

This is a repository copy of *The Care-Experienced Graduates' Decision-Making, Choices and Destinations Project: Phase three report*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/216285/>

Version: Published Version

Monograph:

Baker, Zoe (2024) *The Care-Experienced Graduates' Decision-Making, Choices and Destinations Project: Phase three report*. Report. University of York

<https://doi.org/10.15124/yao-eqn7-0w72>

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



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

PHASE THREE REPORT

ACKNOWLEDGEMENTS

I would like to thank The British Academy for funding the *Care-Experienced Graduates' Decision-Making, Choices and Destinations* project. I would also like to extend my thanks to each care-experienced graduate who participated in the project. Participating in a longitudinal project is a significant commitment, and I am profoundly grateful to all of you for remaining with the project over the past three years. Many of you expressed that you were happy that the issues associated with graduating as a care-experienced person were receiving research attention. Yet, without you, this would not have been possible. Thank you. Finally, I would like to thank the professionals and the wider care-experienced community who generously dedicated their time to providing valuable feedback on a draft version of this report's recommendations.

CONTENTS

Introduction	1
12-month destinations	2
Structure of the report	3
How are graduate transitions different for those with care experience?	4
Unavailability of boomerang transitions	5
The 'Care Tax'	6
The burden of self-advocacy	8
Key points	10
Is higher education transformative for care-experienced graduates?	11
Employability	12
Learning about the 'self'	13
Social and economic limitations	13
Key points	16
What is important to care-experienced graduates?	17
Stability	17
Relationships	19
Health and wellbeing	20
Key points	22
What changes are needed?	23
Remove the undergraduate and postgraduate support 'cliff edge'	24
Strengthen the transformative potential of higher education	26
Enable care-experienced people to build fulfilling graduate lives	27
References	28

INTRODUCTION

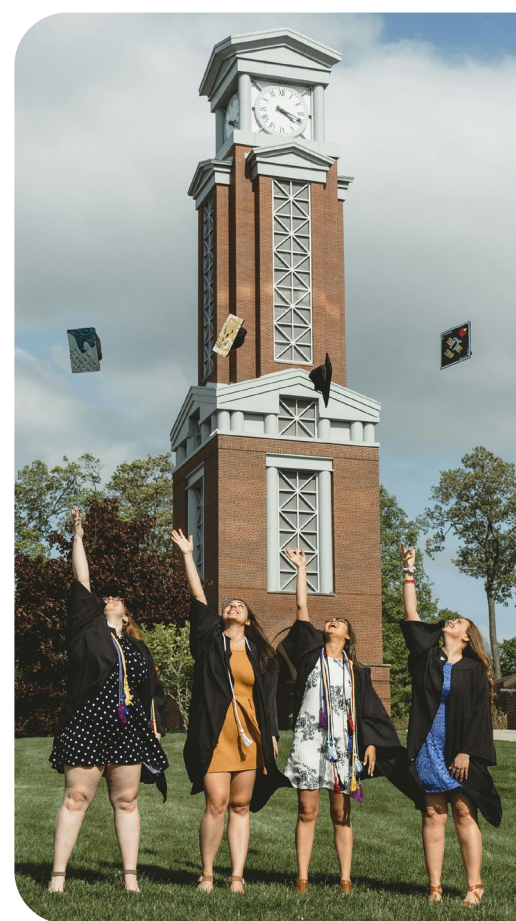
The *Care-Experienced Graduates' Decision-Making, Choices and Destinations Project* (also known as the *Care-Experienced Graduates Project*) began in 2021. Funded by The British Academy, the project has explored care-experienced people's¹ transitions out of higher education and into employment and/or postgraduate study in England and Scotland. To date, it is the first study to provide qualitative attention to graduate transitions among care-experienced people.

The project took a qualitative, longitudinal approach to understand:

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

To do this, repeat semi-structured interviews were undertaken with care-experienced graduates at three points in time, with each of these constituting a 'phase' of the project. **Phase One** explored 23 final-year care-experienced students' decisions, choices, plans, and concerns regarding their impending transitions out of higher education. **Phase Two** revisited participants approximately six months after graduation to explore and capture their initial transitions out of higher education and into employment and/or further study. 18 of the original 23 participants participated in this phase. Finally, **Phase Three** explored any changes in their living, employment, or educational circumstances since Phase Two, their plans for the future, and their views about what policy and practice developments were needed for future generations of care-experienced graduates. 14 of the original participant group took part in this final phase. Throughout each phase, participants also recorded their decisions, choices, experiences, and reflections in a secure online diary.

Reports have been produced following the completion of each phase throughout the project. Each report has detailed the key findings from that specific phase and has also provided a series of recommendations for local authorities, higher education institutions, employers, regulatory bodies, and policymakers. Each set of recommendations has been based on the voices of care-experienced graduates, and shaped through consultation with the wider care-experienced community and stakeholders.



1 In this project, the term 'care-experienced' is used to refer to both those who are legally defined as 'care leavers', and those who have spent time in care but do not meet the legal definition. To meet the legal definition of 'care leaver', an individual must have spent 13 weeks or more in the care of their local authority, with this period also spanning their 16th birthday.

12-month destinations

At approximately 12 months after graduation, most participants who were in employment in Phase Two (six months after graduation) were still employed. Just under half of the participants had changed job roles since Phase Two, with the primary motivations for this being the pursuit of better career progression opportunities, higher pay, and improved long-term stability. Similarly to Phase Two, the majority of participants were employed in the public sector, specifically in education, healthcare, social work, and civil service roles. Some were employed in the private sector in service and computer science roles. Finally, one participant was working in mental health support within the third sector.

There was a slight reduction in the proportion of participants in employment between six and 12 months after graduation (see Figure 1) owing to one participant leaving full-time employment while they waited to start a taught postgraduate degree. Similarly, fewer participants were in taught postgraduate and undergraduate study 12 months after graduation as they had now completed their courses; one participant had successfully finished their taught postgraduate degree, and another had completed resitting a small number of undergraduate modules. Finally, only one participant was unemployed at 12 months after graduation in comparison to two at six months post-graduation. The one participant who was unemployed 12 months after graduation had been in employment for a period between Phases Two and Three. Yet, they resigned when their local authority relocated them to an area from which commuting to their place of work was not possible.

