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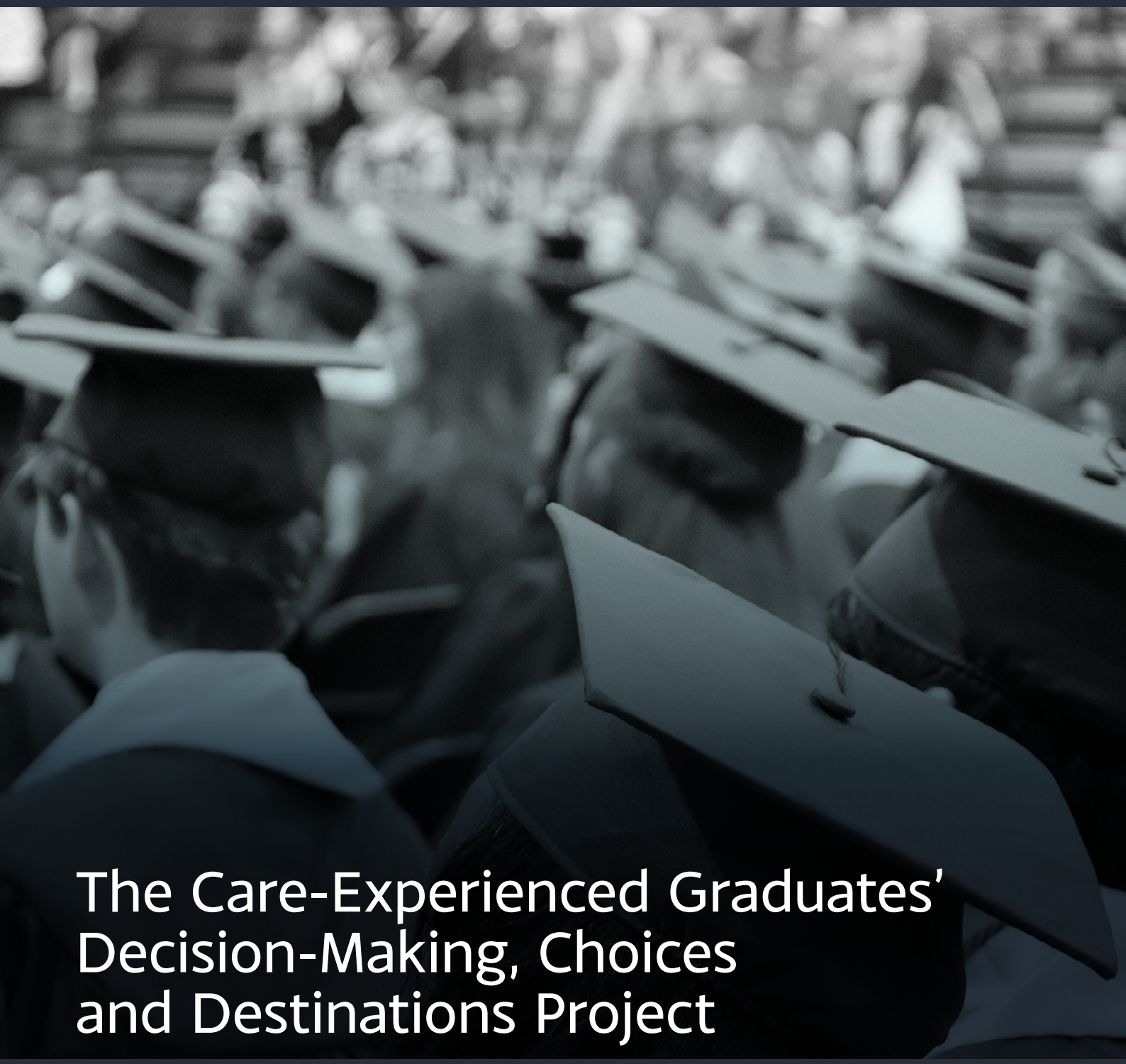

The Care-Experienced Graduates' Decision-Making, Choices and Destinations Project

How does a background of care affect graduate transitions?: A literature review

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Introduction

Children 'in care' refers to those who are removed from their birth parents by local authorities and placed in foster care, residential homes, or with relatives, usually as a result of abuse or neglect (Department for Education [DfE], 2020). Individuals who have spent any length of time in the care system are regarded as 'care-experienced' (Harrison, 2017)[1]. Those with care experience[2] have had to overcome profound challenges to access and progress through higher education, such as educational disruption (Sebba et al., 2015), stigmatisation (Stein, 2012), and mental health issues arising from childhood trauma (Harrison, 2017). They are one of the most under-represented groups in higher education, participating at a rate four times lower than non care-experienced individuals at the age of 19 (Ellis & Johnston, 2019).

