



The Care-Experienced Graduates' Decision-Making, Choices and Destinations Project

PHASE TWO REPORT

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INTRODUCTION

The *Care-Experienced Graduates' Decision-Making, Choices and Destinations* project is the first qualitative study to provide attention to the transitions out of higher education and into graduate life among care-experienced people. Funded by The British Academy, this three-year longitudinal project started in 2021 with the aim of identifying and understanding the transition experiences out of higher education for care-experienced people in England and Scotland. Specifically, the project seeks to understand:

1. The influences that inform care-experienced graduates' decision-making and choices about their graduate pathways and destinations;
2. What enables and constrains their transitions out of higher education and into employment/further study;
3. What role they perceive their care histories as having in their choices and destinations, as well as how these contribute to the constellations of enablements and constraints they encounter¹.

The project includes three phases. **Phase One** explored 23 final-year care-experienced students' decisions, choices, plans, and concerns regarding their impending transition out of higher education. **Phase Two** revisited participants approximately six months after graduation. This phase explored their initial transitions out of higher education and into employment and/or further study, as well as their plans going forwards. Of the original 23 participants, 18 participated in this phase. Finally, **Phase Three** focuses on participants' experiences of transitioning through graduate life 12 months after graduating; this phase included 14 of the original participants. In each phase, participants took part in a semi-structured interview and recorded their thoughts, decisions, choices, and experiences in a secure online diary.

The Phase One report² summarised the project's key findings from the period when participants were approaching graduation. These included: how they made their graduate plans, and what their main influences for these were; concerns about the loss of support upon graduation, as well as what implications this had for participants' financial resources and access to housing; the constraints and enablements that were experienced when accessing employment; their thoughts on entering full-time professional employment; and their views on accessing postgraduate study. A series of recommendations were proposed to local authorities, higher education institutions, the Department for Education [DfE], the Scottish Government, and employers to address the constraints that care-experienced soon-to-be graduates had faced, and anticipated facing when transitioning out of higher education.



1 The project uses Archer's (2007, 2012) sociology to understand how structural 'enablements' and 'constraints' – that are distributed through life chances – affect how participants pursue their 'personal projects' (plans of action, and/or goals) when transitioning into and through graduate life. According to Archer (2003), how enablements and constraints are engaged with (or not) and responded to can differ between individuals even in cases where they share similar circumstances. Please see Baker (2022a:5) for a brief explanation of why Archer's work was adopted in the project's design. For a more in-depth discussion of these concepts, please see Baker (2019).

2 See Baker (2022b).

The present report outlines the key findings drawn from Phase Two of the project where participants were revisited approximately six months after graduation. While Phase One documented participants' plans and anticipated challenges associated with transitioning out of higher education as a care-experienced person, Phase Two was able to capture their actual short-term transitions into graduate life. This has provided knowledge on whether their graduate plans had been achieved, what had shaped their pathways towards these, as well as whether the anticipated issues and challenges captured in Phase One were encountered.

Six-month destinations

At approximately six months after graduation, the most common destination for participants was employment (12 participants). Half of these (six participants) had taken up roles in the public sector; these included positions in healthcare, education, and social work. Of the other six, three worked in the private sector including the service, creative, and computer science industries. Others had taken posts within third sector organisations focused on mental health support and educational equity (two participants). Finally, one participant was self-employed in the health sector. Among the remaining participants, two had moved into taught postgraduate programmes, two were not engaged in employment or education, and the final two were still engaged in undergraduate study, with one resitting part of their final year and another starting a second undergraduate degree (see figure 1).

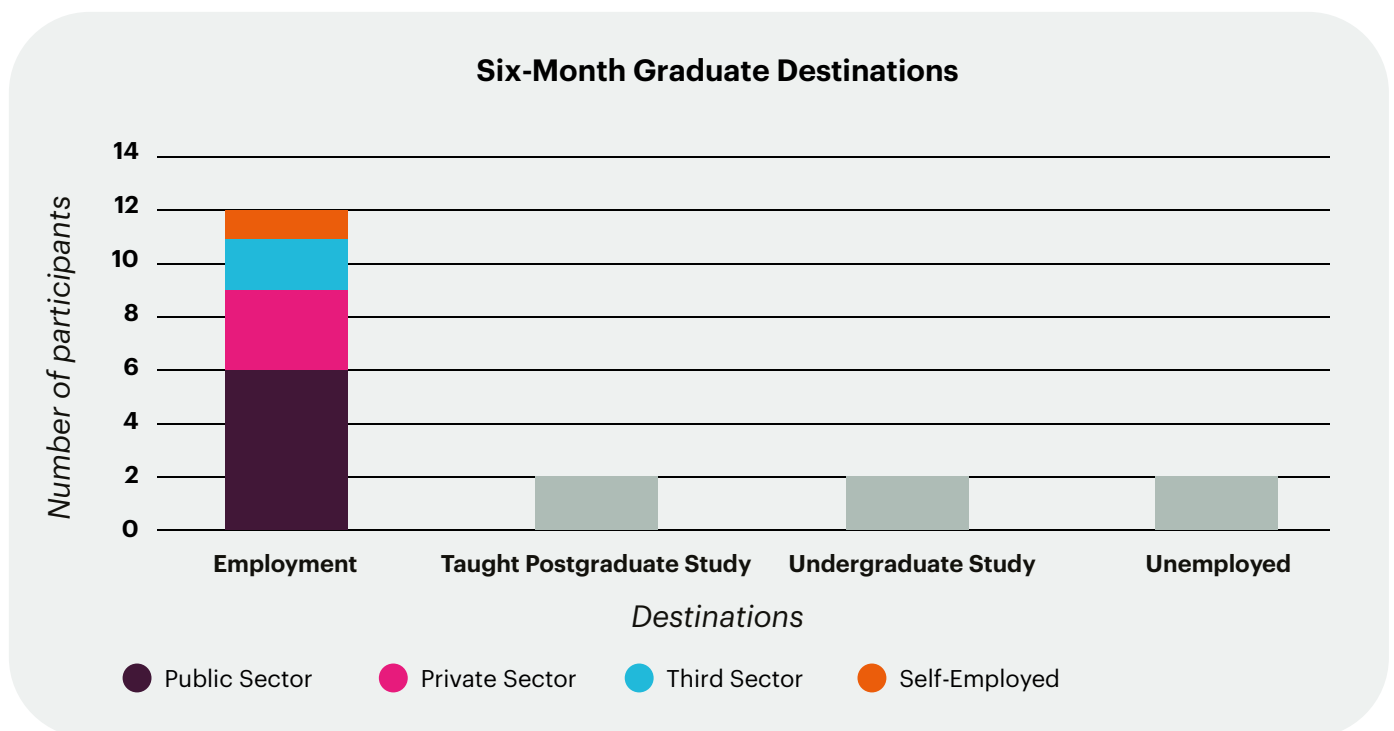


Figure 1: Participants' six-month graduate destinations

There was a great deal of complexity captured within these destinations. These are necessary to note in order to provide a more nuanced picture of care-experienced graduates' six-month destinations. For instance, not all of those in employment were in *new* employment; three had continued the roles that they held before entering higher education, and one remained in a part-time casual role that she had undertaken alongside her studies. Additionally, there were some cases where destinations changed rapidly within Phase Two. This included starting and then quickly withdrawing from taught postgraduate study, deferring taught postgraduate study to work, and employment changes which took place just before or shortly after participants were interviewed³. Such complexity is highlighted and explained throughout the report, along with how participants' transitions out of higher education and through their first six months of graduate life were shaped by different constellations of structural constraints and enablements.

