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Facing the cliff-edge: care-experienced graduates' access to and progression through taught postgraduate study in the United Kingdom

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Abstract

Over the past 15 years, a growing body of research into the issues care-experienced people face when accessing higher education (HE) has led to welcome support developments to attempt to redress inequalities. However, such support ceases upon completion of undergraduate degrees. Without continued support, constraints in accessing taught postgraduate study can lead to limitations in future careers, earning potential, and future stability for care-experienced people. Until now, there have been no insights into why care-experienced people wish to study at the postgraduate level, as well as whether and how they may be constrained or enabled by their care backgrounds when doing so. Using data from a qualitative longitudinal study of care-experienced graduates' transitions out of HE, the paper illustrates how this 'undergraduate cliff edge' in support constrains the feasibility of progressing into and through taught postgraduate studies. The absence of often taken-for-granted support, such as a family home, means that entering postgraduate studies and facing this cliff edge is risky and perpetuates the sense of instability felt in childhood. The paper concludes by proposing recommendations for policy and practice to enable the creation of equitable opportunities to reduce risk for this group to comfortably study at the postgraduate level.

Keywords Care-experience · Higher education · Postgraduate · Widening access · United Kingdom

Introduction

Individuals with 'care-experience' in the United Kingdom (UK) are those that have spent time in state care as children, usually due to maltreatment by the birth family (Department for Education [DfE], 2019). Those who have spent any length of time in the care system are considered 'care-experienced' (Harrison, 2017). They are one of the most underrepresented groups in UK Higher Education (HE); at the undergraduate level, their participation

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is four times lower than non-care-experienced individuals at the age of 19 (Ellis & Johnston, 2019). When care-experienced people do progress to HE for the first time, they tend to do so when older (Harrison, 2020). Yet, even when considered up to the age of 23, the participation rate in undergraduate degrees is still only around 12% compared to 43% of the general population (Harrison, 2017). Similar trends have also been found in other European nations (Jackson & Cameron, 2014) and further afield in countries such as Australia (Wilson et al., 2019), Israel (Zeira et al., 2019), and the USA (Okpych & Courtney, 2019). Various factors have been identified for this, including but not limited to lower levels of educational attainment and qualifications (Sebba et al., 2015) often as a result of the disruption to schooling caused by placement moves (Jackson & Ajayi, 2007); low expectations from carers and professionals (Jackson et al., 2005); stigma (Stein, 2012); and long-term health conditions, disabilities and/or mental health issues which are overrepresented in the care-experienced population (O'Neill et al., 2019).

As is evident above, there has been a growth in research attention paid to care-experienced peoples' HE access at the undergraduate level nationally and internationally over the past 15 years; Jackson et al.'s (2005) ground breaking 'By Degrees' project which highlighted the low numbers of care-experienced people accessing HE marked a major turning point in this growth. This, along with subsequent research (see Cotton et al., 2014; Ellis & Johnston, 2019; Harrison, 2017; Stevenson et al., 2020), has not only led to increased understandings of the constraints that care-experienced people face when accessing and progressing through undergraduate degree programmes in HE, but has contributed to welcome changes to the amount and types of support available at this level of study from HE institutions (HEIs) and local authorities. For instance, many HEIs in the UK now provide care-experienced undergraduate students with: bursaries; accommodation that is available 365 days a year in recognition that care-experienced students do not have a family home to return to outside of term time; and a designated member of staff to support them often referred to as a 'named contact' or 'single point of contact' (DfE, 2019; Harrison et al., 2021). Local authorities in the UK also provide a one-off payment of £2000 to care leavers who enter HE. These forms of support, however, end at the point of undergraduate graduation and do not extend to the postgraduate level (Harrison et al., 2021; Stevenson et al., 2020).

This paper is the first to provide qualitative insights into care-experienced students' access to and progression through taught postgraduate study. Drawing on the findings from a British Academy-funded project on care-experienced graduates' transitions out of HE, the paper identifies their motivations as well as the constraints and enablements that they face when trying to access and progress through taught postgraduate study. These experiences are then used to inform the proposal of changes to policy and practice to achieve equity in care-experienced graduates' access to and success in taught postgraduate study. The paper hopes to mark the start of increased research attention to this area. In doing so, it hopes to lead to the level of change in the types and amount of support that has been observed for this group at the undergraduate level.

Inequalities in access to taught postgraduate study

Before outlining what is known about care-experienced peoples' participation in taught postgraduate study, it is important to situate the present paper within a wider body of national and international literature that explores inequalities in access in the general

graduate population. Although care-experienced graduates' access to taught postgraduate study has not been explored (with the exception of Baker et al., 2022), highlighting the inequalities in participation across the general graduate population can offer some preliminary understandings of this group's participation due to their 'overlapping and additive forms of disadvantage derived from their intersectional membership of multiple groups' (Harrison et al., 2022: 372). As care-experienced students are more likely to be from minority ethnic backgrounds (Baker et al., 2022), the national and international literature on ethnic inequalities in taught postgraduate education among the general population will be explored here. Additionally, research has found that care-experienced people are more likely to be from socioeconomically disadvantaged birth families (see Cameron et al., 2012) and/or be cared for by those from lower socioeconomic backgrounds while in the care system (see Buehler et al., 2000). For this reason, attention to socioeconomic inequalities in access to taught postgraduate study both nationally and internationally will also be provided here.

