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A praxis-based perspective on supporting care-experienced students to thrive in higher education using the capabilities approach

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ABSTRACT

Students who spent time in state care as children, usually due to neglect or maltreatment, are a growing community within higher education in many countries. However, their participation rates generally remain below average and they are more likely to withdraw early, while their experiences have not yet been well-theorised. In this article, we synthesise and reconsider data from three national studies from the United Kingdom that collectively explored the lives of 461 care-experienced students using different methodologies. We use the lens of the capabilities approach – a normative social justice framework that seeks to identify ‘capabilities’ allowing people to live lives that they value, with the goal of alleviating ‘unfreedoms’ that prevent them from doing so. We argue that many care-experienced students have a precarious engagement with higher education for reasons directly or indirectly related to their early lives, concluding that the capabilities approach provides a useful praxis-based heuristic to review how policymakers, managers and practitioners can support care-experienced students to thrive. We use our data to propose amendments to the theoretical framework and suggest that its usefulness extends to other marginalised groups within higher education.

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Introduction

Around one percent of higher education (HE) students in the United Kingdom (UK)¹ spent time in the care of the state (e.g. foster, kinship or residential care) during childhood, usually due to maltreatment or neglect within their birth family (Harrison 2020). These care-experienced students have had to overcome considerable challenges to access HE, with official figures for England showing that they are substantially under-represented in comparison to the general population (Department for Education 2022). Reasons for this under-representation have been found to include educational

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disruption, childhood trauma, societal stigma, mental health and long-term health issues (Jackson and Cameron 2012; Sebba et al. 2015; Stein 2012). The under-representation of those with care-experience in HE and the underpinning reasons for this extend internationally with similar findings also emerging from the US (e.g. Johnson 2021), Australia (e.g. Wilson, Harvey, and Mendes 2019), Sweden (e.g. Bengtsson, Sjöblom, and Öberg 2018), Ireland (e.g. Brady, Gilligan, and Nic Fhlannchadha 2019) and Israel (e.g. Zeira, Refaeli, and Benbenishty 2019). Indeed, Jackson and Cameron's (2014) study demonstrated significant congruency across different European contexts.

Since the foundational UK study by Jackson, Ajayi, and Quigley (2005), there has been a growing interest in increasing the number of care-experienced people who access HE. They are now defined as a priority group by the Office for Students (the regulator for HE in England), with the implication that HE institutions (HEIs) are expected to set admissions targets, as well as offering targeted outreach, financial bursaries and other support. This focus is leading to progress, albeit slowly, with the participation rate for care-experienced 18/19-year-olds in England rising from nine percent in 2009/10 to 13 percent in 2020/21; the equivalent figure for other young people is 45 percent (Department for Education 2022).

This attention on ensuring that care-experienced learners are able to access HE is very welcome. However, there has been less attention on what happens to them within HE, when their early life challenges may continue to have an impact. Figures from the Office for Students (2020) show first-year withdrawal rates for young care-experienced students to be around double those for other students; this can be partly attributed to differences in entry qualifications, but care-experienced students are still significantly more likely to withdraw (Harrison 2017).

We start from the premise that, in social justice terms, it is insufficient to support access to HE if care-experienced students are not then supported to thrive within it. There is evidence that care-experienced students who complete their course are able to compete effectively in the graduate labour market or progress to postgraduate study (Baker et al. 2022; Harrison, Baker, and Stevenson 2022). Hence, when care-experienced students are offered an environment in which they can thrive, HE can have a transformative impact on their life outcomes. Identifying national and institutional practices to alleviate the challenges that prevent care-experienced students from flourishing in HE is therefore important.

This article has been written by the principal authors of three national studies focusing on UK care-experienced students. Collectively, our original studies contain the voices of 461 students and here we seek to synthesise and reconsider our data through the lens of the 'capabilities approach'; a normative social justice framework used in many contexts to better understand the policy and practice changes required to enable disadvantaged groups to flourish. While our studies are located in the UK, this reconsideration is globally relevant and likely to be useful in other jurisdictions seeking to enable meaningful HE participation for care-experienced learners and similarly marginalised groups.

Importantly, this article does not aim to present new empirical findings as these were foregrounded in our original studies. Rather it seeks to use a synthesis of these data to move theory forwards and demonstrate its value to practice through two linked objectives. Firstly, we use our extensive data from care-experienced students to interrogate the capabilities approach, drawing on these data to propose enhancements to the theory and its application within HE. Secondly, we take a praxis-based perspective to argue that the capabilities approach has general utility for policymakers, managers and

practitioners in devising student-centred support systems which is epistemologically and axiologically distinct from other lenses.