Structure of the report

In this report, the key findings from Phase Two of the project are presented thematically and organised chronologically to reflect participants' transitions into and through their first six months of graduate life. The report therefore begins with an overview of the main constraints and enablements participants faced as they left their higher education institutions. Following this, an account of participants' experiences of transitioning into professional employment is provided. How professional work environments were navigated by care-experienced graduates, as well as the features of workplace practices and cultures that caused difficulties when considered alongside participants' care histories are explored here. The report closes by focusing on care-experienced graduates' transitions into and through taught postgraduate study, and what constraints resulted in withdrawal. Within each section, recommendations for policy and practice are proposed. These are guided by the experiences voiced by participants during Phase Two, and have been formulated based on considerations of what can work to eliminate constraints and enhance enablements when care-experienced people move into graduate life.



³ It was possible to capture changes within phases, and outside of interviews using the online diary method.

INITIAL TRANSITIONS INTO GRADUATE LIFE



In Phase One, many participants expressed that they expected the initial transition out of higher education to be characterised by financial hardship and instability⁴. This arose from the loss of financial support from their higher education institutions and their local authorities⁵, meaning that graduating represented a 'cliff edge' in support. In conjunction with this, participants were concerned about the dilemma of needing an income from employment to afford housing, but also requiring a place to live as soon as they had graduated to be able to search for employment. This was termed the 'graduate to employment gap'. Phase Two was able to capture whether these anticipated challenges unfolded during care-experienced graduates' initial transitions out of higher education, as well as how they responded to these.

4 See Baker (2022b).

5 This was applicable to those who met the legal definition of 'care leaver' and were therefore eligible for local authority support. Nine of the 18 participants in Phase Two were eligible for local authority support.

Loss of local authority support

Most participants who received support from their local authorities were met with the loss of this upon completion of their studies. Although participants were apprehensive about both the loss of local authority and higher education support before graduating, the latter was expected. For those who had been in receipt of support from their local authority during their time in higher education, at least some continued support until the age of 25 was expected in line with the Children and Social Work Act 2017⁶.

This was not an unsupported assumption; some participants explained that they had carefully studied their local offer⁷, which stated that support was available until the age of 25. Despite this, they were advised that they were no longer eligible for material forms of support as they were now over 21. This led to confusion, with the expectation being that they were still entitled to support until their 25th birthday. One participant discovered that despite the local offer stating he would receive support until he was 25, many of the entitlements offered by his local authority (such as council tax exemptions, and being considered a high priority for social housing) ended at 21; it was the case that 'aftercare services' in general, such as access to a Personal Advisor, lasted until 25 years of age. This was perceived as 'creating an expectation that care leavers shouldn't go to uni' (Austin, 22, Social Work graduate) or that local authorities considered them to be 'doing fine' solely because they had a degree.

When requests for support were rejected, participants explained how they had to engage in time-consuming and labour-intensive processes of studying their local authorities' policy documents. They viewed this as necessary to clarify vague statements in their local offer and self-advocate for support. For Scottish participants, this included closely examining the corporate parenting legislation to support their requests. In one participant's case, this was successful with them being able to challenge a refusal for a 'setting up home allowance' after completing their studies. Participants recognised though that the time and effort to build these cases would be incredibly difficult when experiencing a crisis.



21 is such a weird limit when you have care leavers going to uni, because it almost creates the expectation that care leavers shouldn't go to uni and that's just not right. We should expect young people to pursue a higher education...But for me to come back and for them to say "Well, sorry you weren't here for three years to claim that benefit".

(Austin, 22, Social Work graduate)

⁶ The Children and Social Work Act 2017 removed the requirement for care leavers to be engaged in education and training to remain eligible for support until the age of 25 (see Roberts et al., 2018).

⁷ Local offers are produced by local authorities. They set out what services, statutory entitlements, and discretionary support are available to care leavers in that specific local authority.

Just one participant of the nine under the care of their local authority reported a positive experience of support after graduation. This included phone calls from her Personal Advisor to check in and discuss her next steps (which started before graduation), access to a setting up home allowance enabling her to purchase essential items of furniture, and vouchers for driving lessons. Such support helped to create a sense of stability and security during her initial transition into graduate life. As a result, this increased the participant's confidence that she would not face issues such as homelessness, which was a key concern among several participants.

Discrepancies in the levels and types of local authority support available during the transition out of higher education were recognised by participants. They commented that support between local authorities sometimes differed quite substantially depending on their location. This, combined with refusals of support led to feelings of powerlessness for some. In one case, which will be detailed in the following section, the absence of support from a participant's local authority led them to experience extreme circumstances in the immediate post-graduation period.

I have kind of the support around me. I have my partner, I have my council and it's like when I think about it that way, there's nothing that could go wrong that no-one round me would like leave me to be, you know, homeless or whatever...I know there's good support around me so it's like even if things go wrong, I have all the support.

(Geraldine, 23, Social Sciences graduate)



Transitions out of student accommodation

As participants approached graduation during Phase One, another key concern raised was accessing housing as they entered graduate life. This namely affected those who were residing in student accommodation during their studies. Unlike many non-care-experienced graduates who are more likely to have the opportunity to return to live in the family home, this was not an option for most of the participants.

Phase Two of the project captured participants' living situations both in the immediate post-graduation period and up to six months afterwards. For those who were residing in student accommodation during their studies, their living situations immediately after graduation varied considerably: One was able to remain in student accommodation during the summer before moving into accommodation provided by her postgraduate higher education institution; four had moved into private rented accommodation, either with friends, partners (three participants), or alone (one participant); two had Staying Put arrangements⁸ in place and hence, returned to live with their foster carers; one had moved into social housing; and finally, one participant was homeless before moving into temporary supported accommodation.

⁸ Staying Put arrangements allow those in care to remain with their foster carers until 21 years of age, or until the completion of an education or training course (see DfE, 2013; The Scottish Government, 2013).

Accessing privately rented housing

A major tension raised by participants just before graduating was negotiating the 'graduate to employment gap', where they needed to locate a home for the immediate post-graduation period, but also needed proof of income from employment to access this. For those who were not eligible for social housing and did not have a Staying Put arrangement in place, their access to privately rented housing was compounded by the absence of guarantors. Without a guarantor, letting agencies requested several months of rental payments upfront meaning that participants needed to quickly find large sums of money. These costs were managed by combining funds with their partners, using savings which they had built from working alongside their studies, and/or simultaneously undertaking multiple zero-hours contracts after graduation.

What helped facilitate a smooth transition into private rented housing directly from student accommodation was a graduate bursary from participants' higher education institutions. Only two participants attended institutions that offered this. One participant explained how this had enabled her to pay her deposit, her rent, and other costs of living meaning that she could focus her time and energy on locating graduate employment⁹.