Little research exists on minority ethnic participation at the taught postgraduate level internationally. Instead, existing international studies focus on inequalities in access to doctoral degrees (see Moodie et al., 2018; Posselt & Grodsky, 2017; Torche, 2018). In the US context, this is explained by master's degrees having 'nearly universal access' (Torche, 2018: 91) with inequalities instead emerging at the doctoral level. Such work has been undertaken in the UK context, finding that minority ethnic students—specifically Black and Chinese students—are *more* likely to progress to the taught postgraduate level than their White British counterparts (Wakeling, 2009; Wakeling & Laurison, 2017). Scholars have suggested that students from minority ethnic backgrounds may be more motivated to obtain taught postgraduate degrees as a means of counteracting discrimination in the labour market (Connor et al., 2004) or to access areas of the labour market where this is less likely to be experienced (Lessard-Phillips et al., 2018). These motivations may also be present among care-experienced graduates who are from minority ethnic backgrounds, with potential racial discrimination being compounded by the stigma associated with having been in care (Stein, 2012). Despite this being propelled by negative drivers, the overrepresentation of minority ethnic participation in UK taught postgraduate study in the general population may increase the likelihood of care-experienced graduates' progression.

Differences in progression to taught postgraduate degrees both in the UK and international contexts have also been observed among students from different socioeconomic backgrounds. In the UK context, students from wealthier households were more likely to be in taught postgraduate study than those from less advantaged socioeconomic backgrounds (Wakeling & Hampden-Thompson, 2013; Wakeling & Mateos-González, 2021). Similar findings have been noted in the USA, with the children of postgraduate degree-holding parents being significantly more likely to enter programmes in graduate school (see Mullen et al., 2003). Yet such findings are not consistent, with later research in the US context concluding that such differences are mainly observed at the doctoral level (Posselt & Grodsky, 2017). Similarly, in France, social background appears to have a weaker impact on access to postgraduate education but reemerges in earning inequality after graduation (Falcon & Bataille, 2018). Unlike minority ethnic participation in the UK context which may indicate a higher likelihood of participation in taught postgraduate study among care-experienced graduates, the socioeconomic inequalities observed here may negatively affect this.

As is evident above, most of the established insights into differences and inequalities in access to taught postgraduate study are situated in the UK context. Limited insights have been provided elsewhere, with the international literature largely focusing on access to doctoral study. Moreover, these studies are confined to the general graduate population, with there being a noticeable absence of research attention provided to care-experienced

students in the postgraduate space. There is now a need to focus specifically on care-experienced peoples' access into and through HE study at the taught postgraduate level¹ to continue to develop equality of access for one of society's most marginalised groups (Barn, 2010). While there has been a small amount of quantitative research attention paid to care-experienced graduates' access to taught postgraduate study (Baker et al., 2022), to date, there are no qualitative understandings underpinning this. This is needed to identify the constraints and enablements to access and successfully progress through taught postgraduate study for care-experienced graduates. In turn, this allows proposals to be formulated on what forms of support are needed across the UK HE sector to ensure that the journey into postgraduate study for care-experienced people is not constrained by circumstances arising from their childhood. This can be used as a starting point for further inquiry within the UK and internationally. Without this, there is a danger of inequalities being pushed upwards to the postgraduate level for care-experienced people (Wakeling, 2017).

Care-experienced students' progression to taught postgraduate study

While there has been growing research literature on care-experienced peoples' access to HE at the undergraduate level, the same level of attention has not been applied to the postgraduate level. This is likely in part due to there being substantially limited data on the number of care-experienced people who progress to postgraduate degrees (see Harrison et al., 2022); unlike the undergraduate level where data on care status is collected by the Universities and Colleges Admissions Service (UCAS) upon application or while on course by their HEI (see Harrison, 2020), this is not collected at the postgraduate level. Despite these limitations, some initial quantitative insights on access to postgraduate study have been gleaned by linking available datasets (see Baker et al., 2022) which provide a useful starting point to understand the general landscape of care-experienced graduates' access to taught postgraduate study. In linking data from the 2016/17 Destination of Leavers from Higher Education (DLHE) survey with data on care status captured in Higher Education Statistics Agency (HESA) data at the undergraduate level, Baker et al. (2022) found that care-experienced graduates were 1.274 times *more* likely to access taught postgraduate study than their non-care-experienced peers.