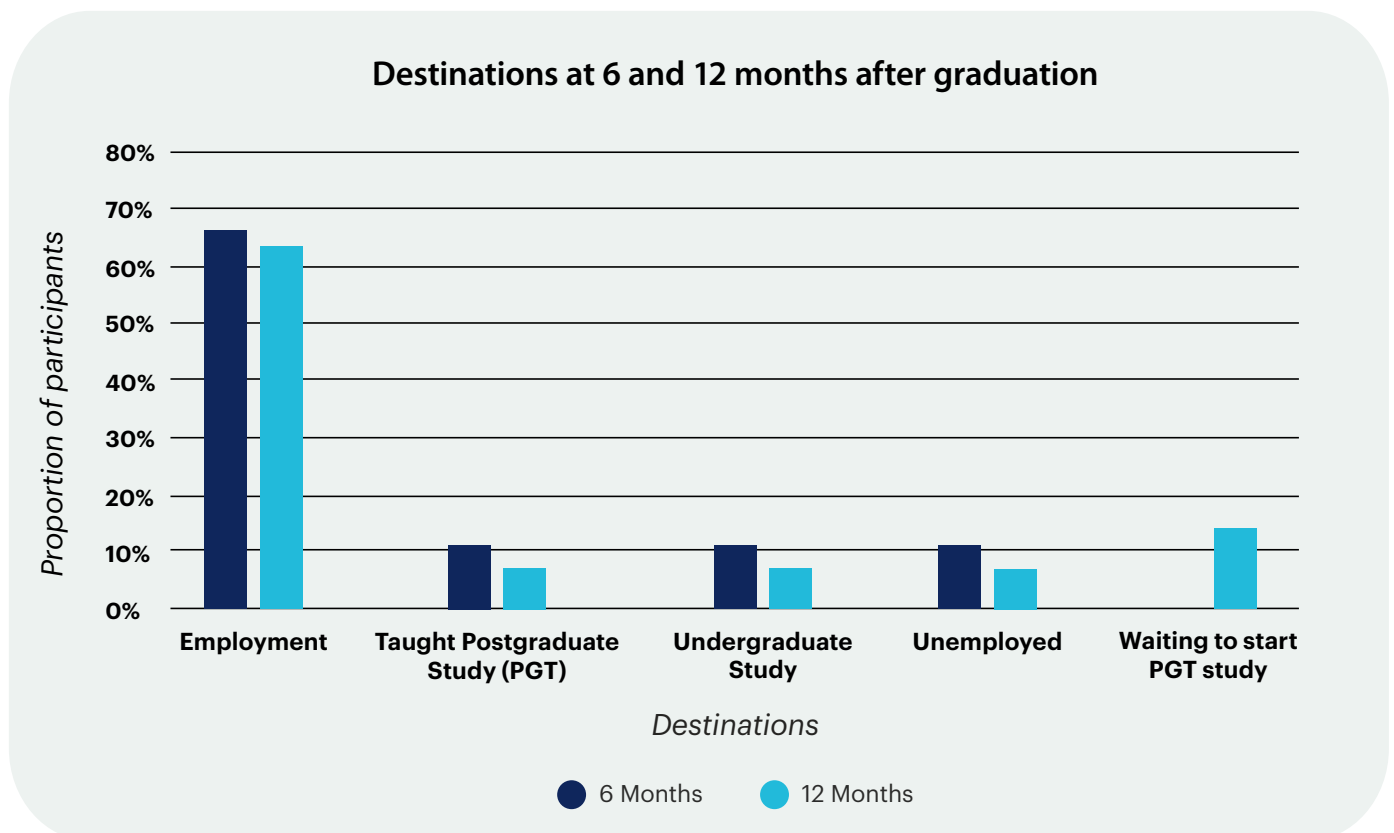


Figure 1: Participants' destinations at six and 12 months after graduation.

Structure of the report

The Phase Three report presents both a cross-sectional and longitudinal overview of key findings from the project. To do this, the report foregrounds the key findings from Phase Three while also highlighting those that have been consistent from care-experienced graduates' final year of higher education (Phase One), through to 12 months post-graduation (Phase Three). In doing so, the report illustrates where care-experienced graduates have continuously or repeatedly experienced particular constraints, enablements, and circumstances throughout their entire graduate journeys.

Unlike previous reports which have presented findings thematically in a chronological format to represent participants' transitions into and through their graduate lives, the present report combines the cross-sectional and longitudinal analysis to answer the following three questions: 1. How are graduate transitions different for those with care experience?; 2. Is higher education transformative for care-experienced graduates?; 3. What is important to care-experienced graduates? Organising the third and final report in this way provides a comprehensive overview of how the key findings across all phases address what the *Care-Experienced Graduates' Decision-Making, Choices and Destinations* project initially set out to understand². The report concludes by proposing three changes that are needed to enable safe, stable, and equitable transitions into graduate life for care-experienced people. These are used to frame a series of recommendations on how higher education institutions, local authorities, employers, and policymakers can work towards making these changes.



² See page 1.

HOW ARE GRADUATE TRANSITIONS DIFFERENT FOR THOSE WITH CARE EXPERIENCE?



The *Care-Experienced Graduates' Decision-Making, Choices and Destinations* project intended to not only understand what participants' transitions out of higher education were, what enabled or constrained these, and what influenced their decision-making and choices, but also what role participants felt their care histories had in each of these areas. The latter point is crucially important. There will undoubtedly be similarities in aspects of the transitions out of higher education and into employment and/or further study between care-experienced graduates and the general graduate population. Yet, this project has specifically sought to understand what it is about graduate transitions, and the influences informing them, that is unique to those with a history of care.

Not having a family home to return to after graduation, the additional expenses incurred to access housing without a family network, and the need to invest time and energy into self-advocacy to receive local authority support were found to be key features of the transition out of higher education for care-experienced graduates. With the exception of those who are estranged from their families³, the majority of the non-care-experienced graduate population are unlikely to encounter these issues. The absence of a family safety net and network, along with the need for participants to frequently engage in time-consuming processes to self-advocate for support from their local authorities, were issues that were not isolated to one specific phase of the project. Although apprehensions about these issues were initially mentioned by participants during their final year of higher education in Phase One, Phase Two captured the initial impact of this within the first six months of graduation, and Phase Three identified where these continued to influence graduates' experiences up to 12 months post-graduation.