Accessing social housing

Those who were entitled to social housing found accessing this to be a difficult process, with local authorities stipulating that they needed to return to their local authority area to be eligible. In Phase One, participants voiced that this was problematic as it meant potentially losing the support networks they had created in their university towns and cities, and facing geographical restrictions in accessing job opportunities. It also led to feelings of apprehension about returning to an area where they had negative and even traumatic experiences in childhood.

They've made us pay four months of rent upfront as well over the next three years which was over £3000, so it's been an expensive time, and they wanted all of that money sort of within a week of asking for it...We didn't have a guarantor...I was working sort of 50/60 hours a week for, like, the five/six month period in between to make ends meet on everything.

(Martha, 23, Sociology graduate)

(The graduate bursary) really supported me. Well, is really supporting me. I'm able to pay rent, I'm able to kind of live...our financial support was, oh, amazing...I'm very appreciative of that. So that's been very helpful.

(Geraldine, 23, Social Sciences graduate)

⁹ A comic strip titled: 'Graduate Bursaries for Care-Experienced Students: What difference do they make?' was produced as part of this project to illustrate how such bursaries shape care-experienced graduates' transitions out of higher education. This is available from www.drzoebaker.co.uk/currentoutputs.

During Phase Two, participants' concerns about the reduction in job opportunities transpired when they returned to their local authority area. Other concerns were connected to unanticipated issues that only emerged after returning; these issues were associated with further unforeseen constraints to accessing social housing. For instance, one participant explained that she had joined the list for social housing after returning to her local authority area, but that she faced around a two-year wait. Another discovered after returning that his entitlement to high-priority social housing ended at the age of 21 while he was undertaking his degree studies. Despite returning to their local authority area then, these issues meant that participants needed to locate privately rented housing in the immediate term regardless, all while facing limited employment opportunities.

Slipping through the net

As care-experienced graduates are considerably less likely to have a safety net in the form of a family home to return to after graduation, being unable to locate housing for the immediate post-graduation period can result in homelessness. This was the case for one participant. She explained that her university 'did as much as they could do' in attempting to help her locate accommodation before she was due to leave; they even reached out to her local authority for advice, but they received no response. To seek support, she returned to her local authority area but was advised that she did not meet the criteria for social housing. Consequently, she was homeless upon leaving her student accommodation leading to eight days of living on the streets.

After this period, she was able to access temporary supported accommodation run by a charitable organisation. Yet, due to the period of homelessness she experienced, her time since moving into supported accommodation had not only been spent seeking work but also pursuing a dispute with her local authority. Her case therefore shows how being unable to locate private housing or receive local authority support can lead to a disrupted and risk-laden start to graduate life for those with care experience.

I wasn't elderly, I wasn't pregnant and there was another reason that I can't remember, to be honest. But yeah, I just didn't meet their criteria in that sense. I told them I'm care-experienced, I have been within (that local authority), I have nowhere to go. They just kept refusing. I had to go to the police station and stay there. So, like park benches and at the council.

(Dera, 23, Sports Science graduate)



Recommendations

1. Higher education accommodation services to:

1.1 Implement a guarantor scheme that care-experienced graduates can use to access housing in the private rental sector within three months of completing their studies. This should be made available to care-experienced graduates who reside in student accommodation with no onward housing options, and who are not eligible for similar schemes via their local authority¹⁰. This might be piloted using funds from alumni philanthropy and fundraising.

2. The Department for Education (DfE) to:

- 2.1 Specify a minimum support offer until the age of 25 that local authorities are expected to offer universally. This should make the extension of financial and accommodation support from the age of 21 to 25 mandatory.
- 2.2 Specify that local authority support should continue in line with the length of a student's degree programme, rather than until the age of 21 or 25 (providing they enrolled before the age of 25).

3. Local authorities to:

- 3.1 Clearly structure entitlements by age in publicly available local offers¹¹, with an emphasis on which end at 21 and 25 years old.
- 3.2 Consider extending financial and accommodation support past the age of 21 for those who have been in higher education.
- 3.3 Present local offers in an accessible interactive format (for example, an interactive flowchart or online questionnaire) to enable users to identify what support they are entitled to (factoring in their age) quickly and easily. This is especially beneficial for those who may be seeking this information while in crisis.
- 3.4 Advise and support those entering higher education to take steps towards accessing social housing, such as registering to be included in waiting lists, when starting their studies. This will help to maximise the chances of care-experienced graduates having secure housing at the point of, or soon after graduation.

¹⁰ For example, in cases where the local authority does not offer a guarantor scheme, or for those who do not meet the legal definition of 'care leaver'.

¹¹ Wilkinson et al.'s (2019) systematic mapping of 20 local authorities' published offers found that only a small number present entitlements by age.

TRANSITIONS INTO PROFESSIONAL EMPLOYMENT



In Phase One, participants expressed concerns about moving into professional employment upon completion of their higher education. These included managing long-term mental health conditions whilst in full-time professional employment, and apprehensions about fitting in with non-care-experienced people. Phase Two's focus on the first six months after graduation was able to confirm whether such concerns were realised.

Importantly, the Phase Two data also provides insights into the complexity of how these issues developed once graduates entered professional environments, and clarifies the role of their care histories in these experiences. This complexity highlighted some unexpected issues for participants. The first was the requirement to work additional roles and excessive hours to afford the cost of living and create a financial safety net for themselves. This resulted in an absence of work-life balance which adversely impacted some participants' mental and physical health. Understandably, others in the general graduate population are likely to share these experiences; this is therefore not necessarily a unique feature of care experience. Yet, the pressure to work multiple roles and long hours emerged from the absence of safety nets such as a family home to approach for assistance should they find themselves out of work, or not being able to earn enough to afford their living costs. The second issue described by some participants were the similarities between specific working cultures and practices, and their experiences of the care system. This data has also illustrated what specific types of interaction with non-care-experienced colleagues resulted in discomfort in the workplace.

Work-life balance and precarity

When reflecting on moving into employment after graduation, many participants cited that an absence of work-life balance had been the defining feature of their transitions so far. Without a safety net of a family home to fall back on for help or advice along with the loss of higher education and local authority support, some participants felt little option but to work multiple roles and/or excessive hours. This was necessary to meet their essential expenses, particularly in the context of the UK's cost of living crisis.

Despite some participants successfully moving into professional roles after graduation, they explained that they needed to supplement their income with part-time work. For one participant, this involved working in a restaurant alongside her full-time role as an Operating Department Practitioner for the NHS. Another continued his part-time role in a restaurant that he held as a student while working in his full-time graduate position in the private sector. He explained that not only did this supplement his income, but also helped him to create a financial safety net should he ever need to leave his current role.

The absence of work-life balance experienced as a result of needing to meet living costs without support, and to create safety nets for themselves, led to negative consequences for some participants' mental and physical health. In one extreme case, this contributed to the onset of non-epileptic seizures. In cases where employment situations are detrimental to care-experienced graduates' mental and/or physical health, they are less likely to have safety nets to support them while they recover and locate a new role. This was raised by one participant in Phase One when reflecting on how his past experiences in a hostile working environment resulted in poor mental health: 'As a care-experienced graduate or a care-experienced student, you can't just walk away' (Carl, 24, MSc Pharmacy graduate).