These figures are encouraging from a social justice perspective; the benefits associated with higher degrees such as access to specific professions (Wakeling, 2017) and increased earning potential (Britton et al., 2020) could point to HE as a means of mitigating background disadvantages (Baker et al., 2022). However, it is important to be mindful of the limitations of this data. As the data was collected from one academic year (2016/17), the authors recognised that this year could have been 'atypical' (Baker et al., 2022: 365). This coincided with the same year in which the Master's Degree Loan Scheme was launched by the UK Government (see Adams et al., 2019), with a 10-year high in those accessing postgraduate study recorded at this time (Higher Education Statistics Agency [HESA], 2019). Those who had previously decided against attending due to the absence of government support (including those with care experience) may have then been encouraged to progress during the 2016/17 academic year. Moreover, the authors acknowledge that care status was

¹ Taught postgraduate programmes typically require an undergraduate degree to access and are those that do not require students to undertake the intensive research training of a 'postgraduate research' degree. In the UK context, taught postgraduate programmes typically include Master's degrees and Postgraduate Certificates of Education (PGCEs).

missing for 27.3% of DLHE survey respondents, meaning that these needed to be excluded from the analysis (Baker et al., 2022). Hence, although the existing research on care-experienced graduates' transitions to postgraduate study has provided a statistical understanding of progression rates (Baker et al., 2022), these should be considered as a first step to developing an understanding of the landscape of care-experienced participation in postgraduate study in quantitative terms.

Despite the limitations noted above, this initial insight into postgraduate progression illustrates a positive picture for care-experienced peoples' graduate outcomes. However, there are some notable inequalities between care-experienced graduates and their non-care-experienced peers at this level. Care-experienced graduates are more likely to enter postgraduate study at an older age than the general graduate population, with the highest likelihood of progression observed among those in the 25 to 29, and the 30 and over age groups (Baker et al., 2022). This is notable as care-experienced people generally start HE later than their non-care-experienced peers (Harrison, 2020). Causes for this can be associated with experiences in care, as opportunities to start HE while young are often limited by past educational disruption leading to fewer or low qualifications (Sebba et al., 2015). Pressures to enter employment as soon as possible to afford the costs of living upon leaving the care system (Cameron, 2007) can also contribute to returning to education later.

Motivations and barriers for accessing taught postgraduate study

The absence of a family home to undertake boomerang or 'yo yo' transitions (Bengtsson et al., 2018)—where graduates return to live in the family home for a period of time—is understandably a well-reasoned speculation for the higher propensity of care-experienced people to progress to taught postgraduate degrees (Baker et al., 2022). Many non-care-experienced graduates will benefit from having a home to return to while they formulate their next steps, sometimes without the pressure of needing an income. This could also even be regarded as a taken-for-granted step for many HE graduates, with analysis of the British Household Panel Survey concluding that 'completing higher education is one of the strongest determinants of returning to the parental home' (Stone et al., 2014: 271).

Although local authorities have a responsibility to support those meeting the legal definition of 'care leaver',² this ends at the age of 25 in England and 26 in Scotland. Considering that care-experienced people typically enter HE when older (Harrison, 2020), this means that many will have 'aged out' of this support when they graduate. Therefore, remaining within the already familiar HE environment, as Baker et al. (2022: 15) suggest, could offer 'an alternative form of yo-yo transition for younger care-experienced graduates'. This may provide more 'psychological space' (Stein, 2012) to contemplate and prepare for their next steps into graduate life in the absence of a family home.

The cost-of-living crisis in the UK (Francis-Devine et al., 2022) and the impact of the Covid-19 pandemic on the labour market (Powell et al., 2022) may exacerbate

² To meet the legal definition of a 'care leaver', an individual must have been in the care of their local authority for 13 weeks or more. This period also needs to span their 16th birthday. The present study included both those legally defined as 'care leavers' (14 participants) and those who had been in care but did not meet the legal definition (nine participants). To clarify differences in the availability of support, the legal status of participants' care backgrounds are outlined when discussing the findings. Yet, no considerable differences were found in participants' experiences of accessing and progressing through taught postgraduate study in line with their legal care status.

the instability care-experienced graduates encounter when leaving HE. Remaining in HE by undertaking a taught postgraduate degree could provide a way to not only extend a sense of stability and create an opportunity for ‘psychological space’ (Stein, 2012) for care-experienced graduates, but also to bolster their chances of successfully securing an income within this context. While this could certainly be the case for graduates generally (see The Association of Graduate Careers Advisory Services [AGCAS], 2021), the absence of a family home and/or support network means that many of those with care experience face pressure to find employment to meet their basic needs as soon as possible (Barn, 2010).

Finally, care-experienced graduates’ motivation to enter taught postgraduate study, as Baker et al. (2022) speculate, may simply be to access a specific career (Wakeling, 2017). Care-experienced people have been noted to have an investment in assuming ‘helping roles’ (Melkman et al., 2015), citing their own experiences in care as an influence for this (Cotton et al., 2014; Stevenson et al., 2020). Indeed, care-experienced people have been found to be drawn to ‘caring’ professions, such as social work, education, and healthcare (Baker, 2022), and such professions often necessitate a postgraduate qualification for entry (Keane, 2017). Yet, there is currently no confirmation in the literature as to whether this *does* inform motivations to study taught postgraduate degrees among care-experienced graduates.