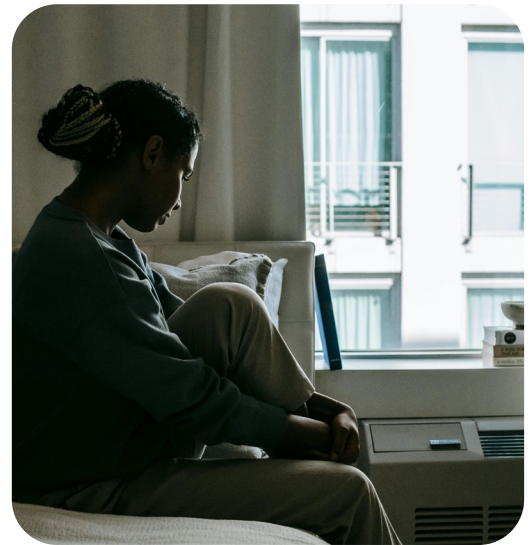
³ See Costa et al. (2020) and Stevenson et al. (2020:10-13)

Unavailability of boomerang transitions

Care-experienced graduates are less likely to have a family home to return to after graduation compared to their non-care-experienced peers. This is known as a 'boomerang transition', where graduates return to live in the family home upon completion of their higher education. Such transitions provide the time and space for graduates to contemplate and plan their next steps without the immediate pressures of paying for accommodation and other living costs⁴.

As detailed in the Phase One report, the unavailability of boomerang transitions made moving on from higher education risky for care-experienced graduates, particularly for those who were residing in student accommodation and not eligible for social housing. This risk arose from the 'undergraduate support cliff edge' and the 'graduate to employment gap'⁵. The former refers to the loss of higher education and local authority-provided support upon graduating, while the latter describes the dilemma of needing an income to afford a home but requiring a place to live in the immediate post-graduation period to search for employment. Even when employment had been secured, participants later reported during Phase Two that they had needed to locate large sums of money to pay multiple months of rent upfront to secure a tenancy in the private rental market due to not having anyone to act as a guarantor.

Participants who attempted to access social housing after graduating encountered complicated processes. They were required to return to live in their local authority area to meet the criteria for this support. Of the three participants who did so, two returned to live with their previous foster carers under a Staying Put arrangement⁶. This provided them with a 'temporary boomerang' while they located employment and liaised with their local authorities about accessing social housing for the longer term. However, as noted in the Phase Two report, these graduates encountered further issues after approaching their local authorities; these included being advised of long waiting lists for housing and being informed that they were no longer eligible for priority access due to now being over 21 years old. This meant that they were required to find private rented housing while they waited. In Phase Three, one of the two participants with a Staying Put arrangement in place had relocated to a new city for employment, moving into a shared house with other professionals. The other remained 'unofficially' with their foster carers after the Staying Put arrangement expired while waiting for social housing.



A lot of my friends, if they couldn't manage to get a good job or a good programme after their BSc or MSc or anything, graduation generally, they can just go back home... They've got that as a plan B pretty much. Whereas I might, at a push, be looking at couch surfing with some friends. Beyond that, it is a little bit less concrete.

(Waide, 23, Healthcare graduate)

4 See Bengtsson et al. (2018).

5 See Baker (2022:8).

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

It may be anticipated that a Staying Put arrangement could provide a form of 'boomerang' transition for care-experienced graduates. While this offered a familiar space to return to and some stability in the immediate post-graduation period for the two graduates with a Staying Put arrangement in place, this was not felt to be comparable to a standard boomerang transition. For instance, both participants reported that the temporary nature of the arrangement created a sense of urgency to move out quickly. The graduate who returned to her local authority area without a Staying Put arrangement in place was turned away for support by her local authority resulting in her being homeless for eight days⁷. After this, she moved into temporary supported accommodation run by a charitable organisation during Phase Two before being provided with social housing in Phase Three.

The main difference is that the unspoken expectation of you should move out soon. I don't mean that necessarily in such a negative way, I just mean it in a different way.

(Lou, 22, Politics graduate)

The 'Care Tax'

The absence of a family home and networks meant that transitioning out of higher education and into graduate life as a care-experienced person was financially costly. From Phase Two onwards, care-experienced graduates who did not have a Staying Put arrangement in place or were not eligible for social housing faced high upfront costs in the private rental market. This was due to not having anyone (such as family members) to approach to act as a guarantor. In such scenarios, letting agencies requested 'non-guarantor payments' in the form of several months of rent paid upfront, totalling thousands of pounds. As highlighted in the Phase Two Report, graduate bursaries provided by higher education institutions were found to reduce these financial pressures⁸. Yet, these bursaries were not commonplace, with only two participants' higher education institutions offering them. Participants who needed to undergo additional moves later in their graduate journeys during Phase Three continued to encounter these financial demands to secure a tenancy.

Last week I did like 45 hours and so it's more than full-time really, but it's an expensive world you know. For my apartment that I'm moving to in the autumn, I need to pay 12 months' rent upfront which is about £9,000, and that's all due in two or three weeks. So, there's a lot of pressure to be working more or less nonstop to try and get as close to that amount as possible, and then also paying rent and that kind of thing.

(Martha, 23, Sociology graduate)

⁷ See Baker (2024a:8).

⁸ See Baker (2024a:7).

The absence of family networks not only meant that there was no one to approach to act as a guarantor; this also meant that there was often no one to help with the moving and storing of belongings. One participant (Austin) needed to take out a loan to rent a van to move their belongings from student accommodation to their foster carers' home after graduation. Although he had requested access to his 'setting up home allowance' from his local authority to cover this expense, van rental was not included in the policy. Additionally, despite having a Staying Put arrangement in place to facilitate his transition out of higher education, Austin was also required to pay to store his additional belongings. A distinction was drawn here between having a family home and a Staying Put arrangement: the temporary nature of a Staying Put arrangement meant that belongings could not be stored at their foster carers' home long-term.