The capabilities approach

The capabilities approach has its origins in Amartya Sen's work with profoundly disadvantaged communities in south Asia (e.g. Sen 1982; 1984). It was developed as an analytical framework to both explore the basis of economic disadvantage and to better understand changes which might enable these communities to flourish (Sen 2001; 2009). Sen invites us to view life as a collection of *functionings* – the individual elements of our everyday experiences, including both 'doings' (such as visiting friends or accessing education) and 'beings' (such as happiness or feeling safe). Our functionings can be either positively chosen or imposed upon us, so our ability to thrive is constrained through our scope to exercise agency (Sen 1982). Sen (2001, 291) considers people's freedoms 'to achieve outcomes that they value and have reason to value' to be *capabilities* – the real freedom to be and to do. Resources alone are not sufficient to achieve freedoms, unless an individual can convert these into valued functionings through the positive choices that they are able to make about their lives. Capabilities can therefore be compromised by what Sen calls *unfreedoms*, including economic capital, legal frameworks, socio-cultural norms, family expectations and levels of knowledge.

The capability approach starts from the standpoint that individuals have different collections of functionings in their lives in which they place value – what is valued by one individual might be irrelevant or even negatively valued for another. Within this framework, social justice derives from ensuring that people have the capabilities to pursue the functionings that *they* value, provided they do not impinge on the lives of others. The capabilities approach thus starts with centring the individual and using their value structures to interrogate the inherent (in)justice of social systems and the freedoms they offer.

Sen has not provided a definitive list of capabilities beyond basic ones such as those relating to health, education and shelter (Sen 1984). However, his work has been extended by Martha Nussbaum who asserts that it is both possible and useful to construct normative collections of capabilities that are salient to particular communities, including those which might be contestable or contextually specific (Nussbaum 1999; 2000; 2011). She argues that such lists provide a starting point for understanding the relevant unfreedoms and therefore guide social policy by establishing expectations of the capabilities for a fulfilling and socially-just life – importantly, from the standpoint of the 'beneficiary' and not just those involved in developing policy. The path to social justice, Sen and Nussbaum argue, is to remove unfreedoms that constrain capabilities and allow people to pursue functionings that they value – this should be the focus of social policy, regardless of social context.

The capabilities approach has been used as a useful heuristic through which to understand wellbeing and the extent to which social arrangements, policies and practices enable (or work against) wellbeing. An interesting development has been its application to participation in HE, particularly in the context of South Africa, which continues to experience marked disparities (e.g. Mahlangu 2019; Walker 2003; Wilson-Strydom 2015; Wilson-Strydom and Walker 2015). Wilson-Strydom (2015, 151), in particular, encourages us to explore 'the relationship between the available resources and the ability of each student to convert these into valued capabilities'. More recently, it has

also been used to explore disadvantage in the global north, such as students with special educational needs in Ireland (Mihut, McCoy, and Maitre 2021) or various groups in the UK (Campbell and McKendrick 2017; Harrison et al. 2018; Wisker and Masika 2017). Following Walker's (2006) approach, Wilson-Strydom (2016, 146) provides three rationales for the use of capability lists:

The first is that a targeted list is needed to focus the capability approach on the specificities of higher education. Secondly, this level of specificity provides the basis for arguing for approaches to higher education practice and pedagogy that explicitly seek to foster capabilities and equality. Lastly, the formulation of a targeted capabilities list is needed to test the usefulness and possible applications of the capabilities approach in a higher education context.

To this end, she uses the procedure devised by Robeyns (2003) to propose a list of seven capabilities (Table 1), derived from a theory-led list initially proposed by Walker (2006) coupled with mixed quantitative and qualitative empirical data collected from over 3,000 high school pupils and university students in South Africa. The participants in her study were asked about their expectations and/or experiences of transition into HE, with the aim of capturing the universal capabilities that support equitable transitions and underpin wellbeing and flourishing for all students.

We chose to use the capabilities approach as the framing for our article for three reasons. Firstly, it has established utility as a 'thinking tool' in a variety of contexts marked by disadvantage and marginalisation. Secondly, it recognises that individuals value different functionings in their lives and so it foregrounds agency as a key principle in social justice, alongside a recognition of structural constraints that lead to unfreedoms. Thirdly, it provides a lens which is embedded in considerations of policy and practice; it enables the construction of normative statements of what *should* happen, prioritising the

Table 1. Proposed list of capabilities supporting equitable transitions in HE.

Capability	Description
1 Practical reason	Being able to make well-reasoned, informed, critical, independent and reflective choices about post-school study and career options.
2 Knowledge and imagination	Having the academic grounding needed to be able to gain knowledge of chosen university subjects, and to develop methods of academic inquiry. Being able to use critical thinking and imagination to identify and comprehend multiple perspectives.
3 Learning disposition	Being able to have curiosity and a desire for learning. Having the learning skills required for university study. Having confidence in one's ability to learn. Being an active inquirer.
4 Social relations and social networks	Being able to participate in a group for learning, working with others to solve problems or tasks. Being able to form networks of friendships and belonging for learning support and leisure. Mutual trust.
5 Respect, dignity and recognition	Being able to have respect for oneself and for others as well as receiving respect from others, being treated with dignity, not being diminished or devalued because of one's gender, social class, religion or race. Valuing other languages, other religions and spiritual practices and human diversity. Being able to show empathy, compassion, fairness and generosity, listening to and considering other persons' points of view in dialogue and debate. Having a voice to participate effectively in learning.
6 Emotional health	Not being subject to anxiety or fear which diminishes learning. Having confidence in one's ability to learn.
7 Language competence and confidence	Being able to understand, read, write and speak confidently in the language of instruction.