Since the ground-breaking 'By Degrees' project (Jackson et al., 2005), which documented incredibly low higher education participation rates amongst care-experienced people, there has been a growing body of research on this group's access to, and engagement with higher education nationally and internationally (Bengtsson et al., 2018; Harrison, 2017; McNamara et al., 2019; Okpych & Courtney, 2019; Zeira et al., 2019). Such research has led to positive developments in the support available for care-experienced students, including the extension of financial and practical support from local authorities in England and Scotland (see, Children and Young Persons Act 2008; Children and Young People Scotland Act 2014; DfE, 2013; The Scottish Government, 2013), as well as the Care Leaver Covenant in England (DfE, 2018) to support care-experienced individuals to develop skills for employment. Yet, low higher education participation rates amongst care-experienced people remain, with around 12% progressing up to the age of 23 in England (compared to 43% of the general population) (see Harrison, 2017), and 4% of those who enter higher education from school in Scotland[3] (compared to 39% of all school leavers) (see Scottish Funding Council [SFC], 2020; The Scottish Government, 2019a). Those who do access higher education are 1.38 times more likely to withdraw (Baker et al., 2021; Harrison, 2017).

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1 Children who are still in care at the age of 16 (and have been in care for 3 months or more since the age of 14) are deemed as 'care leavers'; this also includes those who enter the care system at age 16 or 17 (Harrison, 2017). There are also those who are regarded as 'care-experienced', who have spent time in care, but do not meet the legal definition of a 'care leaver'.

2 Throughout this review, 'care-experienced' is used to refer to both 'care leavers' and 'care- experienced' people. 'Care leaver' is only used when the legal distinction is required to be highlighted when referencing specific policies, practices, and studies.

3 Of those who had been in care for one full year (see The Scottish Government, 2020a). However, this statistic excludes those who a) were not in care at the point they left school (but may have been prior to this) and b) attended a further education college between leaving school and entering higher education (Centre for Excellence for Children's Care and Protection [CELCIS], 2018).

However, for care-experienced people who access and successfully complete their higher education, we know very little about their transitions into graduate life. Initial quantitative insights on the graduate destinations of care-experienced students have recently emerged, showing that they are less likely to be in professional employment (Harrison et al., 2020), but more likely to be studying taught postgraduate degrees than their non care-experienced peers (Baker et al., 2021). Yet, this does not provide understandings of *how* transitions out of higher education and into further study and/or employment are subjectively experienced, or *why* specific decisions and choices about graduate life are made by care-experienced graduates.

Due to the absence of family support and safety nets, as well as the legacy of childhood trauma, care-experienced graduates are likely to face additional unique challenges in this context in comparison to their non care-experienced peers. There is now a need to qualitatively understand these transitions and their complexity to uncover whether higher education supports outcomes that transcend early life disadvantages, or if challenges persist. This can then inform the development of policies and practices to continue to support positive life chances for those with care experience.

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

The '*Care-Experienced Graduates' Decision-Making, Choices, and Destinations*' project, funded by The British Academy, intends to contribute to this knowledge gap. It does so by: a) empirically exploring the influences that inform care-experienced students' decision-making and choices in relation to their graduate pathways and destinations; b) identifying the structural enablements and constraints[4] that exist during care-experienced graduates' transitions out of higher education and into employment and/or further study; and c) exploring what role care-experienced graduates perceive their care experience as having in their choices and decisions, as well as the constellations of any enablements and constraints they encounter. The project investigates this through foregrounding two specific contexts – England and Scotland. Differences in policy and higher education systems between these contexts can highlight how variations in structural features across them may work to enable or constrain care-experienced graduates' transitions into employment and/or postgraduate study. For instance, do particular policies, practices and features of higher education systems result in more enablements and/or constraints for care-experienced graduates? The following section outlines key policy developments in England and Scotland that are relevant to supporting care-experienced students out of care and into education and employment. This intends to provide essential contextual information that will underpin the remainder of this review.

The English and Scottish policy context

There have been rapid policy developments in both the English and Scottish context over the past 20 years. While the focus of some individual policies differ, the general overarching aim of these have been to increase the level and length of support provision for care-experienced people when transitioning out of care. For instance, the Children and Young Persons Act (2008) in England, and the Children and Young People (Scotland) Act (2014) both extended the length of local authority support provided to care leavers (up to the age of 25 in England and 26 in Scotland). In Scotland specifically, the Act identified further education colleges and higher education institutions as 'Corporate Parents'[5]. Corporate parents include local

4 Enablements and constraints are objective and distributed through life chances and privileges (Archer, 2003, 2007, 2012). Individuals encounter various constraints and enablements when pursuing 'personal projects' (plans of action, and/or goals), and subjectively respond to these in different ways (Archer, 2003, 2012). According to Archer (2003, p. 7) it is the responsibility of the agent to interact with and activate enablements and constraints through the personal projects that they define for themselves, otherwise they 'remain unexercised'. Hence, even when people 'share objective social positions', they may 'seek very different ends from within them' (Archer, 2007 p. 222). Please see Baker (2019) for a more in-depth discussion of these concepts.