When I finish work, say for example, six o'clock, after six o'clock I go to (work in) the restaurant, and then Saturday from 5-10pm, kind of like that...I've also moved to the new house, so to balance with the work and the finance, so I needed extra support. That's why I'm doing the part-time job, and I cannot do extra shifts in the hospital because I'm newly qualified.

(Nadia, 24, Healthcare graduate)



I felt I had to work so many hours to provide for myself because I live alone, and I sort of got a bit stressed out working over 50 hours a week...It is called non-epileptic seizure, and it is just caused by stress...That was really hard, and I had my car taken off me...I was so upset. I was saying to them "Look I am in care, I was in care even. I don't have any family to help me out, please don't take my car away, I live an hour walk away from my nearest train station, please!"...I was always in hospital, so I was losing out on pay...Social services were like "Well you are over 21 so we can't do anything for you now".

(Jade, 22, Politics graduate)

Navigating professional work environments

Those who reported negative experiences of transitioning into professional work environments drew parallels between workplace practices and cultures, and their experiences in the care system. This included environments that were felt to be overly bureaucratic, have an absence of transparency in decision-making, and have no opportunities for career progression. For the minority of participants who had left or were considering leaving their employment within six months after graduation, such workplace practices and cultures were reported as one of the main reasons for this.

Associations between workplace cultures, practices, and care-history

Professional work environments that were hierarchical and bureaucratic to the extent that they constrained autonomy, and where there was an absence of transparency in decision-making proved to be challenging for some participants. One participant working in healthcare explained that the actions he needed to take to provide a high standard of patient care were regularly prevented by more senior staff, leading to disagreements. He explained that his discomfort with bureaucracy was associated with his care experience; the high degree of autonomy and responsibility for himself while in care contrasted markedly with being unable to make decisions autonomously in the professional work environment.

Another participant explained that the absence of transparency in decision-making across different levels of the organisational hierarchy in his current workplace led to unpleasant reminders of aspects of his care history. Specifically, this echoed experiences of when professionals had 'made decisions for him' (Michael, 33, IT graduate) in childhood, with phrases such as 'this is in your best interest' being reminiscent of times when he had no control over his situation. Such environments therefore led to a loss of trust in colleagues.

When you go back to my childhood and you go back to my early years in education and training and stuff like that, it is very much an element of me making my own decisions and being on my own, and then putting me into a team situation where I've got to work as part of a team and take orders from people. There's this sense of not having autonomy that is quite difficult.

(Carl, 24, MSc Pharmacy graduate)

People have said things to me (as a child) that they've said "This is in your best interest" and it really hasn't been...I see similar phrases being used (at work)...I don't trust people because I've been in situations where people made decisions for me in the past, and having no control over that.

(Michael, 33, IT graduate)



Participants who had positive experiences in their roles after graduation were working in environments where the characteristics described above were absent. Instead, those who had smoother transitions into professional work environments reported practices that created open and supportive cultures. Another important feature of positive professional environments were the attitudes and actions of leadership. Workplaces that had leaders who demonstrated an acceptance and understanding of mental health issues, were willing to implement reasonable adjustments, and showed a commitment to a trauma-informed workplace were favoured.

The importance of opportunities for career progression

Another often-cited difficulty among those who had adverse experiences in professional work environments was an absence of opportunities for career progression. This, alongside the negative workplace practices and cultures described above, was one of the most common reasons participants provided for wanting to find a new role. They explained that career progression, and working towards this through development opportunities, were important to them to continue a sense of 'moving forward' after completing their higher education studies.

Participants connected the need for progression with a broader sense of reassurance that they were continuing to move away from their past circumstances. These feelings were also intensified by the sudden contrast of working hard to obtain a degree, followed by being in an environment where they were no longer learning or upskilling. A relationship between employer investment in developing staff and feeling valued in the workplace was also raised, with participants feeling 'underutilised' in environments where there were no training or development opportunities. Moreover, as care-experienced graduates are more likely to be older than their non-care-experienced peers¹², there were also perceived time pressures for career progression.



Unless I keep going up, then I'm always staying still and going down, and where my brain's going with that at the moment is possibly falling back into the cycle of deprivation, falling back into the cycle of intergenerational poverty.

(Carl, 24, MSc Pharmacy graduate)

I need to get something that allows me to progress a bit more, because having left university and gone through all this stuff, I need to keep moving. Like, I don't feel I'm doing anything, I feel I've stagnated a bit...I'm 34 in March, so I mean, I'm running out of time...I want to upskill, I want to be valued.

(Michael, 33, IT graduate)

¹² See Harrison (2020).

Professional relationships

The key constraints voiced by participants when progressing through employment were closely connected to forming and maintaining professional relationships as a care-experienced person. Workplace cultures and practices along with their connection to care histories noted earlier can shape these relationships; for example, bureaucracy and constraints to autonomy can lead to disagreements with colleagues, and a lack of transparency can contribute to a loss of trust in an employer. However, some participants reported experiences of uncomfortable interactions with colleagues. These included reactions to care experience that contained elements of stigma and negative assumptions, and instances where comments from others implied that care experience and professional expertise could not co-exist. Such interactions adversely affected participants' sense of belonging and parity with colleagues in the workplace.

Such difficult interactions typically occurred in roles which involved helping others, such as healthcare, social work, and education. As found in Phase One¹³ and existing literature¹⁴, those who have experience of care often cite altruistic motivations for their career choices. This was influenced by aspects of their care histories. For instance, some participants expressed that they wanted to provide the support they had not received as children, or help others in ways they wished they had been themselves. With care history forming a central part of some participants' motivations to establish careers in healthcare, social work, and education, those working in these fields were more likely to disclose their care experience to colleagues. Furthermore, the likelihood of encountering workplace discussions, materials, and scenarios involving those who had experienced care and/or common issues faced by those with a care background (such as trauma) was higher in these environments. How colleagues responded to such discussions, materials, and scenarios was highly influential in participants' feelings of fit within the professional work environment.

Reactions to care

Some participants reported discomfort with how colleagues responded to disclosures of their care background, the topic of care-experienced people, or issues commonly faced by the care-experienced community. Some of these responses indicated assumptions about life in care which were not always accurate. Other responses perpetuated stigma about those who had experiences often shared by care-experienced people, such as Adverse Childhood Experiences (ACEs).



¹³ See Baker (2022b).

¹⁴ See Melkman et al. (2015) and Stevenson et al. (2020).

For example, one participant who openly disclosed his care experience due to the relevance of this to his role as a social worker commented that he had received expressions of 'pity' from colleagues. Another recounted how the training materials used by her employer to increase awareness of ACEs presented extreme and stereotypical narratives of drug addiction and alcohol abuse. This subsequently led the participant's colleagues to make negative assumptions about those who had experienced ACEs which was uncomfortable for them to hear.