Source: Wilson-Strydom (2016, 155).

standpoint of those to whom it might be happening. Needless to say, we are not making an exclusionary argument that the capabilities approach is the only means of understanding disadvantage in HE.

Rather than develop our own specific list for care-experienced students, we noted early in the process of planning this article that much of our data were consistent with Wilson-Strydom's (2016) list. While other lists exist (e.g. Walker et al. 2022) and might have formed the basis for this article, we were particularly attracted to Wilson-Strydom's aim to reflect flourishing for *all* students. Indeed, care-experienced students provide a useful exemplar group with which to test the utility of the overall approach; given their status as a group with multiple and profound challenges, policy and practice that benefits *their* engagement with HE is likely to *also* benefit other disadvantaged groups. We therefore opted to use her list as an initial framing, drawing on data from a novel student group to interrogate it and identify possible amendments. We have also extended Wilson-Strydom's original framing to include participation in higher education beyond the transition period itself.

Overview of studies included

As noted above, we were authors of three major studies undertaken between 2017 and 2020 in which data were collected from care-experienced students – all three received ethical approval from the relevant universities and additional methodological detail can be found in the original reports:

- **Study 1 [S1]: Positive Impact** (Stevenson et al. 2020). A mixed methods approach was used to understand factors affecting access, retention and graduate outcomes for care-experienced and estranged² students in England and Scotland. Inductive focus groups and phone interviews were undertaken with 41 students (17 of whom were care-experienced) to explore their experiences of accessing HE, on-course experiences and plans for graduation. Interviews with staff at six case study HE institutions were also undertaken to explore the support available to care-experienced and estranged students. Students were approached to participate by disseminating calls through university outreach and student support teams, social media, as well as via professional networks focused on improving educational opportunities for care-experienced people.
- **Study 2 [S2]: Moving On Up** (Harrison 2017). An online survey was used to collect a mixture of quantitative and qualitative data. This was distributed through the network of HEI staff with responsibility for supporting care-experienced students and their internal mailing lists. As this was the first large-scale survey, there was an intent to reach as many students as possible – 212 responses were received from 61 HEIs. The qualitative data comprised open text responses to questions about transitions into HE and thoughts about withdrawal. The sample was broadly representative (as far as the population of care-experienced students is understood – see Harrison 2020 for a demographic description and a discussion of the limitations of the available data), except that women were somewhat over-represented.

- **Study 3 [S3]: Pathways to University** (Ellis and Johnston 2019; 2020; *in press*). This study shares the perspectives of 234 care-experienced students across England and Wales. Data was generated in two phases during 2018 and 2019. All students were invited to contribute via their own university's widening participation team. In phase one, semi-structured life history interviews were conducted with 42 students from four HEIs. Interviews were conducted face-to-face, on campus, at participants' respective universities and focused on participants' experiences of being in care and their subsequent transition to HE. In phase two, we administered an online survey, which collated views from 192 care-experienced students in 29 HEIs. Survey questions were informed by the initial themes and sub-themes arising from phase one and contained a mixture of open and closed ended questions. These data were subject to deductive thematic analysis using the codes generated during phase one.

We confined ourselves to considering these three studies as they were national in scale, proximal in time and employed different methodologies, but had substantially congruent empirical findings. Other studies on care-experienced students in the UK had been published, but they were substantially smaller (e.g. Hauari, Hollingworth, and Cameron 2019), focused heavily on financial support arrangements (e.g. O'Neill et al. 2019) and/or were more than five years old (e.g. Cotton, Nash, and Kneale 2014). Each identified elements of students' experiences that threatened their ability to thrive in HE, but these elements were also well-represented in our three studies. We were therefore confident that our studies provided a sufficient range of empirical data for our theoretical development objectives, without the need to include additional studies.

Exploring capabilities

In this section, we reconsider the data collected through the studies outlined above, using the lens of the capabilities approach. We focus explicitly on the accounts provided by care-experienced students to illuminate their valued functionings and how their capabilities to flourish in HE are compromised by unfreedoms that derive *directly* or *indirectly* from their childhood experiences. Importantly, we recognise that not all capabilities will be relevant to every individual as each will have different functionings that they value. Rather, our intention is to demonstrate how capabilities are often constrained by systems, structures and available resources for care-experienced students and the implications of this for the functionings available to them. For example, 'being a graduate' will be a key future functioning for most students, but others will prioritise outcomes such as 'learning deeply about my subject', 'having a close friendship group' or 'preparing for a career'. Indeed, there may be valued functionings that have particular salience for care-experienced students (e.g. 'being and feeling safe' or 'being in a settled home'). The role of the capabilities approach is not to dictate *which* functionings an individual should value, but rather to recognise that the functionings that *are* valued can be constrained by the environment in which the student finds themselves.