5 Corporate parenting was originally introduced by The Scottish Government in 2008 (see The Scottish Government, 2008).

authorities, NHS Scotland Health Boards, as well as further and higher education institutions (see Who Cares? Scotland, 2021). They have a duty to safeguard and promote the wellbeing of care-experienced young people through: being alert to matters that may negatively impact their wellbeing; assessing their needs for services and support; and providing opportunities to enhance their wellbeing (Children and Young People Scotland Act 2014)[6].

Both contexts also introduced 'Staying Put' arrangements in 2013 (see DfE, 2013; The Scottish Government, 2013), enabling young people to remain in care placements until the age of 21. The key motivation informing this was the recognition that the average age of leaving home amongst the general population was 25 years old, and that a period of continued stability past the age of 18 was likely to better support care leavers' educational success and access to employment. Both England and Scotland have also published 'Care Leaver Covenants' (see DfE, 2018; Scottish Care Leavers Covenant Alliance, 2015), though the focus of these differ. England's Care Leaver Covenant encourages employers and organisations in the public, private and voluntary sector to pledge support through the provision of apprenticeships, work experience as well as free and discounted goods and services (see DfE, 2018). Yet, Scotland's Care Leaver Covenant's focus is on supporting Corporate Parents to meet the needs of care-experienced people (see Scottish Care Leavers Covenant Alliance, 2015).

6 For further information on Corporate Parenting, please see CELCIS (2021) and Who Cares? Scotland (2021).

Supporting care-experienced people into and through higher education

Although there are similarities in the development and extension of support for care-experienced people across the English and Scottish policy context, there are differences in higher education systems and local authority assistance to finance and support care-experienced students into, and through, higher education. Such differences are important to highlight, as these may present different constellations of enablements and/or constraints when care-experienced graduates engage with, and transition out of, higher education.

Concerning support *into* higher education, both England and Scotland have implemented strategies to increase access for care leavers. For instance, in their National Strategy for Access and Student Success in Higher Education, the Department for Business, Innovation and Skills (Department for Business, Innovation and Skills [BIS], 2014) identified care leavers[7] as a target group for outreach efforts, whereas Scotland's Commission on Widening Access (The Scottish Government, 2016) recommended guaranteed higher education places for care-experienced students who meet the minimum entry requirements. The latter was accepted by the Scottish Funding Council's National Ambition for Care-Experienced Students (SFC, 2020), and implemented in 2017/18 (The Scottish Government, 2019b).

When considering supporting care-experienced people's access to higher education, it is also important to note the financial implications of progressing to this level of study across the two contexts. One of the most prominent differences between the English and Scottish higher education system is the cost of tuition. In Scotland, higher education is free at the undergraduate level, and covered by the Student Awards Agency (Student Awards Agency Scotland, 2021a). In England however, higher education institutions can charge up to £9250.00 per year (Gov.uk, 2021a). Students in England are able to take out government provided loans to cover their tuition fees and living costs (see Gov uk, 2021a), with this being repayable after graduation (see Gov.uk, 2021b).

Additionally, each context takes a different approach to financially supporting care-experienced students *through* their undergraduate studies. In England, local authorities can provide support in the form of a one-off higher education bursary (up to £2000). Many English higher education institutions also offer their own support packages for care-experienced students (see Stevenson et al., 2020). Yet these are often restricted to those meeting the legal definition of 'care leaver', with *care-experienced* students being 'treated like the general student population' (Harrison et al. 2021, p. 20) in terms of support provision. The amount and type of support offered by different local authorities and higher education institutions has previously varied substantially (Ayre et al., 2016; Stevenson et al., 2020). Despite a more recent obligation for local authorities to publish their 'local offer' online[8] to achieve consistency (Children and Social Work Act 2017), a

7 Currently, English policy has focused specifically on those legally defined as 'care leavers', rather than 'care-experienced' people more broadly (see footnote 1). Scottish policy, on the other hand, refers to 'care-experienced' people more frequently (those who have spent time in the care system, but do not meet the legal definition of 'care leaver').

8 For more information, see careleaveroffer.co.uk.

'postcode lottery' still remains amongst the support packages provided by different higher education institutions (Harrison et al., 2021). Conversely, support packages provided in Scotland are more standardised, with a non-repayable bursary of £8100 per annum being provided to care-experienced undergraduate students of any age to cover living costs from 2018/19 (SFC, 2020)[9].