Although the existing research on care-experienced graduates’ transitions to postgraduate study has provided a statistical understanding of progression rates (Baker et al., 2022), the quantitative nature of this means that there is no empirical evidence to explain the *reasons* behind these. As outlined above, speculative explanations have been offered; these point to the potential desire for an extension of stability that the HE environment can provide, a means of protecting against unemployment in the context of not having a safety net of a family home, and access to specific careers. Without qualitative insights though, the explanations proposed remain speculation and do not capture the complexity of care-experienced graduates’ motivations or the constellations of enablements and constraints they experience on their journeys into and through taught postgraduate study.

The study

The study, funded by the British Academy, takes a qualitative, longitudinal approach to empirically and conceptually explore how a background of care may affect care-experienced students’ transitions out of HE and into graduate life in England and Scotland. Specifically, the study explores the influences that inform care-experienced students’ decision-making and choices about their graduate pathways. Conceptually, it identifies the structural enablements and constraints that care-experienced graduates encounter when transitioning out of HE and into employment and/or postgraduate study and explores what role care-experienced graduates perceive their care backgrounds as having in the constellations of any enablements and constraints they encounter.

A total of 23 care-experienced final-year HE students were initially recruited from England (16 participants) and Scotland (seven participants). Prospective participants were approached through various channels, including via ‘named contacts’ for care-experienced students in HEIs, English and Scottish-based charities, research centres that focus on care-experienced populations, and social media. Participants consented to take part in a total of three semi-structured interviews over an 18-month period. The first of these took place

while they were engaged in the final months of their HE studies (phase one), the next at approximately 6 months after graduation (phase two), and the final at 12 months after graduation (phase three). To gather a continuous narrative picture of their transition experiences over time, participants were also provided with access to a secure online diary to document their thoughts, experiences, decisions, and reflections of the transition out of HE and into graduate life in real-time. Due to attrition, 18 of the original 23 participants remained in the project for phase two. At the outset of the research, 14 of the 18 participants were enrolled in full-time undergraduate studies, with the remaining four studying taught postgraduate programmes.

At the time of writing, the study is still ongoing. Hence, the present paper draws from data collected in phases one and two.³ This is sufficient to provide insights into care-experienced graduates' motivations for hoping to progress to taught postgraduate degrees, as well as the constellations of constraints and enablements participants encountered when transitioning into and through this level of study.

Motivations to enter taught postgraduate study

Care-experienced soon-to-be-graduates cited a range of reasons for wishing to progress to postgraduate study. These reasons included a combination of subject interest, requirements to access specific careers, seeking safety and security by remaining within the HE environment, and trying to ensure career flexibility in the future due to an absence of safety nets. Some of these motivations, such as subject interest (Williams, 2019), increasing employability (Morgan, 2014), and accessing specific careers (Wakeling, 2017), mark some consistencies with what has been identified among the general graduate population. Yet seeking safety and security by remaining within the HE environment and trying to ensure career flexibility are interesting points of departure. These motivations, as voiced by participants, were associated with the legacy of being in care.

Safety and security

In line with Baker et al.'s, (2022) speculation, participants expressed that their motivations to pursue taught postgraduate study were connected to the sense of safety and security they felt in the HE environment. It is important to note that this was not connected to *financial* safety and security. Funding for taught postgraduate study is limited and has been concluded to be insufficient to cover tuition fees and living costs in England, Scotland, and Northern Ireland without students receiving financial resources from elsewhere (see Wakeling & Mateos-González, 2021: 8). Instead, it was the familiarity with the educational environment combined with its role of previously offering some respite from challenging life circumstances arising from their care backgrounds that contributed to participants regarding HE as a 'safe space'.

Baker et al.'s, (2022) proposed explanation that postgraduate participation may be motivated by the perceived safety and security of the HE environment has been challenged by one study. Marvell and Child's, (2022) research briefly touched on

³ To represent the point in time when data were collected, participants' status at that specific time is included along with their pseudonym (for example, 'undergraduate', 'graduate' or 'postgraduate').

motivations for postgraduate study among care-experienced students, with the authors noting that one of their care-experienced participants hoped to pursue a postgraduate degree based on her academic interests. Yet, safety and security *alongside* 'interest' did indeed play a role in some participants' motivations to progress (or return) to study at the postgraduate level in the present study. The reasons provided for this were informed by participants' care backgrounds, positive experiences in educational environments, and their experiences in employment.