When considering how stigma and negative stereotypes about care-experienced people, or those facing issues which intersect with care could be addressed in professional environments, more diversity in the workforce was proposed by participants. Yet, solely relying on the recruitment of a more diverse staff body to solve this was viewed to be ineffective. Rather, facilitating open conversations between employees with different life experiences and circumstances was viewed as also being needed to challenge stigma, stereotypes, and negative assumptions on a cultural level.

'Professional' and 'care-experienced' identities in the workplace

In roles where participants viewed their care experience as adding value to their work, such as those where they needed to empathise with others who had experienced adverse circumstances, there were cases where they felt their professional identity was questioned by colleagues. This meant that they felt the need to choose between a 'care-experienced' and 'professional' identity when at work to be taken seriously. Subsequently, this resulted in them feeling unequal to other professionals.

While some participants felt their care experience was valued and respected in the workplace, this was viewed negatively if it tipped into 'tokenism'. Behaviours from colleagues that were perceived to be tokenistic were drawing attention to the graduate's care experience to others as a means of bolstering the perceived 'inclusivity' of the employer, or framing care experience as the reason they were hired. This resulted in some participants feeling that their professional skills, knowledge, and expertise were being diminished.

I think there's a stigma around ACEs. I've watched so many of those videos... they're like "Oh, yes, this aggressive little boy who's now a drug addict and an alcoholic" and you're like "Well, actually, some of us still have ACEs but we just get on in life, and we've avoided the drugs and alcohol but we still have trauma and we still need the extra support and care"... We had training recently, and I disagreed with it, because (the trainer) was like "Oh yeah, people with trauma, all they want is attention".

(Hannah, 31, MA Education graduate)

It's like a wee pat on the head and "Look, this is our care-experienced person"... "Oh look, Lilly's our homeless person, look at the job we've given her, look at the opportunity that we've given her" and it's like "Eh, no, I'm here because I've got qualifications and I know the stuff I'm talking about, nothing to do with my lived experience". And then there's that whole thing of they diminish your lived experience as being part of the only reason that you got hired.

(Lilly, 37, Healthcare graduate)

In cases where participants had openly disclosed their care backgrounds in the workplace but did not experience such interactions, professional relationships were viewed as being respectful of their care-experienced status. This was enacted through interactions where colleagues regarded their insights and ideas from a care-experienced perspective as part of their professional skillset and knowledge, rather than positioning this as a central feature of their identity. Workplace practices that created open and supportive cultures among colleagues were viewed as essential in creating the conditions for such interactions. Participants explained that this was achieved through the creation of trauma-informed spaces to have open and reflective conversations with colleagues and members of leadership. The availability of such spaces served to reduce a sense of 'power imbalance', and increased feelings of equality with other professionals.

Integrating understanding and awareness from a trauma-informed perspective in development conversations with managers was also regarded as valuable. This was beneficial in fostering a culture of openness, but also in acknowledging how aspects of the participants' responsibilities in their roles may have associations with their care backgrounds. The necessary support could then be offered and incorporated into conversations about working practices and professional development.

I've realised that everyone in my office has their own situations going on...that's sort of helped quite a bit because I guess I spill my guts out sometimes, but they also spill their guts out. So, it's not as big an imbalance of power anymore. It is quite open.

(Austin, 22, Social Work graduate)



We were trauma-informed and we'd all sit down at the end of every day in a circle. It looked like we were going to do, like, kumbaya, but we all sat down and the head was with us...we'd all just sit down and go "Right, okay, what was good about today, what could we have all done differently and how are we feeling?"...It was nice because we all could just sit down and explain how we felt.

(Hannah, 31, MA Education graduate)

Recommendations

1. Local authorities to:

- 1.1 Make care-experienced graduates aware of what benefits they are entitled to should they experience sickness, or gaps in employment.

2. Employers at the level of leadership to:

- 2.1 Oversee an assessment of trauma training needs¹⁵ across management staff to identify areas for development.
- 2.2 Address trauma training needs through the recruitment of a high-quality and effective trauma trainer¹⁶.
- 2.3 Prioritise creating an organisational culture which fosters psychological safety¹⁷. Key enablers of psychological safety

include: responding to questions and errors as learning opportunities¹⁸; establishing goals which are shared across different roles and levels of the organisational structure¹⁹; and high-quality relationships in the workplace which can be cultivated through relational gatherings (such as offsite outings with clear objectives)²⁰.

- 2.4 Establish a diversity climate²¹ by: creating diversity in management²²; establishing spaces that facilitate the open sharing of divergent ideas²³; reducing hierarchical meeting configurations²⁴; decentralising some decision-making by identifying where this can be delegated to those outside of leadership roles²⁵; and expressing a genuine commitment to diversity that is not contradicted by stereotyping, tokenism, or microaggressions²⁶.

15 See NHS Education for Scotland (2019:58-65) 'Appendix 1: Trauma training needs assessment and planning: Guidance for managers'.

16 For guidance on locating a high-quality and effective trauma trainer, please see NHS Education for Scotland (2019:30-34).

17 Psychological safety is achieved when people 'feel able to show and employ one's self without fear of negative consequences to self-image, status or career' (Kahn 1990:708).

18 See Edmondson (2018).

19 See Carmeli & Gittell (2009).

20 See Carmeli et al. (2009).

21 A 'diversity climate' refers to the extent to which employees view their organisation as being fair and inclusive in terms of policy and management practices (see Jiang et al., 2022).

22 See Herdman & McMillan-Capehart (2010).

23 See Harvey et al. (2019).

24 See Jiang et al. (2022).

25 As above.

26 See Ferdman et al. (2021).

- 2.5 Avoid tokenism by **not**: placing the responsibility for care-experienced peoples' inclusion in the workplace solely on care-experienced employees; expecting or pressuring care-experienced employees to share their stories (internally or externally), or requesting that they speak on behalf of the care-experienced community.
 - 2.6 Identify and address unconscious bias and stereotypical perceptions in the organisation by investing in training on care-experience²⁷.
 - 2.7 Create a culture that views accommodations and reasonable adjustments as the norm for employees by incorporating exploratory discussions and the requisite planning for this into the formal onboarding process²⁸.
 - 2.8 Incorporate a requirement in the organisation's formal procedures for managers to undertake regular discussions of, and take actions towards, employees' career development.
 - 2.9 Create a transparent promotion process that is visible and openly accessible to all employees.
 - 2.10 Develop a policy to ensure that disclosures of care experience and issues faced that are connected to care histories are treated confidentially (unless otherwise agreed by the employee). This information should only be used to understand support needs and implement adjustments.
- 3. Employers at the level of management to:**
- 3.1 Carry out an assessment of trauma training needs²⁹ across their employees to identify areas for development.
 - 3.2 Create spaces and processes to enable frequent sharing of knowledge, expertise, and ideas across roles and different levels of the organisational structure³⁰.
 - 3.3 Treat disclosures of care experience and issues that are connected to care history confidentially (unless otherwise agreed by the employee). Responses should be supportive, non-judgmental, and focused on exploring and actioning adjustments that the employee feels will be helpful³¹.
 - 3.4 Undertake an exploratory discussion with new employees to understand what accommodations and reasonable adjustments will help them to work best, and create a structured plan to action these.