To achieve this, we reconsidered the data from our three studies. We developed a bespoke approach consistent with our objective to interrogate the capabilities approach rather than to create new empirical findings; due to the original ethical approvals, we only engaged with the raw data in our own studies. It was not necessary to recode the data as

we were focused solely on its compatibility with Wilson-Strydom's (2016) capabilities list. Our first analytic question was whether we could deductively identify examples where capabilities from the list had been constrained and where this clearly related to the student's status as care-experienced. We were readily able to do so for all seven items on the list, albeit less relevantly for one. We discussed our examples throughout to ensure shared understanding about how they articulated with each capability.

Our second analytic question was whether we had data that did *not* articulate with the list items. We isolated any remaining data which represented unfreedoms for care-experienced students or which spoke to valued functionings. As these data were outside the theoretical framework we were using, we considered them inductively. We shared and discussed example quotes to look for congruencies *between* the studies to ensure that we were not considering overly unusual situations. Ultimately, we were able to group these data into two themes which appeared in all three studies and which we will argue are not well captured by Wilson-Strydom's list.

It is also important to note that our focus is neither on the *frequency* by which unfreedoms occur nor identifying subgroups who may be more or less impacted, for which we refer the reader to the original studies. Instead, our focus is on the *mechanisms* by which capabilities are constrained for care-experienced students – for instance, how poor housing can impact on academic success or wellbeing. We therefore use quotes to provide a richer illustration of the unfreedoms in authentic voices, rather than as a form of comparison between students or studies.

Capability 1: Practical reason

Wilson-Strydom (2016, 155) defines this capability as the ability to make 'well-reasoned, informed, critical, independent and reflective choices'. All prospective students are expected to make multiple decisions about HE, usually in discussion with family and peers on a similar pathway. These decisions underpin functionings around doing the 'right' course or being enthused by their subject, as well as the principal functioning of being a student. Our studies highlighted that those appointed to support care-experienced people's transitions out of care, such as social workers and foster carers, sometimes acted as a constraining force on access to appropriate information to enable freedoms to make informed, well-reasoned, critical, independent and reflective choices about whether to study, what to study, and where to study.

For care-experienced individuals, in particular, having access to information on the financial, accommodation, academic and wellbeing support available to them is crucial; this affords the freedom to make critical choices to ensure that HE is a feasible option. In each study, participants frequently reported gaps in professionals' and carers' knowledge around applying for HE and their ability to guide them appropriately:

They didn't understand anything about applying to university, the help or funding available ... it has at times left me feeling quite lost. (Study 3)

The care home I came from had never had anyone go to university before and so had no idea at all when it came to open days and applying. (S2)

Additionally, there were instances where students felt that they were actively prevented from accessing the information they needed to make well-reasoned choices. For example, one explained that professionals ‘wanted me to claim benefits and leave my home’ (S2), while another reported being told ‘you’ll never amount to anything, you’ll end up in prison’ (S3). In making such judgements and gatekeeping information, care-experienced individuals’ capabilities to make *independent* decisions were sometimes constrained by systems designed to support them and by the low expectations of professionals in those systems:

I honestly think something as simple as just having a sheet somewhere ... that a social worker can easily print out if, say, a care leaver or someone in care is considering going to university ... I feel like it shouldn’t be that difficult. (S1)

Capability 2: Knowledge and imagination

Wilson-Strydom’s (2016) explanation of this capability focuses on having the foundational knowledge, criticality and imagination to engage successfully with the HE curriculum. We did not find specific data in our studies to address the latter two elements, but there was ample evidence around how care can impact on knowledge acquisition in childhood.

One legacy reported by many care-experienced students is that their schooling suffered significant disruption. The process of being taken into care often leads to a school change to be closer to their new home, replicated as care arrangements are altered over time (Sebba et al. 2015). Aside from the social upheaval of losing connections with friends and trusted teachers, administrative delays with enrolment and the non-alignment of curricula between schools can mean content is missed entirely.

Additionally, care-experienced students may have missed considerable amounts of school time. Mental health issues associated with childhood trauma can lead to periods of sickness leave and unauthorised absences, while care-experienced young people are significantly more likely to be excluded from school on disciplinary grounds (Department for Education 2019). Many also lose time attending family court hearings, meeting with social workers and undertaking responsibilities not generally shared with peers (Mannay et al. 2017):

I had to take my brother to school, go to my 6th form and then leave early ... I’d just catch up with work, like, whenever I could. (S3)

As a result, many care-experienced students report lacunae in their academic grounding in their chosen discipline. Even those who have been successful in school may be missing key foundational knowledge that places them at a disadvantage. Indeed, some reported simply not being in a position to engage with school due to the challenges they faced, returning to education as adults:

I have found with being in care I didn’t attend school regularly and not at all from the age of 13. I did 1 year’s access course to get on to my degree, so I feel my academic abilities are limited. (S2)

I have come to learning late in life with very little support. There is a big gap in institutional practices for people like me who come late to learning. (S3)

Functionings around successfully engaging in class, completing assignments and feeling like a competent learner can therefore be compromised as the student feels that they are constantly behind. These challenges can then be compounded by unsympathetic or unaware academic staff. For example, one student explained ‘it was hard as lecturers presume you know everything and [that’s] not always the case’ (S2), while another reported that ‘my tutor from last year was very helpful but she left; my new tutor lacks understanding [of care] and my course leader is very unsupportive’ (S2).