While policy developments have led to more robust packages of financial support for care-experienced (or solely care leaver) *undergraduate* students across England and Scotland, this does not extend to postgraduate study (Stevenson et al., 2020). Support with tuition fees and living costs is now offered to all students undertaking taught postgraduate courses across England and Scotland (see Gov.scot, 2016; Gov.uk, 2021c). This is up to the amount of £11,570 in England (see Gov.uk, 2021c) and up to £10,000 in Scotland (see Student Awards Agency Scotland, 2021b). However, this has been found to be insufficient, with Wakeling and Mateos- González (2021, p. 8) identifying that when taking living costs into account, 'no postgraduate loan regime in England, Scotland and Northern Ireland would allow students to cover the cost of their postgraduate education full-time without having to get resources from elsewhere'. Care-experienced students, as will be discussed in more depth in the *Unique challenges and restricted opportunitie*s section of this review, are less likely to have family support networks to seek these additional resources. As a result, calls for higher education institutions to provide postgraduate bursaries for care-experienced students have been made to better enable transitions into, and through, this level of study (Stevenson et al., 2020).

9 Initially, a non-repayable bursary of £7625 per annum for care-experienced students up to the age of 26 was implemented in 2017/18 based on the recommendations of the Commission on Widening Access (The Scottish Government, 2016). This was subsequently increased to £8100 per annum and extended to further education students following the Independent Review of Student Support (The Scottish Government, 2017), with the age cap removed from 2020/21 on the recommendation of the Equality Impact Assessment (The Scottish Government, 2020b).

Structure of the review

The review will provide an overview of current research knowledge on care-experienced graduates' destinations, transitions to professional employment, and postgraduate study. It will also consider intersectional impacts on these transitions. To achieve this, the review outlines current understandings of care-experienced students' destinations after graduating from higher education. It offers an in-depth exploration of the potential challenges faced by care-experienced graduates when accessing professional employment, before finally outlining possible explanations for care-experienced graduates' patterns of postgraduate progression.

Where do care-experienced graduates go?

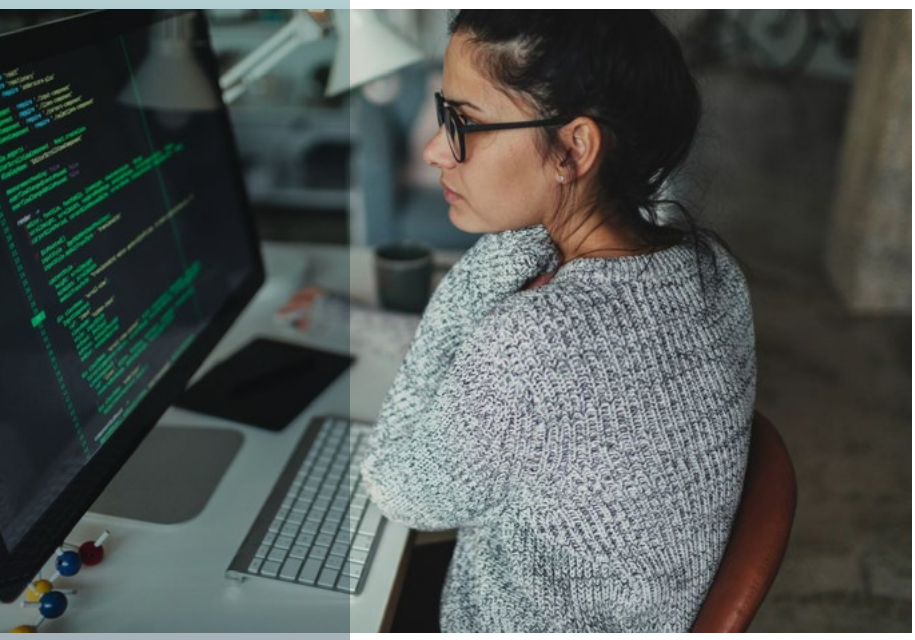
Although literature on care-experienced students in higher education has been gradually emerging, there has been no *qualitative* research to date on their transitions *out* of higher education and into graduate life. Recent quantitative insights into care-experienced graduates' transitions out of higher education have shown that those who complete an undergraduate programme are 1.274 times more likely to progress to postgraduate study than their non-care-experienced peers (Baker et al., 2021). However, care-experienced graduates are more likely to be unemployed, and less likely to be in professional work than their non care-experienced peers six months after graduation (Harrison et al., 2020; Stevenson et al., 2020). Without qualitative insights (which this study seeks to provide), the reasons for these patterns are currently unknown. Yet, by drawing on a broader body of literature which explores care-experienced individuals' transitions to adulthood, several reasons for these patterns can be proposed.

Progression to professional employment

Existing quantitative work exploring care-experienced graduates' destinations has outlined that the potential challenges that this group faces when accessing employment are those shared by graduates who have markedly lower graduate outcomes. These include those from minority ethnic communities, disabled people, and non-UK nationals (Harrison et al., 2020). This is because care-experienced students have been found to be overrepresented across these groups, meaning that they have 'a constellation of overlapping and additive forms of disadvantage derived from their intersectional membership of multiple groups' (Harrison et al. 2020, p. 372). With this in mind, the present section will explore and discuss the potential constraints that care-experienced graduates may encounter when accessing professional employment following completion of their higher education. This exploration will consider those constraints that are likely to emerge due to their overrepresentation amongst disabled and minority ethnic groups, as well as those that are likely to be faced as a result of circumstances arising from their care background.