During Phase Three, a small number of care-experienced graduates reported positive experiences of support from their local authorities which relieved some of this financial pressure. One participant's local authority had just introduced a guarantor scheme⁹ that they were eligible to apply for as they had a regular income. While the income criterion would exclude those facing the 'graduate to employment gap' encountered during Phase One, it would enable a substantial reduction of the 'care tax' for those who are working but struggling to afford to move into the private rental sector. Another participant's local authority provided them with funds at short notice to cover additional rent when their house move was delayed due to unforeseen circumstances. Finally, in contrast to Austin's experience described earlier, one graduate was offered access to her 'setting up home' allowance for moving costs. This further highlights the inconsistencies in local authority support highlighted in the Phase Two Report, termed as the 'postcode lottery'¹⁰; the level of support provided to care-experienced graduates by their local authorities therefore continues to be partially conditional on their geographical location.

I've touched on in previous interviews things like the amount of stuff that I just have, because I take my whole life with me where I go. So, like, I've been paying for a storage container for the past year because that is all my stuff. I don't know where else to put that. Whereas if I'd lived permanently in a house for the past 18, 19 years, then that would all just be there, wouldn't it? It would just be in that room.

(Austin, 22, Social Work graduate)

My local authority are kind of in over their heads a little bit because every couple of weeks I'm like: "So, here's this extra cost. Do you think you can cover this for me?... Or like some of the extra rent because, yeah, I might not have a house for sure yet, I don't really know?" But they are being pretty supportive... Beyond that, that is basically it from the local authority because I understand that they would be covering some of my costs for like a short-term stay if my housing didn't work out, is what they've said.

(Waide, 23, Healthcare graduate)

⁹ The implementation of local authority-provided guarantor schemes was a recommendation proposed in the Phase One report (see Baker, 2022:10).

¹⁰ See Ayre et al. (2016) and Harrison et al. (2021).

The burden of self-advocacy

For care-experienced graduates who were eligible to receive local authority support¹¹, self-advocating for entitlements was a common experience throughout their first 12 months of graduate life. As detailed in the Phase Two Report¹², participants expected to access some form of financial and housing support from their local authorities after graduation. For participants based in England, this expectation was informed by the information provided in their local authorities' 'local offers', which stated they were eligible for support until the age of 25. Those in Scotland had anticipated more support in line with corporate parenting legislation, where local authorities have a duty to safeguard and promote the wellbeing of care-experienced young people¹³.

Yet, a number of participants discovered upon contacting their local authorities that financial and housing entitlements were no longer available. This was because these entitlements had either ended when they turned 21 years old while they were still actively engaged in their studies, or policies had changed during this time meaning that some forms of support that were previously available were no longer offered. In some cases, participants had been provided contradictory information by different members of local authority staff.

Throughout the project, some participants challenged these responses. They explained that doing this, however, was a time-intensive process involving close inspection of documents, such as 'local offers', and using these to build a case for the receipt of support. Participants expressed that the need to invest time and energy into this process, especially while navigating their transitions into graduate life, was frustrating.



My points are supported by policy, but at the same time, it's bloody long researching all this. You sort of sift through all this policy, sift through all these documents, and you think to yourself "Oh my god, there's so much paperwork here". But they should, you know, you're not supposed to be fighting against social services, they're supposed to be helping you.

(Jade, 23, Politics graduate)

11 To be eligible for local authority support, participants needed to meet the legal definition of 'care leaver' and be aged 25 or under in England and 26 or under in Scotland. In Phases One and Two, nine participants were eligible for local authority support, whereas eight were eligible in Phase Three.

12 See Baker (2024a: 5).

13 Corporate parents include local authorities, NHS Scotland Health Boards, as well as further and higher education institutions (see Who Cares? Scotland, 2024). They have a duty to safeguard and promote the wellbeing of care-experienced young people by 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).

To reduce this burden of self-advocacy, care-experienced graduates explained that information on entitlements from the local authority needed to be clear, up to date, and proactively communicated. Specifically, participants stated that local offers should include details of age cut-offs for eligibility and that these should be regularly updated to reflect any policy changes. The need for internal information to be clear and easy to locate by local authority staff was also proposed by one participant who was now a social worker employed by a local authority himself. He explained that details on entitlements were sometimes difficult to locate internally and that this could contribute to incorrect information being provided by staff who were less knowledgeable about leaving care processes. Finally, proactively communicating entitlements and any policy changes via email was suggested as a means of removing the need for care-experienced graduates to research this themselves.



Making sure that those documents are up to date on the internet would be a very good help... I found the booklet for our care leaver offer online, and that's like the young person's version that like says you're entitled to gold band housing, and then it doesn't say an age on it.

(Austin, 22, Social Work graduate)

Communication, for one, is a necessity. I think (local authorities) need to have a mailing list or something of sort of updates on policy. I do keep up to date with policy... I do just try and keep up with it in general, but you know, you can miss things. Social services themselves should be emailing you to say: "This support is now available, this support is not available". You know, setting some actual sort of parameters on what is available would be a really helpful start, without them spending any money. All you need to do is keep in contact with us.

(Jade, 23, Politics graduate)

Key points

- The unavailability of 'boomerang' transitions makes moving out of student accommodation risky for care-experienced graduates.
- Staying Put arrangements provided a 'temporary boomerang' transition for care-experienced graduates. However, the time-limited nature of these arrangements meant they were not considered comparable to a traditional boomerang transition.
- The absence of a family home and networks can make moving out of student accommodation more expensive for care-experienced graduates.
- While negotiating the initial transition out of higher education, some care-experienced graduates also needed to self-advocate for the support they were entitled to from their local authorities.
- An absence of proactive communication regarding policy changes affecting entitlements, and a lack of clarity in local offers about when specific entitlements ended, resulted in self-advocacy being a particularly time- and energy-intensive process for care-experienced graduates.



IS HIGHER EDUCATION TRANSFORMATIVE FOR CARE-EXPERIENCED GRADUATES?



