which no support appeared readily available. A similar proportion reported financial problems, both in terms of the amount available and a lack of experience in managing personal budgets, with a return to paid work acting as a lure away from HE. Smaller groups of students had been disrupted by unexpected events (e.g. illness or pregnancy) or had suffered from a general feeling of being unsupported.

8. **What support services do they access through their university or elsewhere?**

Around two-thirds of the respondents had used one or more of their HEI's support services, with around one-in-three reporting using each of the financial advice, counselling, disability support and careers advice services (see Section 3.2.4). Women, students identifying as disabled and students living in shared houses were more likely to make use of support services. Students who had considered leaving were significantly more likely to have used the counselling service.

Two-fifths of respondents had joined a student club or society (see Section 3.2.5). The figure was significantly higher in pre-1992 universities, but lower among students living with their family or in their own home. Involvement in clubs and societies was associated

with greater academic confidence, but (perhaps surprisingly) not a closer relationship with the university community. There was some evidence to suggest that financial concerns had limited participation in study trips where these were part of a student's course.

Respondents did not generally discuss accessing support services outside of their HEI, although a small number expressed frustration at the limited or absent help available from their GP or at ongoing issues with their local authority around housing or finance.

9. **What additional support do they feel could be offered to improve their transition, retention and success in HE?**

Respondents made a number of helpful suggestions about how to improve HE for care-experienced students, with two being particularly convincing (see Sections 3.3.2.8 and 3.3.3.7).

Firstly, they suggested stronger pre-entry links between local authorities and universities, such that there was a more managed transition of support (financial, accommodation and emotional) between the two organisations, as well as better information and advice for the care leaver throughout the process. Some students described exemplary practices that could readily be replicated with few or no resource implications.

Secondly, students outlined additional forms of dedicated and specialised support within HEIs that they would have found useful. For some, this comprised a knowledgeable adult who can help the student to navigate complex processes (e.g. financial or disability support), advocate on their behalf (e.g. with academic staff) and provide low-level emotional support. Others wanted access to support to make good the gaps in their knowledge and skills resulting from their educational disruption and/or alternative pathways into HE or the provision of long-term therapeutic support for those with mental health issues arising from their childhood trauma.

Other suggestions included better awareness training for HE staff (especially beyond the identified care leaver contact), mentoring/buddying programmes and social networking opportunities.

CHAPTER 6: Recommendations

Based on the evidence presented in this report, the following recommendations are made to key stakeholders – note that these may already be in place in organisations exhibiting good practice:

To Government (including the Office for Fair Access):

1. To develop and publish a clear and widely-understood metric for the participation of care leavers and care-experienced student in HE to enable progress to be tracked over time.
2. To provide additional guidance to HEIs about how the term 'care leaver' should be defined and interpreted with respect to policy on outreach and social mobility to ensure greater equity of support (e.g. through Access Agreement spending).
3. To explore, with HEIs and local authorities, the reasons why care leavers with SEN are significantly less likely to progress to HE than other care leavers with similar qualifications, and to put in place appropriate policy and guidance to tackle this.
4. To provide additional guidance to HEIs that expenditure on supporting care-experienced students into and through HE is consistent with policy aims around Access Agreements.
5. To influence partner organisations (e.g. UCAS and Student Finance England) to ensure that they are providing clear information and quality support to care-experienced students.
6. To expand the financial resources provided to schools to support children-in-care during KS4, given the importance of KS4 attainment to future opportunities.

To HE providers (and National Collaborative Outreach Programme consortia):

7. To increase the support provided through dedicated staff with specific expertise in supporting care leavers (rather than 'contact' staff with multiple roles), including greater hands-on support before and during transition into HE – e.g. securing financial/disability provision, addressing academic issues and providing low-level emotional support.
8. To forge improved links with the nearby local authorities to improve the flow of up-to-date information about HE to social workers, personal advisers, managers and children-in-care – e.g. involving joint training/sharing events.
9. To review the principles used to determine whether care-experienced students are able to access additional support to ensure that arbitrary criteria are not inappropriately disadvantaging some students – e.g. mature students or those leaving care before 16.
10. To improve the mental health support available to care-experienced students, especially with respect to the provision of long-term therapeutic interventions designed to tackle the legacy of childhood trauma.
11. To recognise that care-experienced students may have important gaps in their academic knowledge or skills arising from their disrupted education and/or alternative entry routes, and provide additional support to help students to manage these gaps.

12. To continue existing work to widen the range of accommodation options available to care-experienced students.

13. To develop, where they do not already exist, mentoring, buddying and social network opportunities for care-experienced students, with appropriate training in place.

14. To extend outreach activities to care leavers and young care-experienced adults outside Level 3 pathways (e.g. in work or lower qualifications) to reinforce HE as a possible future option.

15. To provide additional pre-entry support to care leavers with SEN to increase their participation rates to those of other care leavers.

16. To review the operation of hardship and similar funds to ensure that care-experienced student have equitable access where their needs are demonstrably greater than other students (e.g. exclusions on first-year applicants).

17. To ensure that care-experienced students have flexibility to pursue non-linear pathways into and through HE, including the valorisation of, and support for, alternative entry qualifications.

To local authorities:

18. To ensure that care leavers with lower KS4 attainment can access appropriate post-16 options that provide 'second chance' opportunities to work towards HE entry – e.g. through retaken qualifications, apprenticeships, Foundation Degrees or Access to HE courses.

19. To ensure, as a matter of course, that pre-entry contact is established with HEIs (through the identified/dedicated staff contact) for every care leaver moving into HE as a prelude to effectively managing their transition.

20. To actively support care leavers who have initially entered the labour market, but wish to make a return to education either at school/college or through work-based learning.