Intersectional impacts on access to employment

Those with care experience are more likely to be disabled, and/or experience other long-term health issues, namely those connected to mental health (Department for Education and Skills [DfES], 2007). Explanations for the overrepresentation of disabled children in the care system include family stress, abuse and/or neglect, and parental illness (Kelly et al., 2012). Having a disability, long-term health and/or mental health issue can understandably lead to challenges in locating and engaging in employment. For instance, 10% of 19- to 21-year-old care leavers in England reported that they were not in education, employment or training as a result of illness or disability in 2016, 2017 and 2018 (DfE, 2019). Those who are disabled can also encounter discrimination from prospective employers (Piggott & Houghton, 2007), leading to difficulties in higher education to labour market transitions (Harrison et al., 2020).

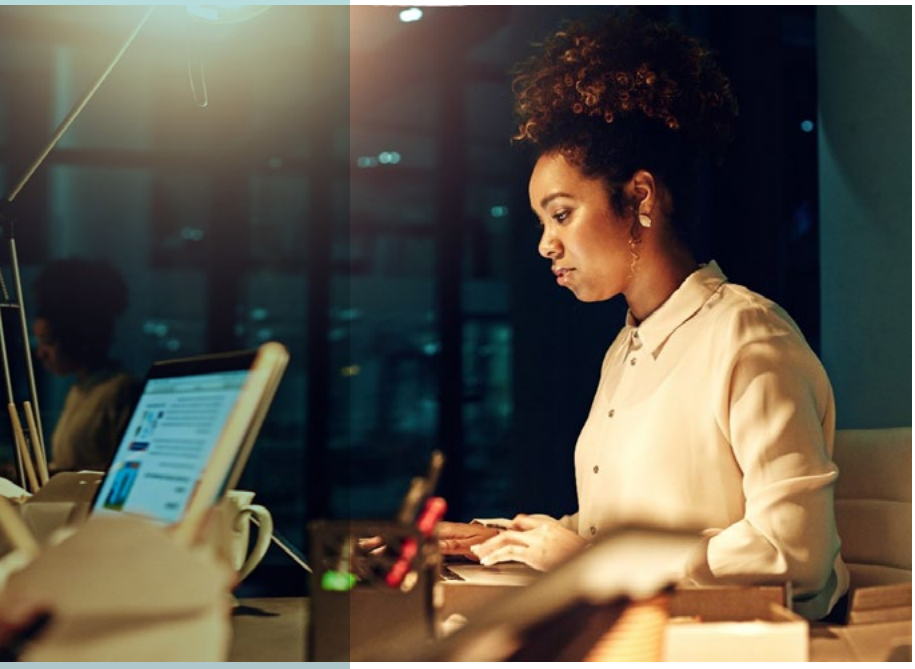


Moreover, almost half of children in care have a diagnosable mental health condition (DfE, 2015), which is often associated with childhood trauma and maltreatment (Centre for Social Justice [CSJ], 2019; Harrison, 2017, 2020). This may lead to engagement in risk behaviours such as substance misuse, and offending behaviour (Dixon, 2007). Although mental health issues, disability, and engagement in risk behaviours can constrain access to employment, the stigma and discrimination of care-experienced people being associated with these alone may lead them to be further disadvantaged in accessing opportunities (Stein, 2006).

The potential discrimination faced by care-experienced graduates can also be exacerbated for those belonging to minority ethnic communities, of which care-experienced people are more likely to be a part of (Barn, 2010; Connor et al., 2004). Research that has explored minority ethnic care leavers' transitions to adulthood has highlighted experiences of racial discrimination in the workplace, which in turn negatively affected opportunities for future employment (Barn et al., 2005). These experiences may also be encountered by care-experienced non-UK nationals (Harrison et al., 2020), and compounded by language barriers and unfamiliarity with workplace norms and culture in the UK (Stevenson & Willott, 2007).

Unique challenges and restricted opportunities

In addition to the potential disadvantages care-experienced graduates may face through being disabled and/or their membership in minority ethnic groups, there are a number of unique challenges that may be encountered specifically as a result of their care background. One such challenge is low levels of financial resources and the instability arising from this, which can restrict access to the employment market. Although research has found that care-experienced students often receive ample financial support from their higher education institution during their studies, this ends at the point of graduation (Harrison et al., 2021; Stevenson et al., 2020). This loss of financial support can not only cause heightened anxiety during the transition out of higher education (Ellis & Johnston, 2019), but can also limit opportunities for employment. For instance, financial constraints can



understandably lead to difficulties in affording relocation for employment amongst graduates generally (Thomas & Jones, 2007). Yet, for care-experienced graduates, fears may also exist around losing the stability of council provided accommodation (CSJ, 2019) meaning that relocation for employment can carry more risk for this group.