During Phase Three, care-experienced graduates were asked to reflect on how participating in higher education had affected their lives (if at all) so far. They were also asked to share their views on whether obtaining a higher education qualification had an 'equalising' effect on individuals' lives, drawing on their own experiences of their graduate lives so far. In their responses, participants explained how higher education had improved their employability and their understanding of themselves. Yet, several participants felt the extent to which higher education could be transformative was limited by the economic conditions they had graduated into, broader inequalities in access to resources to help them be competitive in the labour market, and societal stigma about care-experienced people.

Employability

When reflecting on their first 12 months of graduate life, care-experienced graduates explained that gaining new knowledge, having a broader awareness of 'real world' issues, extending their linguistic capital, and having regular conversations with approachable academic staff benefitted their confidence in professional work environments. In some cases, this enabled faster career progression. This was mainly, but not exclusively, expressed by those who were employed in graduate roles. Of the participants who were in employment 12 months after graduation, the majority were working in roles that required a degree qualification for entry (see Figure 2). Those who were not had continued in roles they were working in alongside their degree studies, though one had since received a promotion.

In terms of employability elements it's good... There's absolutely no way I would've got that (job) without a degree, and I don't think I would've got the (new position) either... there's a requirement for the role to involve knowledge, kind of, adjacent to social sciences to kind of have a baseline understanding.

(Martha, 23, Sociology graduate)

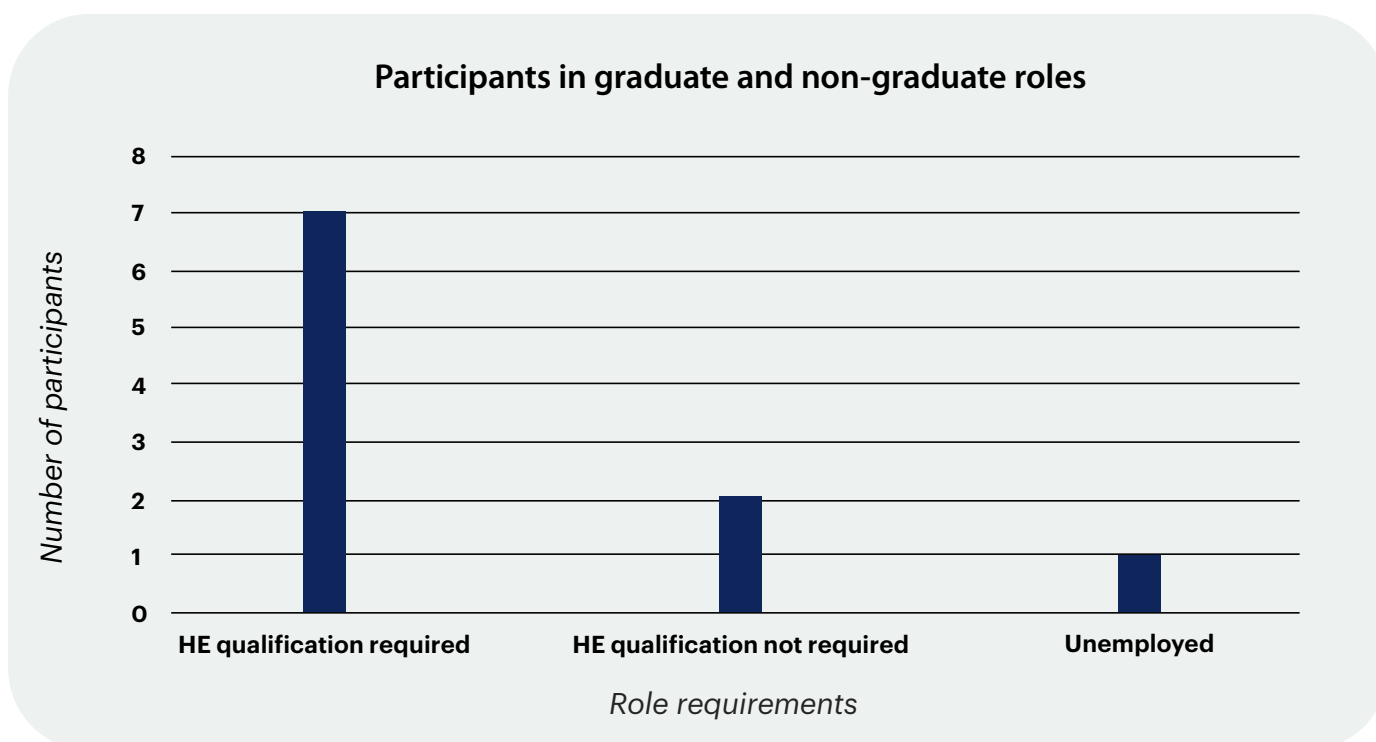


Figure 2: Number of participants in graduate and non-graduate roles 12 months after graduation¹⁴.

¹⁴ Four participants have been omitted because they were either engaged in taught postgraduate study (one participant), undertaking a second undergraduate degree (one participant), or had been accepted onto a taught postgraduate degree and were waiting to start (two participants).

Learning about the 'self'

The largest benefit of higher education cited by participants was that it provided them with a safe and stable environment to learn about *themselves* without risk. They explained how having a safe environment provided them with opportunities to freely explore aspects of their identity, such as their cultural and gender identities, which they had often been unable to do while in the care system. Others reported that they had gained a more in-depth understanding of themselves through being able to access assessments for neurodiversity at their institutions. In some cases, participants had been able to connect with other care-experienced students with shared experiences; one participant explained that this assured them that it was possible to 'do well' and 'have a normal life' as a care-experienced person, which contrasted with the negative media reports they had seen about outcomes for care-experienced people. Participants reported that having the space and safety provided by the higher education environment to increase their understanding of themselves resulted in a heightened level of self-acceptance.

Social and economic limitations

Several care-experienced graduates felt that there was a limit to the extent to which higher education could be transformative due to the constraining impact that the cost-of-living crisis has had on their finances. This was repeatedly referred to across all phases of the project, with participants experiencing large increases in rent, bills, and other day-to-day living expenses while facing the instability of graduating as a care-experienced person without a safety net. In Phase Two, when participants were just six months post-graduation, many commented on how they hoped that having a degree would make their financial situation more stable; creating a financially stable future was often cited as a core motivation for pursuing higher education during Phase One. Yet, this had not been possible for many due to the economic conditions in the UK.