27 The Rees Foundation's 'Caring for care leavers in employment' course is one example of such training.

28 See Groggins & Ryan (2013).

29 See NHS Education for Scotland (2019:58-65) 'Appendix 1: Trauma training needs assessment and planning: Guidance for managers'.

30 See Jiang et al. (2022).

31 See Nachmias et al. (2022).

- 3.5 Incorporate planning for long-term career goals, objectives, and development needs into existing onboarding processes for new employees to establish this as an important organisational aim from the outset³².
- 3.6 Regularly revisit career-development objectives and take practical actions to support employees in achieving these.
- 3.7 Regularly signpost employees to the organisation's promotion process to assist in the formulation of career-development objectives and goals.

4. Trade unions to:

- 4.1 Offer reduced membership fees to care-experienced employees.

5. Higher education institutions to:

- 5.1 Offer taught sessions on workplace rules and employee rights. These should be offered centrally to maximise visibility and access for all students, and ideally cover: hiring processes; pay and wages; contracts; working hours; rights to maternity and parental leave; dealing with problems at work; how to respond to discrimination and bullying; dismissals, including unfair dismissal and constructive dismissal; the employer's duty to employee health and safety; and an introduction to trade unions.

³² See the Care Leaver Covenant (2023).

POSTGRADUATE STUDY



Very few participants were making plans to progress to the taught postgraduate level during Phase One³³. Although several had considered this in the past, they had rejected it as a feasible option on account of the loss of financial and housing support from their higher education institutions and local authorities upon graduating from the undergraduate level. For some, the need for financial and housing stability was viewed as an essential pre-requisite before moving into taught postgraduate study, particularly in the context of the UK's cost of living crisis. This was influenced by past experiences of instability in childhood along with the graduate 'cliff-edge' of support. Participants therefore wished to prioritise housing and financial stability before considering further study. They explained that a continuation of financial support, as well as greater availability of postgraduate scholarships would enable them to move into taught postgraduate study more comfortably.

During Phase One, three participants were already studying a taught postgraduate degree at master's level, with one of these having completed a combined undergraduate and master's degree in the past. A fourth was undertaking a postgraduate certificate with their employer as a requirement of their role. In order to understand the experiences of those choosing to study taught postgraduate degrees as their main graduate pathway rather than as a requirement of their current employment, this section of the report focuses on those studying a full 180 credits at master's level³⁴.

³³ See Baker (2022b:20).

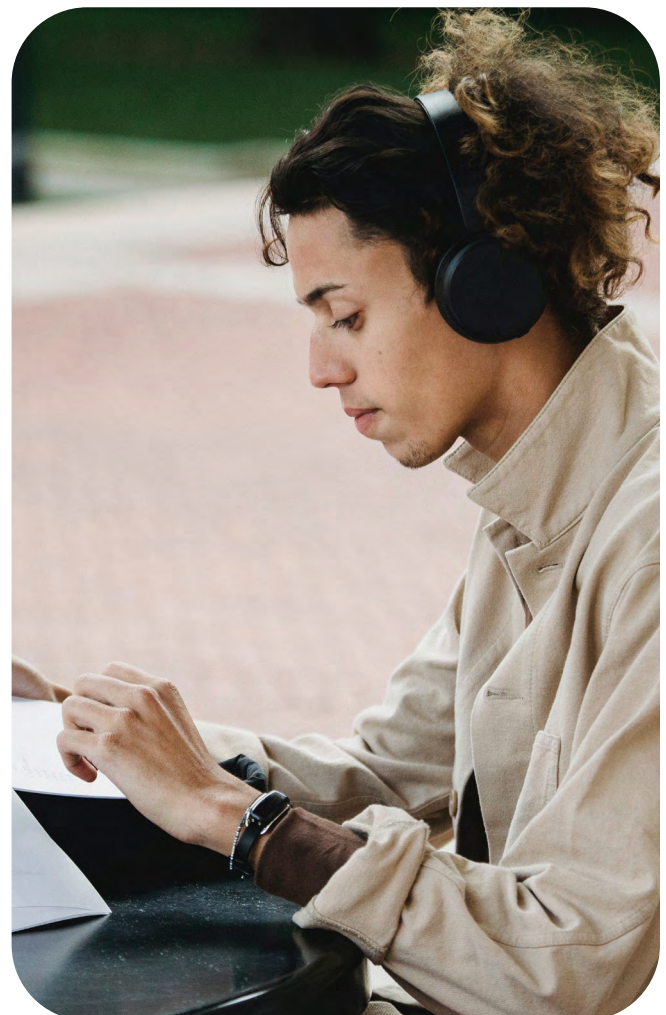
³⁴ To receive a master's degree, 180 credits are needed. Postgraduate certificates require 60 credits.

In Phase Two, two participants had progressed to taught postgraduate degrees directly from the undergraduate level, adding to the three who were already enrolled in master's programmes at the start of the research. In undertaking this transition from undergraduate to the taught postgraduate level during the study's data collection period, further insights into how enablements were accessed by participants during this process have been identified. Additionally, more information on the availability of, and access to support for care-experienced students at the taught postgraduate level has been captured; this has worked to strengthen the existing knowledge gleaned from Phase One. Of the five participants studying at master's level in Phase Two however, two withdrew and one had deferred their studies before explaining that they were unlikely to return. Phase Two has therefore been able to identify the reasons for withdrawal from postgraduate study, how these were influenced by structural constraints, and importantly, what enablements can be provided to increase access and retention at the taught postgraduate level for care-experienced people.

Transitioning into postgraduate study

As found in Phase One, financial constraints were the main reason for rejecting the possibility of undertaking a taught postgraduate degree. In Phase Two, two participants in England had started taught postgraduate degrees, and one was trying to locate financial support to apply to start in the following academic year. Although government-provided master's loans are available in England³⁵, research has shown that these are insufficient to support full-time postgraduate study without additional resources³⁶.

Of these participants, two were legally defined as 'care leavers' and were eligible for local authority support. The third was 'care-experienced' but did not meet the legal definition, and hence, was not eligible for support. This is important to note as it is reasonable to expect that this would dictate the amount and level of support available to care-experienced graduates who are either planning to apply, or are actively transitioning into taught postgraduate degrees. Yet, participants' experiences of locating and accessing support to study at the taught postgraduate level were found to be more complex, and not wholly determined by their eligibility for local authority support. Instead, a 'postcode lottery'³⁷ in local authority support was evident.



³⁵ In England, students can take out government-provided master's loans for their tuition fees and living costs (see Gov.uk, 2023). At the time of data collection, the maximum amount available was £11,836.

³⁶ See Wakeling and Mateos-González (2021).

³⁷ See Ayre et al. (2016) and Harrison et al. (2021).