Capability 3: Learning disposition

Wilson-Strydom (2016, 155) defines this capability as curiosity and ‘a desire for learning [and] having confidence in one’s ability to learn’, alongside metacognitive skills allowing individuals to do so. In reconsidering our data, we found multiple examples where the student expressed a clear desire to learn, but where their learner *identity* had been impacted by their experiences of care.

Specifically, the disruptions outlined above may not only result in knowledge gaps, but also lead to the student having low confidence or limited self-efficacy; this has been highlighted in the literature (e.g. Sulimani-Aidan and Melkman 2018) and was amply reflected in our studies. One student explained that ‘confidence in [my] ability to succeed and see the course through has definitely been impacted by earlier life experience’ (S2), while another had ‘gone through life affected by circumstances beyond my control believing I was stupid’ (S3).

Having disrupted experiences of education can result in the transition to HE being particularly overwhelming. Constraints to care-experienced students’ functionings around their *ability to learn* and become an *active inquirer* may understandably emerge from this. For instance, students reported that they were ‘worried I’m going to fail’, were ‘not capable of completing a degree’ and that they ‘didn’t feel good enough’ (all S2), while another reported: ‘I sort of felt like sometimes I didn’t engage very well with my course’ (S1). One phenomenon was to position their studies as a ‘struggle’, suggesting that functionings around being a confident learner were constrained and required constant vigilance. High levels of resilience, focus and emotional energy were required, affording a learner experience that was often distinct from peers:

I have thought about leaving because I failed two modules in first year and I am currently resitting them. I chose to remain because I have had a lot of bumps in the road over the years so I didn’t want to just give up on this one. (S2)

Capability 4: Social relations and social networks

The focus of this capability is, for Wilson-Strydom (2016, 155), on the scope for the student to ‘form networks of friendships and belonging for learning support and leisure’. Friendship groups and supportive relationships were highly-valued functionings among our participants and had the capacity to ‘transform the whole university experience’ (S2) and provide protection against adversities:

The course for nursing is a highly demanding course for anyone ... I know I am not the only one on this course that [is] finding it hard to cope so we get through it together. (S2)

Most participants in all three studies reported that making friends was relatively straightforward; many relished the fresh start offered by HE and reported fitting readily into a student community that was diverse and inclusive. Their functioning as a full member of this community afforded the opportunity to develop new and supportive social networks:

There's a lot of people who are from different backgrounds, not just care leavers but I mean like disability, ethnic groups and stuff like that. At university no one cares ... Everyone just kind of gets along and accepts you for who you are ... It's been really nice. (S3)

However, there were also counterexamples of students who did find it 'hard to make friends and harder to do things alone' (S2). Some care-experienced students felt the weight of societal stigma – real or anticipated – and perceived important social differences: 'Everyone's going on about their family and I just didn't know what to say!' (S3). Others reported living independently before entering HE, while their peers were generally living away from the family home for the first time. These experiences created unfreedoms that disrupted the growth of positive social relationships and led to profound feelings of isolation:

I feel very left out of the community and overwhelmed with no one to talk to. Didn't drop out because I literally have nowhere else to go. (S2)

Being unable to gain access to adequate finance was also an important barrier to participating in social activities, often because of administrative difficulties (e.g. social workers not returning paperwork in a timely fashion) that delayed or invalidated access to student loans and bursaries:

I didn't have the money to go out ... I just made up things sometimes: "Oh, I can't be bothered, I'll just stay in my room" and stuff. (S3)

Capability 5: Respect, dignity and recognition

Wilson-Strydom's (2016, 155) explanation of this capability is extensive, seeing this as the individual having self-respect and being empathetic and compassionate, as well as 'receiving respect from others, being treated with dignity, not being diminished or devalued because of one's gender, social class, religion or race'. Within our data, being in HE potentially offered the capability to be respected. This was especially important where this had been absent in a care system that was sometimes dehumanising, where the voice of the young person was undermined or ignored.

However, this was not always the case, and some students described similar events resulting from encounters with their HEI. They reported having to repeat their stories multiple times to different staff in order to access support, a process that could feel like an 'interrogation' (S1). This served to reinforce their 'othering' by playing into tropes about what care-experienced students might do or be:

Due to being stereotyped ... you are still put in this bracket that you might be emotionally unstable, have underlying mental health issues or have authority issues, etc. (S2)

I thought that if I embraced that part of my past it might be used against me at some point in the future. I think that's something that's common with care-experienced people. (S1)

Even when staff were seeking to be supportive, the requirement to know about past experiences – for example, to trigger an assessment extension – could feel invasive and disrespectful. This reminded some of their experiences within the care and school systems, where the intimate details of their lives were shared without their consent.