I think personally at uni I was able to explore more of my culture as well because I was in my own place, I was in my own flat, and I could cook what I wanted and I did that, you know. I searched YouTube for the dishes that I like, (national) dishes I like, and I just made it... That was really nice because I was able to explore my culture in my own space and I was able to meet people from my own culture and talk to them.

(Geraldine, 23, Social Sciences graduate)

I think during the current circumstances like of the country, like of the inflation rates and the gas and electric bills going up, it's been quite a- not crippling time, but it's added that extra pressure. Whereas I kind of always, as a kid, looked upon "once I've graduated the world is my oyster, I can go and dominate, blah, blah, blah" and now reality's kind of sunken in a little bit and, given the time it's in, it's been a bit more difficult.

(Liam, 22, Design graduate)

Some participants also felt the extent to which higher education could help them secure employment and progress through their careers was limited due to inequalities in access to resources. They explained that even with a degree, they could not compete with others who had financial resources and access to social networks through their families to gain advantages in the labour market¹⁵. For instance, one participant reported that access to her field (law) often required experience through low or unpaid internships which she could not afford to do. Another explained that many care-experienced graduates are less likely to have access to social networks to help with gaining access to, and progressing, through employment.

Graduation, for us, is different because we might have the degree and the academic attainment, but we don't have the social ladder or the social, you know, the social behind us to help us after that.

(Carl, 24, MSc Pharmacy graduate)

I wish I'd got more connections. I've never been more angry that I'm poor than when I'm looking for jobs and when I see people that have been able to get internships and all that kind of stuff, whereas I can't do it unpaid.

(Becky, 23, Law postgraduate)



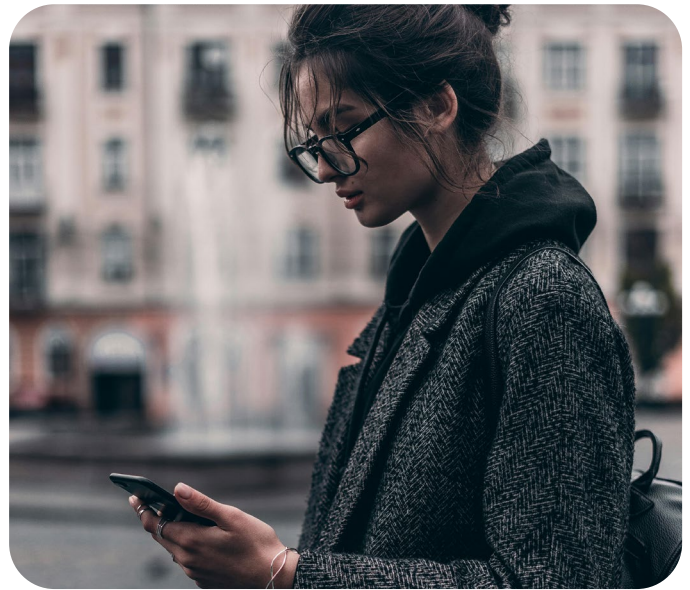
To work towards redressing such inequalities, some employers offer opportunities that are specifically targeted at care-experienced applicants. Yet, participants highlighted that these were not often designed for graduates and, therefore, not paid at the graduate level. This is important to note, as despite working full-time, the absence of family safety nets, the 'cliff edge' of support after graduation, and the cost-of-living crisis all contributed to participants' difficulties in affording basic living costs during Phase Two¹⁶. Participants also noticed that these employment opportunities were often offered only on a short-term or zero-hours basis. For instance, one participant who was working for an employer that actively sought employees with care experience explained how she had noticed that these contracts were disproportionately 'more precarious' and 'more short-term'. This, as another participant commented, could work to 'still keep (care-experienced people) in adversity' (Lilly, 38, Healthcare graduate).

¹⁵ See Barn (2010) and Ellis & Johnston (2024).

¹⁶ See Baker (2024a:11).

I think it's good for people who sort of, because to be fair, you don't need to have a degree to do it, you just have to be a care leaver. So, I think it is good for people who've got no sort of qualifications or anything. But I think if you've got a degree or something, then you know, there's no sort of point doing it because you know, I don't know – I was expecting a bit more money to be offered.

(Jade, 23, Politics graduate)



I've definitely noticed that the roles that care-experienced people within the department tend to be in, tend to be a lot more precarious, a lot more short-term... That could kind of indicate potentially systemic issues or, kind of, things being a bit more surface level in terms of like care experience being positive from, like, an organisation point of view in that it can be used more, kind of, in a short-term way too... then after that things, kind of, ending now as opposed to embedding care experienced people into the (organisation) in more fixed term roles and that kind of thing.

(Martha, 23, Sociology graduate)

Participants also reported that they were acutely aware of the societal stigma faced by care-experienced people, and that the discrimination arising from this could further limit the transformative potential of higher education. Some, as documented in the Phase One report, had already experienced stigma in the work environment before and during their higher education studies¹⁷. While in their post-graduate employment during Phase Two, some participants had heard colleagues voice negative views or inaccurate assumptions about those who had either been in care or had experiences commonly shared by care-experienced people¹⁸. One participant also reported numerous instances during Phases Two and Three where she felt her qualifications and professional knowledge were 'diminished' in the workplace after disclosing her care experience. Hence, higher education's ability to be transformative was felt to be constrained by the economic climate, the absence of stable and well-paid targeted employment opportunities, as well as societal stigma towards care-experienced people.

¹⁷ See Baker (2022:16)

¹⁸ See Baker (2024a:14-15)

Key points

- Care-experienced graduates felt that their time in higher education improved their confidence in professional work environments and, in some cases, provided opportunities for career progression.
- Care-experienced graduates regarded higher education as particularly transformative in terms of learning more about themselves.
- The transformative potential of higher education was viewed as being restricted by the UK's cost of living crisis.
- The extent to which higher education could be transformative for employability was felt to be limited by broader inequalities in access to financial resources and social networks, both of which can be used to gain advantages in the labour market.
- Employment opportunities targeted at care-experienced applicants were felt to be unsuitable as these were paid below the graduate level and were often offered on a short-term or zero-hours basis. This was viewed as working to perpetuate adversity for care-experienced people.
- The transformative potential of higher education was not regarded as being powerful enough to eradicate societal stigma and discrimination towards those with a background of care.