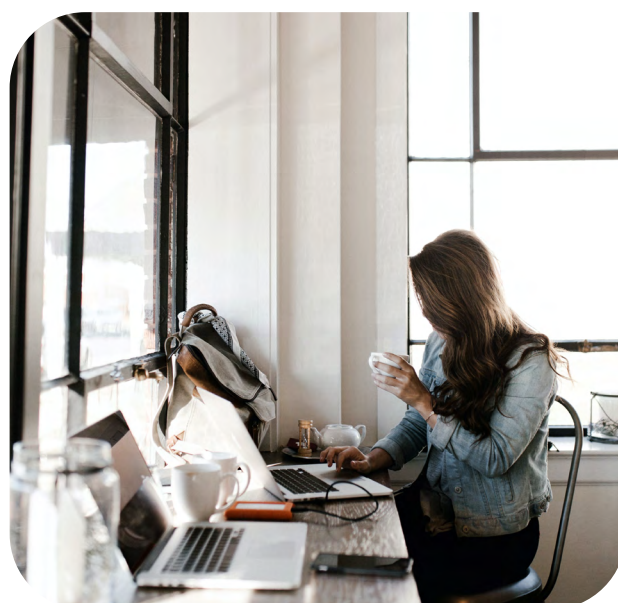
Both participants who were eligible for local authority support needed to engage with different processes to understand what (if anything) they could expect to receive to meet the financial demands of taught postgraduate study. After a discussion with her local authority, one participant was able to receive financial support to help with her student accommodation costs and tuition fees. This included a weekly contribution to rent for her student accommodation and a £3500 deduction from her tuition fees. This not only made it possible for her to progress to a taught postgraduate degree, but to be able to relocate to an institution that offered a programme which was aligned with her interests and career goals. As her chosen higher education institution did not offer any financial support to care-experienced postgraduate students, her local authority was the only place she could approach to receive help to supplement her government-provided master's loan.

In contrast, the second of these two participants had a different experience in trying to gain clarity on what he could potentially receive. Upon reaching out to his local authority to explore his options for financial support, what followed was an extemporaneous and unclear process. This included being asked to supply a business plan for assessment and being advised to wait for a more 'flexible' and 'caring' senior staff member to return to work to help maximise his chances of receiving support. It was therefore uncertain as to whether he would receive the support he needed to continue his studies to the taught postgraduate level.

For those who were not eligible for local authority support, one possibility to source additional funding was through scholarships and bursaries offered to the general student population by higher education institutions. However, as noted in the Phase One report, participants expressed that the availability of these need to be increased. One participant, who was not eligible for local authority support, sought and applied for a scholarship and multiple bursaries before starting her taught postgraduate degree in Phase Two. While she was unsuccessful in her scholarship application, she was awarded two bursaries based on academic merit. These awards were not cash bursaries; instead, one was a tuition fee reduction and the other was a grant towards paying for a professional proofreader. Consequently, these would not remedy the concerns over meeting the costs of living while studying at the taught postgraduate level, which were expressed by numerous participants during Phase One.

I called up my Leaving Care Advisor and we just had, like, a short discussion, and she said 'If you send a business plan, we can kind of talk it through' and she just told me to, like, wait a little bit until they finish getting out this one person, getting in someone back who was a lot more, like, flexible and, like, actually cared about the people that she was working for.

(Waide, 22, Healthcare graduate)

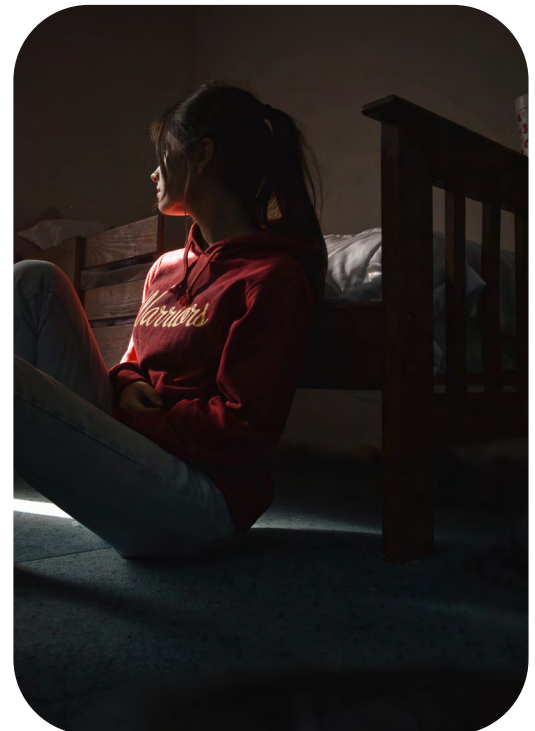


Progressing through postgraduate study

In Phase One, participants explained that should they progress to postgraduate study, they would experience an 'undergraduate support cliff edge'³⁸; this refers to the discontinuation of support from higher education institutions once they moved from the undergraduate to the postgraduate level. With two additional participants moving into taught postgraduate study in Phase Two, further depth has been added to the Phase One data. This has allowed more diversity in experiences of accessing support at the taught postgraduate level to be captured.

Both of these participants reported financially precarious circumstances. These became more intense the further they progressed through their studies. Such precarity was caused by a combination of the increasing cost of living in the UK, unexpected financial emergencies, and sudden changes in life circumstances. Pathways for accessing additional funds to cover day-to-day living expenses from their higher education institutions were limited due to there being no specific support for care-experienced students at the postgraduate level. Instead, participants needed to access support offered to the general student population, such as hardship funds.

In one participant's case, the process to access hardship funds was found to be unsympathetic to the needs, circumstances, and backgrounds of care-experienced people as well as to the cost of living crisis. For instance, she was initially refused funds due to having savings, though she clarified that the reason she needed to preserve these was to protect herself against precarity when transitioning out of postgraduate study in the absence of family support to fall back on. To access hardship funds, she explained that she needed to: detail the steps she had taken to save money, which meant explaining her isolated lifestyle; explain that despite buying very minimal food, the cost of living crisis had resulted in the costs of this increasing; send proof of her mental health diagnoses to justify why she was not in work; and attend a budgeting course which covered basic financial literacy. She explained that the process did not acknowledge the impact of the cost of living crisis, or that she had lived independently since she was 16 years old and was therefore very financially literate. Moreover, the requirement to document her financial and mental health struggles as part of this process had a detrimental emotional impact on her. Overall, she felt that the process was unsympathetic to her care background and the wider economic landscape.



I was really sad. I was writing it, and I was like "This sounds like my life is tragic"...Why do I have to write a little X-Factor sob story to just prove that I'm poor? There's the cost of living crisis...I just think the whole process is so demeaning and it's poor shaming. It's like, well everybody's poor because the cost of living is ridiculous.

(Becky, 22, Law postgraduate)

38 See Baker (2022b:21).

The second participant who had enrolled on a taught postgraduate degree during Phase Two had continued working in one of the four casual positions she had held since completing her undergraduate studies. Although this meant that she felt relatively financially stable during her postgraduate degree, this did not afford her enough security to withstand changes to her life circumstances. A relationship break-up meant that she needed to locate new housing, and was no longer able to split living costs with another person. To financially support herself, she had no option but to withdraw from her postgraduate studies to work full-time.