Regulations and procedures, generally constructed around historic assumptions of students as young and living away from a supportive family, could be alienating. Students often reported that staff, both academic and administrative, were ignorant about care, leading to insensitivities or misunderstandings that compromised their dignity: ‘there’s not enough awareness around my community in terms of our rights and what we should get’ (S1). Yet, some students reported examples of impactful practices that supported functionings about being a respected member of the HE community while having their needs recognised in a dignified way:

As soon as I arrived I got an email ... saying ‘you are care experienced, come and meet me, anything you want, I’m here for support’ ... Like, he was amazing. Building a relationship is absolutely key, particularly for care-experienced people who will have had multiple people in their lives let them down. (S1).

Capability 6: Emotional health

Wilson-Strydom (2016, 155) uniquely expresses this capability in the negative (‘not being subject to anxiety or fear which diminishes learning’) and we will come on to argue that it is less well-developed than the others on the list.

It is well-documented that many care-experienced people have difficulties with their mental and emotional health. Often these represent the legacy of childhood trauma and range from transient challenges to long-term conditions such as post-traumatic stress disorder requiring sustained therapeutic interventions (e.g. Department for Education and Skills 2007; Stein 2012). This was confirmed by students in all three studies who reported struggles to manage anxiety and other mental health difficulties whilst in HE:

My mental health was the worst it’s ever been in my whole life for the last two to three years ... I just took too much on and then it all started crumbling. (S1)

I have a few friends that they always get firsts, and I am capable of getting firsts ... when I’m in a mentally good place. If I didn’t have all these issues, I’d probably be right up there ... but when I’m having a really low day, I physically can’t do anything because I just don’t feel good enough. (S3)

The functioning of having stable mental health that supported learning was therefore particularly important to care-experienced students. Where it was absent, participants often discussed how they had considered withdrawing from their studies. Many had reached out for mental health support, but the help offered was often only short-term and of inadequate depth to meet their needs. Due to limited availability, some students reported being unable to access support in times of crisis, which could be exacerbated through staffing changes and the absence of long-term relationships:

It’s something that can hit you and it can hit you hard ... You’re stuck in a cycle and if [the support staff are] not available on that day for any reason it can still send someone spiralling worse. (S1)

I found that not having a [doctors'] surgery specifically for students with mental health issues or a health professional on site has been difficult, as I really struggle with post-traumatic stress. (S2)

Nonetheless, some students were able to transcend the unfreedom of mental ill health and build a more confident and resilient learner identity, reflecting on how HE offered new stability that significantly improved their emotional wellbeing; this was a valued functioning in its own right:

I managed to do it somehow ... You have to study whether you're sad or tired or angry. You, kind of, just have to do it because you don't really have time to deal with your emotions in a way. (S3)

Capability 7: Language confidence and competence

Finally, this capability relates to the ability 'to understand, read, write and speak confidently in the language of instruction' (Wilson-Strydom 2016, 155). Most care-experienced students in the UK are studying in their first language, but a substantial minority have English as an additional language (Harrison 2020). HE admission requires that all students demonstrate their competence in English, but the capability to be confident and competent in English was compromised for some:

Speaking was very hard for me because even though we learn in English, like our curriculum was all in English ... we never spoke it. Even though I wasn't a good speaker at the time at least I could spend all my time reading. (S3)

Indeed, the use of *academic* English may pose problems even for fluent speakers who have missed significant schooling and who may not have mastered discipline-specific vocabulary, expression or argumentation.

Proposing amendments

Once we reconsidered the data across the three studies using Wilson-Strydom's (2016) capabilities list, we identified two constellations of data that did not readily fit; we are therefore proposing amendments to her list. While these are built around data from care-experienced students, we argue for their relevance to how other students can be enabled to thrive in HE.

Access to the curriculum

The first constellation of data was somewhat heterogeneous, but had the binding theme of constraining the student's ability to engage fully and freely with their studies; exogenous factors that undermined key functionings associated with being a successful learner, which we have tentatively labelled as 'access to the curriculum'.

One important element was around financial support. While some students were relatively well-financed through their eligibility for targeted bursaries, this was not always the case and all three studies heard from those in substantial difficulty. The net impact of financial difficulties was two-fold, aside from the negative impact on emotional health

noted above. Firstly, students felt compelled to take on part-time work during term-time, which directly impinged on study time:

I said to myself, first year does not count much so I might as well get a job instead of suffering ... so that was the only option I had. (S3)

Secondly, students described making trade-offs between purchasing essentials or items to support their learning, such as equipment, books and other materials:

The laptop that I have and stuff is not the best but I try to make the most of it. So there is this module that I have to do, it's software based ... We can download it to a computer and work from home but my computer's so old and so slow that it doesn't accept it. (S3)

Students in financial difficulty were thus not in the same position to thrive in their studies as peers who were not. Furthermore, disabled students and those with caring responsibilities already had less time available for study and were therefore generally unable to supplement their income through part-time work.