WHAT IS IMPORTANT TO CARE-EXPERIENCED GRADUATES?



One of the main aims of the project was to understand the influences that informed care-experienced graduates' decision-making and choices about their graduate pathways and desired destinations. While exploring this, participants were asked questions about what was important to them, and why, during each phase of the project. The different circumstances that participants encountered as they progressed through their graduate lives worked to either move them further away or closer towards what was important to them. This offered insights into how specific circumstances could enable or constrain participants in building a graduate life that was personally fulfilling. Although participants' responses to the question of what was important to them varied, the most frequent and consistently cited responses were relationships, stability, and health and wellbeing.

Stability

Participants had cited 'stability' as being very important to them during Phase Two (six months after graduation). As explained earlier in the report, many participants experienced this period as one of heightened risk and instability due to a combination of the 'undergraduate support cliff-edge', the 'graduate to employment gap', and the unavailability of boomerang transitions. This experience, combined with the instability many had faced in the care system as children¹⁹, meant that participants placed a lot of value on achieving stability.

¹⁹ See Baker (2022:12).

In Phase Three (12 months after graduation), the importance of 'stability' had further increased for care-experienced graduates. This was predominantly mentioned by those who had been unable to establish stability in their living and financial circumstances by this point. The circumstances that had constrained access to stability were in part a continuation of those encountered by some participants during Phase Two, such as the need to work long hours to afford the cost of living²⁰. In Phase Three, working in fixed-term and precarious contracts, as well as impending transitions out of postgraduate study, also contributed to a perpetuation of instability.



Being unable to remain in a place of employment long-term and the need to frequently apply for new roles understandably affected participants' sense of stability. The unavailability of long-term or permanent roles, particularly when graduates are trying to access specific fields aligned with their degree qualifications, is not something that uniquely affects those with care experience. Yet, as outlined earlier, participants observed that when care-experienced applicants were sought by employers, this was often on a short-term or zero-hours basis. Moreover, the absence of safety nets in the form of a family home meant that 'walking away' from employment to find new or more suitable roles was considerably risky²¹.

For one participant, instability was perpetuated by her impending transition out of taught postgraduate study. She explained that this was due to facing the same 'graduate to employment gap' she had encountered towards the end of her undergraduate studies during Phase One. The only participant who had completed a taught postgraduate degree during the project managed this by following a 'stability first, study later' trajectory. This involved returning to higher education only after financial and housing stability had been established over several years of full-time employment²². This is important to highlight, as it suggests that care-experienced graduates who rely on student accommodation may face a *second* 'cliff edge' at the end of a taught postgraduate degree.

I value stability more than anything, but I don't have it. It's still chaotic. I don't have stability and I don't have support, so I value them more than anything. Support and stability would be the two main things that I would value more than anything, but I don't have them.

(Lilly, 38, Healthcare graduate)

I need somewhere stable to be able to get a job, which is ironic because I'm pretty sure I said this a year ago. I need a house to get a job, and I need a job to get a house.

(Becky, 23, Law postgraduate)

²⁰ See Baker (2024a:11).

²¹ See Baker (2024a:11).

²² For a more in-depth discussion of participants' access to and progression through taught postgraduate study, see Baker (2024b).

Yet, half of the participants reported feeling more stable in their living and financial circumstances in Phase Three than they had in Phase Two. The most common pathway to attaining this stability was an increase in earnings through a job change, promotion, or in one case, accumulating enough experience to undertake overtime without supervision²³. For some participants, moving in with partners during their first year of graduate life also reduced financial anxieties, as they were able to share the financial responsibility of living costs with a trusted person. Among the participants who felt stable in Phase Three, two expressed that they still prioritised stability. They explained that this was because they saw a marked contrast in their lives before and after achieving this and wanted to protect themselves against future instability if their circumstances changed.

Relationships

Relationships were the most cited area of importance to care-experienced graduates; this remained consistent over time. Specifically, this included maintaining existing relationships (such as with friends, partners, foster carers, and birth family - namely siblings), and seeking new relationships through activities such as joining interest-based clubs, employment, and participating in online communities. Participants explained how having others that they could rely on made them feel more stable and secure, as friends and/or partners were viewed as providing an emotional and sometimes housing or financial safety net should they encounter difficulties.

When reflecting on their initial transitions out of higher education, care-experienced graduates highlighted that their support networks were crucial for navigating this period. These networks became especially important upon realising that local authority support had reduced or had been completely removed following graduation. When participants were asked what advice they would provide to other care-experienced people who were about to graduate, several responses focused on encouraging the development and maintenance of social networks²⁴.

Before you know, it was really - I'd get money and I remember, like, my last wage from (my company) was something like £700. It's so stupid how my wage has sort of increased so much basically overnight from just getting an office job... You've got the money to sort of go and see your friends or, like, just drive your car or get fuel or get food. Like, I've got myself a fridge and it sounds stupid, but I haven't had a fridge for two years. So, I was just like: "Oh my god, I'm so happy, I can actually afford to get a bloody fridge". So, I'm definitely feeling a lot happier, a lot more positive.

(Jade, 23, Politics graduate)

Focusing on those support networks and those communities and friendships and chosen families, really focusing on developing them and deepening them... I'd say that's arguably more important than financial stability in a lot of ways, because that kind of thing can kind of come with time, whereas you kind of need those support networks to ground you in the first place to gain financial stability and that kind of thing.

(Martha, 23, Sociology graduate)

²³ This was the case for one participant who had a clinical role in the NHS. In Phase Two, this option was unavailable due to her being newly qualified which meant that she needed to supplement her income by working part-time in a restaurant (see Baker 2024a:11).

²⁴ Please see 'From us to us: A collection of advice from care-experienced graduates to care-experienced graduates' which was produced as part of the project.

Changes to participants' circumstances as they transitioned into graduate life, however, sometimes constrained their ability to access their social networks. Relocating for employment, further study, or returning to their local authority area to be eligible for housing support resulted in a financial barrier to seeing their friends. Those who remained in the same location after graduation (for instance, those who were living in social housing during their degree studies) also reported feeling isolated, as they were unable to connect with others as frequently as they had while in higher education.