Withdrawal from postgraduate study

By the end of Phase Two, two of the five participants undertaking master's level programmes had officially withdrawn, and one had deferred. Of the two who remained enrolled, one continued with her taught postgraduate programme and the other (who was already studying her taught postgraduate degree during Phase One) had completed this. One of these participants, as discussed in the previous section, had received support from her local authority. The other who had completed had followed a 'stability first, study later' pattern that several participants in Phase One had planned to do.

Financial constraints were cited as the main reason for withdrawal. As explained in the previous section, one participant withdrew following a change in her living circumstances meaning that she now needed to work full-time to financially support herself. For another participant who had withdrawn, the loss of support she had previously received from the Student Awards Agency Scotland at the undergraduate level meant that she could no longer afford to continue³⁹. She therefore left with a postgraduate diploma⁴⁰. For the participant who had deferred, a combination of financial and academic pressures were cited as the reasons for his decision. Although he had up to five years from this point to resume his studies, he explained that the pressure to earn money in the current economic climate made him feel apprehensive about returning.

My engagement broke off in February and we've been living separately since. But as a result of that and living alone and that kind of thing, I couldn't afford to continue studying. I needed to go full-time.

(Martha, 23, former MA Social Research student)

I emailed the university being like "Look, I really, really can't afford this, but I really want to do my master's, I'm a care leaver...I'd really be looking to sit down with somebody and, like, see if we could come up with a better payment plan or something that's more affordable for me" and they were just kind of like "No, we don't offer that for postgraduates, only undergraduates".

(Jennifer, 25, former MA Housing student)



³⁹ At the undergraduate level in Scotland, tuition fees are provided by the Student Awards Agency Scotland and are non-repayable (see Student Awards Agency Scotland, 2023a). Care-experienced students in Scotland are also eligible for a Care Experienced Student Bursary of £9000 per year at the undergraduate level (see Student Awards Agency Scotland, 2023b).

⁴⁰ Postgraduate diplomas require fewer credits (120) than a master's degree (180).

Recommendations

1. The Office for Students (OfS) to:

1.1 Set a requirement for higher education institutions to collect data on access and student outcomes at the taught postgraduate level, and report this via their Access and Participation Plans for monitoring⁴¹.

2. Higher education support services to:

2.1 Integrate a contextual component to hardship funds at the taught postgraduate level. This should allow flexibility for care-experienced students when assessing existing financial resources, acknowledging that these protect against more precarious transitions out of postgraduate study in the absence of family support.

2.2 Prioritise offering cash rather than 'in kind' bursaries to taught postgraduate care-experienced students. Should 'in kind' bursaries be offered, these should provide support with essential goods and services such as food, bill payments, and travel. This will enable students to use these to meet their daily living costs.

2.3 Add information on the types and amount of support available for care-experienced taught postgraduate students to their offer on Propel⁴². This should be transparently presented to clarify any differences between the support offered at the undergraduate and taught postgraduate level.

2.4 Extend non-financial forms of support such as the availability of a named/single point of contact, and care-experienced focused social events to the taught postgraduate level.

41 This data can then be used to inform widening access work at the taught postgraduate level (see Wakeling and Mateos-González, 2021).

42 Propel is a website where higher education institutions in the UK publish their support offer for care-experienced students. At present, information on available support is typically restricted to the undergraduate level.

3. Office for Standards in Education, Children's Services and Skills (Ofsted) to:

- 3.1 Broaden the 'former relevant children pursuing further education or training aged 18-25' group in the Inspecting Local Authority Children's Services (ILACS) framework to include the evaluation of experiences of those who have completed a higher education qualification within the last 12 months. This will provide insights into whether local authorities are adequately supporting the learning and employment opportunities of care leavers (which can include support with postgraduate education) in line with the judgement on 'the experiences and progress of care leavers'⁴³, and subsections 24B(1) and 24B(2) of the Children Act (1989)⁴⁴.

4. Local authorities to:

- 4.1 Clearly outline if a support offer exists for taught postgraduate students in their local offers. This should include what this is, and a clear process on how to access it.

43 This new judgement was incorporated into the ILACS in January 2023 (Ofsted, 2024).

44 Subsections 24B(1) and 24B(2) outline local authorities' responsibilities to contribute to expenses to enable a former relevant child to reside near their place of employment, or their education/training provider. This also stipulates that a grant should be offered by local authorities to meet expenses associated with education or training.

SUMMARY

The findings included in this report have presented the key concerns and anticipated issues that care-experienced people encountered when graduating from higher education. The report has highlighted how care histories and the circumstances arising from these can lead to a number of constraints when moving into graduate life. These, as evidenced in this report, can shape graduates' experiences when approaching and undertaking common transition milestones following graduation, such as: accessing housing, entering employment, navigating professional work environments, and accessing and progressing through taught postgraduate study.

For care-experienced graduates, the initial transition to graduate life involved the loss of material forms of support from their local authorities which was often unexpected. The absence of financial and housing support resulted in challenges when leaving student accommodation; with no access to a guarantor – a role that family members would typically fill – participants were required to pay large sums of money upfront to letting agencies. In one case, the lack of such support during the initial transition out of higher education resulted in homelessness. What was found to help was graduate bursaries, access to support from the local authority, and continued contact with Personal Advisors before and during these first steps into graduate life.

The absence of a family home to either return to or approach for help, combined with the loss of support from local authorities and higher education institutions, resulted in pressure to work multiple roles and excessive hours to meet daily living expenses. Issues with work-life balance were therefore a familiar experience for participants following graduation. For some, this unfortunately led to harmful consequences for their physical and mental health. Being unable to access sources of support in such circumstances made it risky to 'walk away' from the employment situations that had contributed to these issues.

When entering and navigating professional work environments, care-experienced graduates' levels of comfort differed considerably with certain workplace cultures, practices, and interactions defining whether their experiences were positive or negative. While this could apply to many non-care-experienced people entering new work environments, these cultures, practices, and interactions adversely affected their comfort when they were aligned with experiences in the care system. These included bureaucratic processes, a lack of transparency, and stigma. Participants reported positive experiences when these were absent, and where open, inclusive, transparent, and trauma-informed workplace cultures and practices were present instead.



For the small number of participants who wished to progress to taught postgraduate study directly from their undergraduate degrees, their experiences were defined by attempts to locate financial support from local authorities and higher education institutions to supplement their master's loans. For the former, the amount of support was dictated by the postcode lottery, with processes to access this being revealed as unstandardised meaning that outcomes were uncertain. As for the latter, the support provided by one participant's higher education institution was 'in kind' rather than cash which was less helpful in meeting day-to-day living costs, particularly in the UK's cost of living crisis. Moreover, unlike the undergraduate level, the only financial support available from higher education institutions was that which was also offered to the general student population; this was found to not always be appropriate for the needs and circumstances of care-experienced students.

Throughout this report, the experiences of care-experienced graduates have been used to develop a series of recommendations. These focus on increasing: access to and availability of financial and housing support; knowledge and awareness of entitlements and rights; clarity and transparency in processes to access support; and the availability of inclusive, open, and trauma-informed workplace environments where care-experienced graduates can start to build and progress their careers. The core intention of these recommendations is to create safety and security for care-experienced graduates to establish equitable, valuable, and fulfilling transition experiences as they leave higher education and start their graduate lives.



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