The other instance in which students had their access to the curriculum constrained related to course content. Care-experienced students disproportionately study social science subjects (Harrison 2020) where content often touches on subject matter that echoes their past experiences, especially in psychology and social work. Some courses were consciously aware of the potential impact on their students and handled the possibility of distress (and lost learning) with sensitivity, but others did not:

I found myself sitting there in a lecture, unable to write, starting to feel dead overwhelmed with all this emotion ... Any minute now I'm going to have a panic attack, but I don't want to because that looks weird. (S3)

Safety and security

The second constellation of data that did not fit Wilson-Strydom's (2016) capability list concerns challenges to safety – and *feelings* of safety. Across all three studies, participants reported living situations that led them to feel unstable, insecure and fearful. One common disruptive experience cited by participants in all three studies was living amongst the 'party culture' of drug and alcohol use in student accommodation. For some this was caused by the tension between participating in this culture and their own difficult family histories of substance misuse. For others, the party culture led to feelings of fear, with the drug and alcohol use of flatmates reminding participants of situations in their own past:

Both of my parents were addicts in both alcohol and drug misuse and I saw that as being a very predominant theme of binge drinking during the week ... It would be constant shouting, flat parties, people doing stupid things like messing about with kitchen knives ... I ended up leaving halls after about a month. (S1)

While intoxicated students could be experienced as an inconvenience by some, for those with childhood experiences of harm caused by substance misuse, such events were perceived as *unsafe*:

All my flatmates were getting back really drunk, like, and then were like banging on my door. It was the same sort of feeling and just a bit like fear really. And then when I

moved to my first, like, just normal student house, I didn't have a lock on the door and I freaked out about it. (S3)

Being vulnerable as a recovering drug addict I was keen to not be at the centre of student parties etc. For over two years I lived in the noisiest part of the city, in a [residential hall] that was constantly partying. If I was less experienced and less stable in my recovery I would have been in real danger ... mostly I had to leave the halls at the weekend because I couldn't handle it. (S2)

Living environments that feel unsafe are understandably challenging in themselves, though what arguably makes this more difficult for care-experienced students is the absence of a family home to provide refuge (Dickens, van Breda, and Marx 2014).

Discussion

In the previous section, we sought to triangulate data from three studies to illustrate how the ability of care-experienced students to successfully participate and thrive in HE can be precarious. As noted earlier, they are substantially less likely to access HE and more likely to leave early than their peers (Department for Education 2022; Office for Students 2020) – a pattern that is seen in other nations (e.g. Bengtsson, Sjöblom, and Öberg 2018; Brady, Gilligan, and Nic Fhlannchadha 2019; Jackson and Cameron 2014; Johnson 2021; Wilson, Harvey, and Mendes 2019; Zeira, Refaeli, and Benbenishty 2019). The reasons for these phenomena are increasingly well-understood, with experiences before, during and after care all combining to either support or hinder participation in HE. Inevitably, synthesising three substantial studies into one short article means that our account is broad and the reader is referred back to the original reports for more detail – e.g. about contrasting experiences between sub-groups.

Our main purpose has been to re-consider these data through the lens offered by Sen and Nussbaum's capabilities approach and, specifically, Wilson-Strydom's proposed list of capabilities underpinning flourishing in HE. Within this paradigm, we are not primarily concerned with the frequencies with which particular unfreedoms arise or contrasts between students, especially given the highly individualised nature of students' experiences. Rather, our focus is on demonstrating and theorising the diverse ways in which the legacy of being care-experienced can, directly or indirectly, threaten a student's capabilities.

Capability theory allows for an evaluation of the conditions in which people can flourish. However, as Walker (2004, 2) notes, 'the difference between a capability and functioning is like one between an opportunity to achieve and the actual achievement, between potential and outcome'. So, for example, successful participation in HE can be, and is, perceived as offering the capability (or freedom) to achieve functionings – such as being able to participate fully in social and academic activities, and feeling confident and valued as a learner. In contrast, a denial of political or personal liberties can lead to unfreedoms (Sen 2001).

Clearly HEIs are not authoritarian regimes in the sense outlined by Sen. In fact, our three studies showed a generally high level of commitment to social justice among HEIs in the UK. The myriad of open days, bursaries, support staff, mentoring schemes and so on is a testament to their willingness to try to support care-experienced students (Become 2023). However, as evidenced above, our research has also shown that many still

experience HE as precarious, challenging and even unsafe. Moreover, a lack of access to information, issues around confidence and self-efficacy, social isolation and dehumanising engagements with one-size-fits-all institutional processes not only limits functionings, but has implications for freedoms.

Being properly supported both pre- and post-entry into HE can enable care-experienced students to flourish. However, as our data indicate, careful consideration needs to be given to forms and structures of support, otherwise, even when ample support is on offer, students can be constrained in their functionings. This is not to argue that the students were un-agentic – on the contrary they were resilient, creative and capable, drawing on skills and resources to navigate the complexities of an often unfamiliar social milieu. Rather, what they faced were policies and practices which were oblivious to the needs of care-experienced students or made assumptions about their backgrounds and/or the forms of support which they might need. This means that students were having to work exceptionally hard to thrive – for example, by having to negotiate complicated internal processes to access mental health support to enable them to focus on studying. Moreover, despite best intentions from staff, decisions were sometimes made for individual students as to what their participation in HE should look like and how it should be supported.