The risk of relocation can also be exacerbated by the absence of a 'safety net' in the form of a family home. Unlike many non care-experienced graduates, those with care experience are less likely to have a stable parental home to undergo 'yo-yo transitions', where they return to live in the parental home while formulating a 'new direction for the future' (Bengtsson et al. 2018, p. 193). This is still likely to be the case even when a 'Staying Put' arrangement is in place, as these only apply until 21 years of age, or until the completion of an education or training course (DfE, 2013; The Scottish Government, 2013). Without a stable safety net, there is less psychological space to contemplate and make plans for the future (Stein, 2006). This may lead care-experienced graduates to feel pressure to find employment as quickly as possible to minimise the threat of homelessness – of which care-experienced individuals are at a greater risk of experiencing (CSJ, 2019; Häggman-Laitila et al., 2018) – and to fulfil their basic needs (Dickens et al., 2014). Transitions from higher education to the labour market may therefore be 'compressed' (Stein, 2012), with little time, space, security or stability afforded to care-experienced graduates to locate 'professional' employment.

The absence of a family home does not only result in a lack of safety nets in the form of financial and accommodation support, but also in terms of emotional support and social capital. Many non care-experienced graduates will benefit from emotional support provided via stable relationships with their families to help them manage transitions (West & Lewis, 2018). Care-experienced graduates, on the other hand, are less likely to have access to such relationships[10]. This can subsequently have a negative impact on self-esteem and self-worth (Bengtsson & Møholt, 2018), potentially adversely affecting care-experienced graduates' wellbeing during their transitions out of higher education. Moreover, an absence of family relationships could also constrain the number of supportive others in care-experienced graduates' social networks, subsequently limiting access to potentially useful information, advice and guidance about employment opportunities (Clarke, 2018; Harrison et al., 2020).

10 This, of course, may not be the case for all care-experienced graduates. Some may continue to receive contact and support from former carers which can facilitate more stable transitions out of higher education (Stein, 2012).

Progression to Postgraduate study

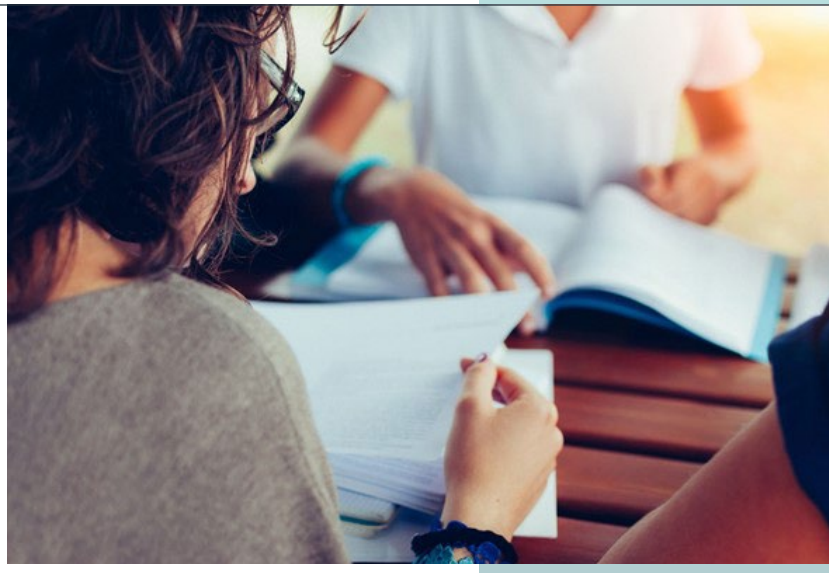
Despite inequalities in access to professional employment six months after graduation between care-experienced graduates and their non care-experienced peers (Harrison et al., 2020; Scottish Funding Council, 2020; Stevenson et al., 2020), the picture is very different when focusing on progression rates to taught postgraduate study. As noted earlier, those with care-experience are 1.274 times more likely to progress to taught postgraduate study than non care-experienced graduates (Baker et al., 2021). This has likely been aided by the introduction of Master's loans in England in the 2016/17 academic year (Gov.uk, 2021c), and the broadening of financial support for postgraduate students in Scotland from 2017/18 (see Gov.scot, 2016) which has subsequently increased access to this level of study for groups that may have been financially unable to participate in the past (Mateos-González & Wakeling, 2020). As postgraduate qualifications have been found to reduce exposure to unemployment (Conlon & Patrignani, 2011) and increase earnings (Sidhu & Payne, 2019; Wakeling & Laurison, 2017; Walker & Zhu, 2013), Baker et al. (2021) suggests that higher education is likely transformative for care-experienced students.