This was the case for two participants who drew stark comparisons between the safety of the educational environment and the absence of this in employment. After completion of his undergraduate degree, Carl had entered a scheme to become a Pharmacist which involved being employed while completing professional development coursework and examinations. Transitioning from HE to a professional environment was sadly a negative experience for Carl; he found that his dyslexia and dyspraxia affected him considerably more in a professional setting, and he had a difficult relationship with his supervisor. This resulted in him becoming mentally unwell and was subsequently placed on sick leave by his doctor. Carl explained that due to him not having a safety net, he could not simply 'walk away' from this employment despite the damage he recognised it was doing to his mental health:

I don't think the general population understands sometimes when you're care experienced you can't just walk away... Because that's the thing with being care experienced, as well, you're financially estranged from your parents. (Carl, Health Management postgraduate)

While in this situation without a clear way out, Carl 'made permanent decisions in a temporary situation' by applying for taught postgraduate degrees which led him to enrol on a Master's degree in Health Management. For Carl, returning to education was a return to 'safety':

As a care experienced individual, education has always offered me safety which has been unrivalled across other aspects of my life...I simply felt so unsafe in employment that I wanted to return to education with hopes and ambitions that I would begin to feel safe again... it's been the only constant for me. (Carl, Health Management postgraduate, diary entry)

Another participant, Jennifer, also viewed education as a safe space. This prompted her to leave her role as a Support Worker in social care and pursue a Master's degree in Housing Policy. Similarly to Carl, education had historically provided a sense of safety for her. After Jennifer had left care, she experienced periods of homelessness followed by the birth of her first child. It was at this point that she entered education as she 'didn't know where to go or what to do'. Like Carl, Jennifer had encountered some difficulties in her employment as a Support Worker. This was namely that this was exacerbating her Complex Post-Traumatic Stress Disorder (C-PTSD) symptoms. Returning to education at the taught postgraduate level had therefore offered her a space of safety that she was apprehensive about leaving:

I want to do something I enjoy- I liked working as a Support Worker but my mental health couldn't keep up and it gave me anxiety... all I keep thinking about is being stuck. I want to stay in education and feel safe. (Jennifer, Housing Policy postgraduate, diary entry)

For care-experienced students like Carl and Jennifer then, returning to HE was not utilised as a means of creating opportunities for ‘psychological space’ (Stein, 2012) in the absence of a family home as proposed by Baker et al., (2022). Rather, it provided a somewhat similar function to a ‘boomerang’ or ‘yo yo’ transition (Bengtsson et al., 2018) in emotional terms. Their need for the perceived safety, familiarity, and stability offered by the HE environment during times of difficulty led both Carl and Jennifer to forego income from employment to pursue their taught postgraduate degrees.

Career flexibility: safety nets for the future

As explained earlier, care-experienced graduates’ motivations to enter postgraduate study may be connected to employment purposes, with specific professions requiring a taught postgraduate degree for entry (Wakeling, 2017). Several participants’ narratives supported this, with many being drawn to careers in health care, social work, and education where they could help others. Entry to such careers often necessitates a postgraduate degree (Keane, 2017). Similarly to Stevenson et al.’s (2020) and Cotton et al.’s (2014) participants, participants in the present study expressed that their altruistic career motivations were influenced by their own care histories:

I realised that I’ve wanted to do something that can help people in a profound way - perhaps this stems from my past experiences in which I wished I had support and guidance in what was a tough time in my earlier life. (Dera, Sports Science undergraduate, diary entry)

I want to help children who are really struggling...I feel like I want to help just so that they’re not made - to make people not feel like they are outsiders...I feel like sometimes you have to go through the experience to not want anyone to go through that again. (Geraldine, Social Sciences undergraduate)

Yet, there was an additional career-related investment in obtaining a taught postgraduate degree: career flexibility. Some participants expressed fears over becoming ‘stuck’ in a career path if they later found it to be unsuitable. Having a postgraduate degree was perceived as a way to access alternative careers should this situation arise:

I also want to do like a masters in social work or something, just because teaching can be very, very stressful and I know a lot of teachers that only do it for a few years...so I don’t want to get to that point where I’ve done all my teaching and then I’m stuck and I’m like ‘what am I meant to do now?... So I thought well if I get a masters or something in social work, then I’ve got a backup plan then to fall back on. (Tara, Education undergraduate)

Having ‘back up plans’ was viewed as especially important in the context of being care-experienced with no family home to return to. Just as Carl expressed in his narrative: ‘when you’re care experienced you can’t just walk away’—the absence of safety nets in the form of family support meant that participants placed a high degree of importance on creating these for themselves. Having a postgraduate degree was regarded as a means of creating a safety net to provide them with future flexibility. In considering the narratives of safety and stability together with those about career flexibility here, accessing taught postgraduate study was simultaneously regarded as a safety net in itself and as a means of constructing one for the future.

What constrained access to postgraduate study?

During the first phase of the study, two participants were studying a taught postgraduate degree at Master's level and a third was undertaking a postgraduate certificate. By the start of the second phase, 6 months later, two more participants had progressed onto taught postgraduate degrees at Master's level. In phase one though, several undergraduate participants explained that they had previously considered and then rejected the possibility of progressing to a taught postgraduate degree. Constraints tied to instability, finances, and support were cited as reasons for rejecting further study as a feasible option. Specifically, these constraints included the ending of HE and local authority-provided support upon completion of participants' undergraduate degrees leading to an 'undergraduate support cliff edge'.