Returning to our objectives for this article, we believe that our data provide broad support for Wilson-Strydom's list as having general utility as a lens for understanding disadvantage. We were readily able to identify examples of all seven capabilities being compromised and impacting on functionings that students valued. Care-experienced students' position as a profoundly marginalised group lends extra weight to our data; a normative framework that enables *them* to thrive in HE is likely to benefit *all* student groups.

We would like, however, to propose three amendments. Firstly, we feel that 'practical reason' is perhaps mistitled and risks implying a deficit in students who apply sound reason where relevant information has been withheld or where choices are unduly influenced by others; we propose 'informed decision-making' instead. Secondly, we believe that 'emotional health' is too narrow in its scope and propose renaming it 'safety and emotional health'. This incorporates the need for students to be (and feel) safe in their accommodation and within the HE community, as these conditions are typically required to experience good emotional health. Thirdly, we would add an eighth capability entitled 'access to the curriculum', capturing the freedom to fully engage with the learning opportunities on offer without undue constraint in terms of time to attend, money for essential materials or the accessibility of challenging subject matter (Harrison et al. 2018; Ellis and Johnston *in press*).

With these amendments, which make an important theoretical contribution, we believe that Wilson-Strydom's list provides an excellent praxis-based framework for national policymakers and HEI managers to review the support that they provide to care-experienced students – and, indeed, other disadvantaged or marginalised groups. While our data have been assembled from the UK, one advantage offered by the capabilities approach is its *universality*. The specific functionings valued by students and the policy levers for removing unfreedoms will vary from place to place, but the normative social justice principles enshrined in the capabilities are – we argue – applicable to any jurisdictional context. Policymakers and managers simply need to consider how they

can best work to ensure that care-experienced students have the capabilities needed to thrive.

For example, we have demonstrated how the capability of ‘safety and emotional health’ can be constrained by unfreedoms that include, *inter alia*, unsafe housing, poor access to therapeutic interventions and difficulties with building friendships. These compromised students’ valued functionings around feeling safe at home, having good mental health and being part of a community. In policy and practice terms, these unfreedoms might be removed by ensuring that students have an adequate choice of housing, easy access to mental health support and an inclusive social environment without stigmatisation. The specifics of how these might be delivered will depend on the resources available, deliverable policy options and prevailing cultural norms. In this way, the capabilities approach differs from analyses that foreground context-specific and resource-led interventions; it concerns itself with a more abstracted vision of what a socially-just environment would look like.

Conclusion

It is indisputable that significant progress in supporting care-experienced students has been made in the UK in recent years. National policymakers, such as the Office for Students, have included care-experienced students as a key area of concern, whilst charities such as the National Network for the Education of Care Leavers (NNECL), Become, and the Unite Foundation have made important contributions. Most recently, NNECL has launched a new ‘quality mark’ for HEIs to recognise strong practice and seed future improvements to achieve the best student outcomes (NNECL 2023).

Whilst recognising these significant efforts, we argue that support for care-experienced students could be further enhanced by using the capabilities approach as a framing praxis-based heuristic. The focus on general capabilities for thriving in HE, the removal of unfreedoms and support for diverse functionings provides a novel means of translating research findings into a programme for change. Importantly, the capabilities approach is not bound to any specific policy context and could readily be used in countries and other jurisdictions that are also developing their social policy in this space.

Our aim, therefore, is not to recommend specific national policies or local practices, but rather to advance a process based on better understanding the functionings valued by care-experienced students, the unfreedoms that they face and the environmental expectations for removing these unfreedoms, expressed as capabilities. We feel that we have highlighted several of these through this article (e.g. the importance of emotional health and safety), but we specifically recommend that governments and HEIs should:

- Understand that care-experienced students are a diverse group and unlikely to be adequately supported to thrive through a one-size-fits-all approach;
- Audit existing policies, processes and practices against the capabilities list with care-experienced students in mind, anticipating where unfreedoms may arise;
- Engage in reflexive conversations with individual students which can help identify what functionings each student has reason to value, with a view to building a rich and nuanced picture of how this group views flourishing in HE and beyond;

- Incorporate their suggestions into any support offer, ensuring that both the processes and practices of support are led and shaped by the voices of care-experienced students.

In so doing, we argue that a climate within which care-experienced students are able to thrive will be created. Importantly, improvements for this group are likely to also improve the lives of other students whose functionings are affected by structural constraints and/or circumstances outside of their control.

Notes

1. The legal framework, configuration of higher education and availability of data varies significantly between the four nations of the UK. This article focuses primarily on England, but some of the reconsidered data are drawn from Scotland and Wales.
2. Students who have been excluded from support from their family due to a breakdown in relationships – these students are not usually care-experienced, but can share similar challenges.

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