While care-experienced graduates' rates of progression to taught postgraduate study is incredibly promising, inequalities are evident at this level. Care-experienced graduates are less likely to study their postgraduate courses in universities belonging to the Russell Group, and are over represented in post-1992 institutions (Baker et al., 2021). Yet, these patterns of progression have been observed only in quantitative inquiry at present (Baker et al., 2021; Harrison et al., 2020); qualitative insights (which the '*Care-Experienced Graduates' Decision-Making, Choices, and Destinations*' project will obtain) are required to fully understand the reasons as to *why* these patterns exist. The current absence of qualitative understandings means that only *potential* explanations for care-experienced graduates' patterns of progression to taught postgraduate study can be provided here. Hence, this section provides such explanations by delving deeper into these patterns, and synthesising research literature which focuses on postgraduate progression, and that which explores care-experienced students' experiences of higher education.

Intersectional impacts on postgraduate progression

Just as membership in other disadvantaged groups may negatively impact progression to professional employment, membership of the same groups could at least partially explain higher progression rates to taught postgraduate study amongst care-experienced graduates. For instance, care-experienced graduates who are disabled, and those from most minority ethnic groups (except those of mixed heritage) are more likely to move into taught postgraduate study (Baker et al., 2021); this reflects trends observed in the general graduate population (Higher Education Funding Council for England [HEFCE], 2013; Wakeling & Hampden-Thompson, 2013).

As noted earlier, being from a minority ethnic background and/or being disabled can result in discrimination in the labour market (Barn et al., 2005; Connor et al., 2004; Piggott & Houghton, 2007; Wakeling, 2009). While this was used to provide possible reasons for care-experienced graduates' lower rates of progression to professional



employment, the same explanation may be applicable to their propensity to progress to taught postgraduate study. Graduates from minority ethnic backgrounds may view progression to a postgraduate degree as a means of avoiding unemployment arising from discrimination (Connor et al., 2004) whilst also providing themselves with a 'labour market advantage' (Wakeling 2009, p. 89). Similar reasons can be posited for disabled graduates, with progression to postgraduate study possibly being a response to potential discrimination from prospective employers (Piggott & Houghton, 2007); obtaining a postgraduate degree may be felt to be a means of conveying to future employers that they will be capable and knowledgeable employees (Nolan & Gleeson, 2017).

Protecting against unemployment and extending stability

One possible explanation for care-experienced graduates' rates of progression to taught postgraduate study may be to protect themselves against unemployment, low earnings, and financial insecurity. This motivation to study at the postgraduate level is of course not unique to care-experienced graduates. Similar reasons have been cited by non care-experienced students (see Britton et al., 2020; Burke, 2015; Leman, 2018), particularly in the context of credential inflation (Wakeling, 2005), and the expansion of a knowledge economy leading to high demand for postgraduate qualifications (Morgan, 2014). Yet, the prospect of unemployment and/or low earnings can be riskier for those with care-experience who (as explained earlier) are less likely to have financial and accommodation 'safety nets' in the form of a family home.

Adding further weight to this potential explanation is the attainment profile of care-experienced graduates, with those obtaining a lower-second-class degree only being slightly less likely to progress to taught postgraduate study than those with a first-class degree (Baker et al., 2021). This marks a departure from what has been found amongst the general graduate population, where progression rates decrease with attainment (Wakeling & Hampden-Thompson, 2013). Care-experienced graduates may therefore, in cases where undergraduate attainment is low, be more likely to study at the postgraduate level as 'insurance against bad labour market outcomes' (Britton et al. 2020, p. 57). As noted above, the potential consequences of not securing employment coupled with an absence of safety nets makes this especially risky for many care-experienced graduates.

Another potential explanation for the rates of progression to taught postgraduate study among care-experienced graduates is career entry requirements. Wakeling and Mateos-González (2021, p. 14) note that 'postgraduate qualifications are increasingly important for entry to certain professions'. Care-experienced students have been found to be drawn to careers that involve helping others (such as health care and social work), citing their care histories as an influential factor in this (Stevenson et al., 2020). A postgraduate qualification is typically an essential requirement for entry to such careers (Keane, 2017). Hence, their progression rates to taught postgraduate study may then be explained by this being necessary to enter their chosen career. This is further supported by Leman's (2018) analysis of the Postgraduate Taught Experience Survey (PTES) results, with 57% of taught postgraduate students citing 'progress in current career path' as their motivation for undertaking their course. This could also partially explain why care-experienced postgraduates are more likely to be found in post-1992 institutions (53% compared to 37.9% of their non care-

experienced peers), even when attainment is high (Baker et al., 2021); as post-1992 institutions are traditionally more vocationally focused (D'Aguiar & Harrison, 2016; Wakeling & Kyriacou, 2010), courses connected to careers in fields such as social work and health care are more likely to be on offer here[11].