The undergraduate support cliff edge

Completing their undergraduate studies marked the loss of material forms of support for participants. While many participants benefited from generous bursaries from their HEIs along with accommodation and disability support, this ended at the point of undergraduate graduation. Moreover, for those who were eligible, financial support from their local authorities such as summer bursaries and assistance with rental payments also ended at this point. This was a key deterrent for participants who had previously considered progressing to taught postgraduate study, particularly in the context of the UK's cost-of-living crisis:

Can I really afford to continue to do an MA? You wouldn't get the same level of support like financially, and it means I'm not earning anything. (Penelope, Politics undergraduate)

All my lecturers that I've spoken to have all said 'yeah, you should go off and do your master's'. But the thing is, yeah, I would love to do that, but would I be able to even afford to live if I was to go off and do a master's, which is really sad. (Jade, Politics undergraduate)

In terms of support provision, care-experienced participants found that they were treated like the general student population at the taught postgraduate level. This not only meant that less support was available, but also that the processes to access this support—which were previously more streamlined due to having a named or single point of contact—became much more time-consuming and complicated:

It was very, very complex. I had to fill out a discretionary fund first which I told them like 'oh, no, I'm not entitled to a discretionary because I'm on disability' and they said well, I had to be rejected for that first to then go on to it... for my undergrad it was literally a conversation I had with somebody, they filled (the application) out, I got it six weeks later and I had all the support in filling everything out. (Jennifer, Housing postgraduate)

Others raised that the support available for the general student population was not always sensitive to the circumstances and needs of care-experienced people, as Becky explains:

I just think there's just nothing for postgrads...the most annoying thing for me in unis is when there's, like, hardship funds and whatever, and they are, like, 'Well, you can't have a hardship fund because you've got savings' and it's like, 'I kind of need sav-

ings because I'm not going back to mummy and daddy's house when I've graduated'.
(Becky, Law postgraduate)

Perpetuating instability

Another constraint to accessing taught postgraduate study was the reality for many that continuing their HE following the 'undergraduate support cliff edge' would perpetuate housing and financial instability. As this cohort was graduating into the UK's cost-of-living crisis, this was acutely felt with anxieties over increasing household bills and rental costs being frequently expressed. For some participants, undertaking taught postgraduate study felt like a voluntary continuation of disruption and financial hardship which would require significant sacrifice:

With (the local authority) no longer financially supporting me whatsoever, the huge headache of bills is inescapable... there's no way I can do the crazy overtime (at work) of my second and 1st semester of third year in a masters. It just won't work. I want to be in academia so bad, but I feel like I don't know how to get there. I have cats so I would have to give them up... I would have to sell a load of the stuff I bought for the flat ... considering that I can barely afford to live as it is, I just don't know what to do. (Jade, Politics undergraduate, diary entry)

Understandably, financial instability along with the potential upheaval in living circumstances will not necessarily always be isolated to care-experienced students' postgraduate experiences; these experiences may also be faced by non-care-experienced graduates who do not have additional financial resources on which to draw (Wakeling & Mateos-González, 2021). For care-experienced graduates, however, the sense of precarity arising from financial and housing instability can be more intensely felt as a result of their lived experiences of the care system. For those who had experienced considerable disruption throughout childhood, they wished to finally feel stable and secure. In such cases, this was preferable to 'opting in' to further instability by pursuing taught postgraduate study:

I feel like I just really want to like settle down in a home now and that be it for at least a while... I've never really felt like at home anywhere and obviously at uni you're moving about all of the time... I moved more than usual, I guess, between different homes when I was younger... I feel like it's really important for me now to like have my home, have my place where it's mine and it's there and it'll be there at the end of the day and it'll be there for the next year. (Penelope, Politics undergraduate).

What enabled access to taught postgraduate study?

For those who were in the process of applying or planning to apply to taught postgraduate programmes immediately after their undergraduate degree, financial support from the HEI and/or local authority were cited as enablers. Yet, access to such support was inconsistent across HEIs and local authorities and remains considerably underdeveloped in comparison to support at the undergraduate level. It is worth noting that all but one (Martha) of those planning to progress directly to taught postgraduate degrees were legally considered a 'care leaver' and hence eligible for local authority support.

Just prior to phase two, one participant (Martha) explained how access to competitive scholarships from her HEI offered some financial respite in the form of reduced tuition fees and extra funds. This additional funding was not ringfenced for care-experienced students, but available to the general postgraduate population. Although these did not comprehensively cover fees and living costs, the availability of some additional postgraduate funding opportunities was helpful:

I have just found out that I have been successful in two additional academic scholarships, which is good. One regards the funding of my MSc, and the other relates to networking. (Martha, Sociology graduate, diary entry)

While these opportunities to apply for additional funds had enabled her to *begin* her taught postgraduate degree, Martha had withdrawn from her studies by phase two of the research. This was due to no longer being able to afford the cost of living alongside studying following a relationship breakup and the associated changes to her financial commitments.