21. To develop improved links with local HEIs, as per Recommendation 8 above and to ensure that social workers, personal advisers and managers are positively disposed towards HE as a viable route for care leavers.

22. To ensure that care leavers are moved into their HEI at the start of their studies and to undertake periodic check-ups to ensure their wellbeing.

23. To continue existing work to promote the stability of placements and assigned social workers.

To NNECL and relevant charities:

24. To work with the National Association of Virtual School Heads and others to ensure that local authorities are aware of the Propel website (administered by Become) and other means to make contact with HEIs.

25. To explore the possibility of continuing the Buttle Trust Quality Mark in some form as a focal point for ongoing improvements in HEI and to launch a similar scheme to encourage best practice by local authorities.

26. To apply appropriate pressure on government, HEIs and local authorities to deliver the other recommendations in this report.

REFERENCES

Ayre, D., L. Capron, H. Egan, A. French and L. Gregg (2016) *The cost of being care free: the impact of poor financial education and removal of support on care leavers*, London: The Children's Society.

Berridge, D. (2006) Theory and explanation in child welfare: education and looked-after children, *Child & Family Social Work*, 12, doi:10.1111/j.1365-2206.2006.00446.x.

Berridge, D., L. Henry, S. Jackson and D. Turney (2009) *Looked after and learning: an evaluation of the virtual school head for looked after children local authority pilots*, London: DCSF.

Brown, P., A. Hesketh and S. Williams (2002) *Employability in a knowledge-driven economy*, Cardiff: Cardiff University.

Carpenter, H., I. Papps, J. Bragg, A. Dyson, D. Harris, K. Kerr, L. Todd and K. Laing (2013) *Evaluation of the Pupil Premium*, London: DfE.

Cotton, D., P. Nash and P. Kneale (2014) The experience of care leavers in UK higher education, *Widening Participation and Lifelong Learning*, 16(3), 5-21.

Crawford, C. (2014) *The link between secondary school characteristics and university participation and outcomes*, London: DfE.

Department for Business, Innovation and Skills (2014) *National strategy for access and student success*, London: BIS.

Department for Education (2011) *National Pupil Database: Key Stage 4 user guide*, London: DfE.

Department for Education (2014) *Promoting the education of looked after children: statutory guidance for local authorities*, London: DfE.

Department for Education (2017) *Children looked after in England Including adoption: 2015 to 2016*, London: DfE.

Department for Education and Skills (2007) *Care matters: time for change*, Norwich: The Stationery Office.

Driscoll, J. (2013a) Supporting care leavers to fulfil their educational aspirations: resilience, relationships and resistance to help, *Children & Society*, 27(2), 139-149.

Driscoll, J. (2013b) Supporting the educational transitions of looked after children at Key Stage 4: the role of virtual schools and designated teachers, *Journal of Children's Services*, 8(2), 110-122.

Essen, J., L. Lambert and J. Head (1976) School attainment of children who have been in care, *Child: Care, Health and Development*, 2(6), 339-351.

Harrison, N. (2006) The impact of negative experiences, dissatisfaction and attachment on first year undergraduate withdrawal, *Journal of Further and Higher Education*, 30(4), 377-391.

Higher Education Funding Council for England (2010) *Trends in young participation in higher education: core results for England*, Bristol: HEFCE.

Higher Education Statistics Agency (2017) *Commissioned dataset provided by personal communication*, 1st August

Hyde-Dryden, G. (2013) *Overcoming by degrees: exploring care leavers' experiences of higher education in England*, Unpublished PhD thesis, Loughborough University.

Jackson, S., S. Ajayi and M. Quigley (2005) *Going to university from care*, London: Institute of Education.

Jackson, S. and C. Cameron (2012) Leaving care: Looking ahead and aiming higher, *Children and Youth Services Review*, 34(6), 1107-1114.

Lewis, E., E. Williams, P. Lewis and D. Allison (2015) Success4Life: An aspirational programme for looked after children, *Widening Participation and Lifelong Learning*, 17(4), 116-127.

Munro, E., C. Lushey, National Care Advisory Service, D. Maskell-Graham and H. Ward, with L. Holmes (2012) *Evaluation of the Staying Put: 18 Plus family placement programme: final report,* London: DfE.

Office for Fair Access (2015) *Strategic plan: 2015-2020*, Bristol: OFFA.

Parry, G., C. Callender, P. Scott and P. Temple (2012) *Understanding higher education in further education colleges*, London: BIS.

Sebba, J., D. Berridge, N. Luke, J. Fletcher, K. Bell, S. Strand, S. Thomas, I. Sinclair and A. O'Higgins (2015) *The educational progress of looked after children in England: linking care and educational data*, Oxford/Bristol: Rees Centre and University of Bristol.

The Who Cares? Trust (2012) *Open doors, open minds: is the care system helping looked-after children progress into further and higher education?* London: The Who Cares? Trust.

Thomas, L. (2012) *Building student engagement and belonging in higher education at a time of change: a summary of findings and recommendations from the What Works? Student Retention & Success programme*, London: Paul Hamlyn Foundation.

Tinto, V. (1994) *Leaving college: rethinking the causes and cures of student attrition* (2nd edition), Chicago: University of Chicago Press.

University and Colleges Admissions Service (2016) *End of cycle report 2016*, Cheltenham: UCAS.

Welbourne, P. and C. Leeson (2012) The education of children in care: a research review, *Journal of Children's Services*, 7(2), 128-143.

Zhang, J. and K. Yu (1998) What's the relative risk? A method of correcting the odds ratio in cohort studies of common outcomes, *Journal of the American Medical Association*, 280(19), 1690-1691.