In progressing to postgraduate study, care-experienced students may also be seeking an extension of the stability and security that the higher education environment has potentially provided them with. Prior research has found that studying an undergraduate degree provided care-experienced students with a sense of stability in terms of accommodation, as well as a sense of place and belonging for three years (Ellis & Johnston, 2019; Stevenson et al., 2020). The motivation to study a postgraduate degree then could be propelled by a desire to extend this stability and sense of belonging.

Yet, leaving higher education marks the end of financial, emotional and accommodation support for many (Baker et al., 2021; Stevenson et al., 2020). This is likely to be particularly concerning for those who will be close to, or at the age where local authority support ends (25 in England and 26 in Scotland). The Independent Review of Children's Social Care in England which commenced in January 2021 (see The Independent Review of Children's Social Care, 2021), as well as the Independent Care Review in Scotland which concluded in 2020 (see Independent Care Review, 2020) highlighted the care 'cliff edge' – where access to support and relationships with others – are lost at the ages of 18 or 25 (England) and 26 (Scotland). Leaving higher education may then represent a care cliff edge for those who have received financial and emotional support from their university, and have built trusting relationships with staff (Baker et al., 2021). This could also explain why care-experienced postgraduate students are slightly more likely to be studying at their undergraduate institution (Baker et al., 2021); progressing to a new higher education institution may result in the loss of established relationships, and the requirement to restart highly bureaucratic processes to access support (Stevenson et al., 2020).

The progression rates to taught postgraduate study amongst care-experienced graduates is, of course, promising from a social justice perspective. However, their under representation in higher status institutions (such as those belonging to the Russell Group) – even when they do not remain at their first-degree institution – shows that there are still inequalities at this level. As already posited, this could be guided by the desire to enter careers that necessitate a more vocationally orientated postgraduate degree, which are more commonly offered at post-1992 institutions (D'Aguiar & Harrison, 2016; Wakeling & Kyriacou, 2010). Yet, this may also be due to an inability to afford the higher tuition fees and living costs typically incurred when attending more prestigious institutions (Wakeling & Mateos-González, 2021).

11 Baker et al.'s (2021) research used data from the national Destinations of Leavers from Higher Education (DLHE) survey. The subject studied at postgraduate level is unfortunately not available in the DLHE dataset; this would have provided more clarity on this point.

Summary

Although national (Harrison, 2017; Stevenson et al., 2020) and international research (Bengtsson et al., 2018; McNamara et al., 2019; Okpych & Courtney, 2019; Zeira et al., 2019) into care-experienced people's access to and progression through higher education has been growing, there is little understanding of this group's graduate transitions. As the research on access to and progression through higher education for care-experienced students has led to several positive developments in policy and practice to enhance support provision, there is now a need to understand what may be required for those transitioning out of their studies and into employment and/or further study.

The review has outlined that while there are quantitative indications that higher education is potentially transformative for care-experienced students who complete their studies – especially in relation to patterns of postgraduate progression – their care backgrounds and over representation across other groups with lower graduate outcomes mean that they are likely to encounter unique challenges and restricted opportunities. This is particularly the case when trying to access professional employment (Harrison et al., 2020); the loss of higher education-provided financial support and social networks, the absence of a family home to return to in order to plan their next steps in a stable environment, and potential disability and racial discrimination from prospective employers all present a host of constraints for care-experienced graduates to negotiate.

The promising postgraduate progression rates amongst care-experienced graduates (Baker et al., 2021) have also been discussed. Possible explanations have been posed for this, which include: care-experienced students' over representation amongst disabled and minority ethnic communities, reflecting progression trends in the general graduate population (HEFCE, 2013; Wakeling & Hampden-Thompson, 2013); protection against unemployment, with unemployment and low earnings likely being riskier for care-experienced graduates; the requirement of a taught postgraduate degree to enter specific careers (Wakeling & Mateos-González, 2021) such as social work and health care, which care-experienced students have been found to be drawn to (Stevenson et al., 2020); and finally, the desire to extend a sense of stability provided by the higher education environment (Stevenson et al., 2020). However, there are still inequalities at this level of study for care-experienced graduates, with them being under represented in higher status institutions (Baker et al., 2021).

The absence of qualitative research into care-experienced graduates' transitions out of higher education means that their lower rates of progression into professional employment, and higher rates of postgraduate participation can only be speculatively explained. Such explanations can, of course, provide an indication for the reasons underpinning these graduate destinations. Yet, qualitative understandings are now needed so that explanations can be drawn from empirical evidence. In turn, these can provide insights into constraints that are faced as a result of having a care background, if any enablements are available to negotiate these, and what changes to policy and practice (if any) are required to reduce the former and increase the latter so that higher education can support outcomes that transcend early life disadvantages.

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