Only one participant (Becky) received financial support from her local authority to enable her to undertake a taught postgraduate degree. This was welcome in the absence of support for postgraduate care-experienced students from her HEI and made it possible for her to progress to this level of study. Following a discussion with her local authority, they agreed to provide a contribution to her student accommodation as well as her tuition fees:

I spoke to the local authority and was, like, ‘Please help’ and they were like ‘We can’t do’ because in my undergrad, they paid my accommodation, they (the LA) were, like ‘We’re not doing that, but we will give you some money towards it’...I think they did it so that it was, like, the average weekly rent in (the local authority area) for a year... I took out the full (master’s degree) loan, so £11,000 or whatever, and then, what else did I do? Oh, the local authority deducted £3000, I think it was £3465 from the tuition fee. (Becky, Law postgraduate)

There was a clear absence of consistency in whether local authorities would provide such support to care-experienced graduates though. In the case of Jade for instance, her local authority had ceased all support upon completion of her undergraduate studies, despite being under the age of 25 and meeting the legal definition of ‘care leaver’. In cases where local authorities considered providing financial assistance to study at the taught postgraduate level, the amount of support and processes to access this appeared extemporaneous. For Becky, as is evident above, her support was approved following a conversation with her local authority. Yet, for others such as Waide, a business plan was requested and he was advised to wait for a more ‘flexible’ and ‘caring’ senior staff member to return to work to maximise his chances of receiving support:

I called up my Leaving Care Adviser 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, Health Care graduate)

The ‘postcode lottery’ of the availability of support between local authorities has been well-documented (Ayre et al., 2016). In cases where local authority support has been absent at the undergraduate level though, HEIs have been found to ‘plug the gaps’ with packages of financial and accommodation support (Baker, 2022). However, this has not been extended to the taught postgraduate level.

Without a guarantee of support from either the HEI or local authority to enable access and progression through the taught postgraduate level, this means that it is difficult for care-experienced graduates to make fully informed decisions about whether this is a feasible option (see Harrison et al., 2023). This is especially so for care-experienced students who are far less likely to have a family home to return to should they encounter unnegotiable difficulties with finances and accommodation, as Penelope articulates in the following:

(non care-experienced graduates) might start something and it's terribly wrong but they can go home to their parents...with me it's like, no, I can't just try something and it fail; if it fails then like that's my life, that's my home, like there's that risk.
(Penelope, Politics graduate)

Understandably, financial constraints to accessing and progressing through taught postgraduate study will certainly be faced by non-care-experienced students too, particularly those from backgrounds with limited socioeconomic resources (Lynch & Casey, 2024; Marvell, 2022). Yet, a family home to return to when transitioning from the undergraduate level to graduate destinations (whether this is employment or taught postgraduate study) has been found to provide a 'crucial safety net' (Sage et al., 2013) during these times. For taught postgraduate students from low SES backgrounds, having a family home to reside in during their studies, or one that they could approach for assistance with supplementing their finances, can help them remain on their course (see Lynch & Casey, 2024). In the case of care-experienced students who are far less likely to have a family home, however, the local authority becomes the closest alternative for support provision.

As has been shown in the accounts above, local authority support at the taught postgraduate level is not guaranteed. Of the five participants undertaking a taught postgraduate course at master's level, two withdrew due to financial constraints (Jennifer and Martha), and one deferred due to a combination of financial pressures and an absence of academic support (Carl). Only Becky, who had received financial support from her local authority to assist with her course and living costs, remained on her taught postgraduate degree by the end of phase two. This demonstrates the power that sufficient financial support can have on enabling care-experienced graduates to not only access taught postgraduate degrees, but to progress through them successfully as well without needing to follow a lengthy 'stability first, study later' pattern. This refers to cases where housing and financial security was established over many years through labour market participation before embarking on a taught postgraduate degree. The only participant who had graduated from a taught postgraduate degree programme during the study (a mature student in her 30s) had followed this pattern.

Conclusion and recommendations

Through presenting and discussing data which captures care-experienced graduates' motivations as well as their experiences of the constraints and enablements they have faced when attempting to access and progress through taught postgraduate study, this paper has illustrated the previously unseen complexity behind existing quantitative insights (Baker et al., 2022) into these transitions. Although the statistical insights into care-experienced graduates' taught postgraduate progression is undoubtedly promising, their lived experiences show how the sudden loss of support upon graduating from the undergraduate level leads to economic hardship and perpetuates housing and

financial instability. These constraints were insurmountable for many, particularly in the context of not having safety nets in the form of a family home, having past experiences of instability during their time in the care system, and of course, graduating into a post-Covid economy and cost of living crisis.

When experiencing the ‘undergraduate cliff edge’, the HEI and local authority become the main source of support for those wishing to progress to taught postgraduate study. Variations in and the absence of such support have been outlined in this paper, with some care-experienced graduates being refused this and others being asked to engage in extemporaneous processes without the guarantee of support at the end. This makes progressing to taught postgraduate study too risky for care-experienced graduates who are less likely to have a family safety net to fall back on and have often experienced profound instability in their lives as a result of their care background. To improve access and success in taught postgraduate degrees for care-experienced people then, this risk needs to be reduced by increasing the enablements available to them. This means developing consistent support with transparent processes to access this. The recommendations that follow propose how this may be achieved within the HE and broader public sector.

To fully enact the values of widening access and social justice, HEIs should move towards providing further support for care-experienced taught postgraduate students. To support this, recommendations from existing research focusing on socioeconomic inequalities in accessing taught postgraduate study (see Wakeling & Mateos-González, 2021: 4) are echoed here. Specifically, the recommendation for data on access and outcomes for postgraduate study to be published by the Office for Students (OfS) is supported by the findings presented throughout this paper. These should include data on background characteristics with ‘care-experience’ included within this. Care-experienced status is captured as part of UCAS applications for those applying to study at the undergraduate level. While this system is not typically used for those applying to study postgraduate courses, HEIs can incorporate this into their application and enrolment forms to allow for analysis and reporting. As proposed by Wakeling and Mateos-González, (2021), such data can then be used to inform widening access work at the postgraduate level, with the OfS taking responsibility to monitor this through institutions’ submitted Access and Participation Plans. In providing attention to the access and progression of care-experienced students, this would also widen access for other groups as care-experienced students are more likely to be disabled, older, from a minority ethnic background, and to have vocational entry qualifications (Harrison, 2020; Harrison et al., 2022).

Such widening access work would ideally include the offer of financial support packages for care-experienced taught postgraduate students to assist with the cost of living in the form of ringfenced scholarships or bursaries. Essentially, this would involve an extension in the financial support that many HEIs already offer to care-experienced students at the undergraduate level (Harrison et al., 2021). HEIs should also consider, at the very least, the continuation of non-financial forms of support from the undergraduate to the postgraduate level. For instance, even where ringfenced financial support cannot be offered, continued access to a named or single point of contact beyond the undergraduate level can aid care-experienced taught postgraduates to identify and streamline applications for existing forms of financial support offered to the general student population. This would reduce the bureaucratic burden on care-experienced taught postgraduate students to navigate complex systems to access support (see Stevenson et al., 2020) and would mark a starting point to begin to address the sudden loss of this resulting in a ‘cliff edge’.

Moreover, HEIs should consider integrating a contextual component to their eligibility criteria for existing forms of financial support at the postgraduate level to ensure they are understanding and inclusive of the needs of care-experienced students. One example, drawing on Becky's account, may be to incorporate flexibility for care-experienced students accessing hardship funds; this should recognise that they have needed to build financial safety nets in the form of savings for their more precarious transitions out of postgraduate study in the absence of family support. Importantly, in recognition that care-experienced people are more likely to access both undergraduate and postgraduate studies when older (Baker et al., 2022; Harrison, 2020), this should not be restricted to those falling within the local authority age criteria for support.

To improve transparency and enable care-experienced people to make fully informed decisions about the feasibility of progressing to taught postgraduate study, staff who act as the named or single point of contact at HEIs should consider having conversations with applicants about the types and amount of support they are entitled to. Additionally, HEIs should make this information publicly available in one place and target this at care-experienced applicants. This can be achieved by adding taught postgraduate support entitlements to existing websites such as Propel (in the UK)—a site where HEIs publish their support offer for care-experienced students. Currently, the information shared by HEIs via this platform is typically restricted to support offered at the undergraduate level. In doing this, care-experienced people can at the very least make an informed judgment on whether the support available sufficiently reduces the risk and instability of studying at the postgraduate level. Additionally, the process of updating such information can be a useful means of helping HEIs reflect on where their support offer could be strengthened.

The responsibility of improving transparency and support extends to local authorities too. The postcode lottery of support has been recognised as a pertinent issue in social care circles more broadly (see Coram Voice, 2021). In an attempt to create more consistency, local authorities have been required to publicise their support offers following the release of the Children and Social Work Act of 2017. Local authorities should clearly outline what support is available past the undergraduate level for care-experienced people wishing to continue their studies. Importantly, this should also include details of the process on how to access this support. Both actions will help contribute to a reduction in the sense of risk and uncertainty for care-experienced people, enabling them to make informed decisions about meeting living costs while undertaking taught postgraduate degrees. Withholding this information may not only exacerbate concerns about risk and feelings of uncertainty, but can also inadvertently perpetuate narratives of the low educational expectations of care-experienced people by professionals (Jackson et al., 2005).

Without consistent and transparent forms of support from HEIs and local authorities to enable care-experienced people to access and progress through the taught postgraduate level, there is a real risk that the benefits and thus the transformative potential of HE will be capped at the undergraduate level for this group. This may result in care-experienced graduates being unable to access their desired professions and create further stability for their futures through career flexibility, increased earning potential, and enhanced job security. With many care-experienced people already having experienced profound disruption and instability, and negotiating numerous constraints to access HE arising from their childhood in the care system, they are deserving to be provided with the means to create stable and valued lives for their futures.

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Declarations

Conflict of interest The author declares no competing interests.

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