During Phase Three, the majority of participants explained that they had been able to find ways to maintain existing social connections and had also begun to create new ones. Accessing existing social connections was made possible through an increase in income from employment, meaning that participants could afford to pay for fuel and public transport to visit those who were important to them. Those who had established new connections explained that they had done this through employment, joining local interest-based clubs (such as sports clubs), engaging with care-experienced networks online, and connecting with wider communities via social media (such as LGBTQIA+ communities).

Health and wellbeing

Care-experienced graduates often entered their graduate lives with pre-existing long-term mental health conditions. Even in cases where participants had been able to manage these successfully during their higher education, the transition to graduate life often involved significant changes to their circumstances; these changes included starting full-time employment, relocating, and/or moving away from existing support networks. These changes sometimes resulted in difficulties with mental health and wellbeing being exacerbated during the initial six months of graduate life.

Compounding this were difficulties in accessing support due to long NHS waiting lists and an absence of understanding of complex or co-occurring mental health conditions from medical professionals. Those requiring support with multiple conditions encountered bureaucratic processes within healthcare systems that attempted to address these one at a time instead of holistically. This resulted in participants being re-referred to different services and experiencing prolonged waiting times, all while navigating their transitions from higher education to graduate life.

I feel like I'm trying to, not get back to where I was, but just kind of build something new you know. Whether that's making new friends, possibly reaching out to family again, and just building on my current relationship with my partner.

(Dera, 23, Sports Science graduate)

I've got a second job working at my local parish council and I really like living where I live now which I think is quite different, because yeah, I was feeling really isolated. To an extent, I still do but not as much as I did before, especially with the parish council. It's a bit of extra money, which has made me happier, but also it gets you meeting people and helping people in the area.

(Jade, 23, Politics graduate)

As a result, several graduates turned to paying for private therapeutic support from Phase Two onwards. For many, receiving therapeutic support was considered essential for managing their long-term mental health needs and maintaining good wellbeing. This meant that graduates who already had very limited funds for day-to-day expenses sometimes prioritised paying for private therapy; in such cases, participants had often negotiated a lower fee with their therapist. Those who were not able to afford private therapy, or could not locate someone with relevant expertise, sought free or discounted counselling sessions and self-help resources offered by charitable organisations. Access to therapeutic support was regarded as especially important in the post-graduation period, as several participants reported entering a process of 'making sense' of how their care histories affected their day-to-day lives and shaped what was important to them after completing their higher education.



I paid for private therapy, and thankfully she's very, very good and she has reduced her fee incredibly. She's like cheap as chips, bless her... We work on a very good, like basis of like - if I'd said to her: "Look, I'm struggling a bit, but I'd really like to stay with two sessions", we've worked on a sliding scale depending on what is happening, and she's been really, really good with it.

(Becky, 23, Law postgraduate)

I've, like, kind of looked for resources that I can, you know, get into like discounted or free counselling at the moment, just to help deal with this transition. Because as much as it's been nice to, you know, be more stable, it's still a change. I'm still kind of adjusting to it, even down to just having more responsibilities and bills to pay, and all that can be quite anxiety-inducing as well.

(Dera, 23, Sports Science graduate)

Key points

- Experiencing higher earnings through locating new employment opportunities increased stability.
- Being employed in short-term, precarious, and low-paid roles resulted in prolonged instability for care-experienced graduates.
- When housing stability was absent, impending transitions out of taught postgraduate study resulted in a second 'cliff edge'.
- Relationships and social connections increased emotional, and sometimes financial stability when navigating the transition out of higher education. Yet, financial resources were essential to enable care-experienced graduates to access and maintain these.
- The initial transition out of higher education, and the level of change this often had on participants' lives, sometimes resulted in the exacerbation of difficulties with long-term mental health conditions, even when these were previously well managed.
- Care-experienced graduates considered therapeutic support essential in helping them maintain good wellbeing as they transitioned into their graduate lives. Many prioritised paying for this privately, even when funds were limited, due to long waiting lists and the complexity of accessing treatment for co-occurring mental health conditions via the NHS.



WHAT CHANGES ARE NEEDED?



In previous reports released from the *Care-Experienced Graduates' Decision-Making, Choices and Destinations* project, targeted recommendations have been made to local authorities, higher education institutions, employers, regulatory bodies, and policymakers based on the findings from each phase. These recommendations were informed by identifying what had constrained or enabled care-experienced graduates in their transitions out of higher education and into employment and/or further study, the role of their care experience in these, and their views on what policy and practice changes were needed to address these constraints and provide support.

In Phase Three, recommendations were formulated in the same way, but with the addition of a longitudinal analysis to understand the overarching themes of what changes to policy and practice were identified as important across each phase. During Phase Three, participants were also asked to share their views on what changes they felt were needed for future care-experienced graduates. The current section presents this by aligning headline recommendations with three key changes that were identified as being needed to enable care-experienced graduates to have safe, stable, and equitable transitions into graduate life. These key changes are:

1. Remove the undergraduate and postgraduate support 'cliff edge';
2. Strengthen the transformative potential of higher education;
3. Enable care-experienced people to build fulfilling graduate lives.

Each section includes new recommendations as well as a small number of existing ones from previous phases that were reiterated as important by participants during Phase Three, particularly in cases where they had continued to experience specific constraints over the long term. Participants' longer-term experiences of graduate life also indicated that some existing recommendations presented in previous reports needed to be slightly amended to be applicable to a broader range of contexts and circumstances.

It is important to clarify that the following recommendations are to be considered in addition to those presented in the previous two reports. The recommendations made in prior reports provide a more in-depth consideration of context and time-specific constraints encountered at different points of care-experienced graduates' journeys. These are signposted, where relevant, throughout this section.

Remove the undergraduate and postgraduate support 'cliff edge'

The support 'cliff edge' has remained a persistent theme throughout the entirety of the project. During Phases One and Two, this was referred to as the 'undergraduate support cliff edge' to acknowledge that local authority and higher education support ended at the point of *undergraduate* graduation. Those who progressed to taught postgraduate degrees discovered that there was no standardised support from their local authorities for this level of study²⁵, as well as an absence of specific support from higher education institutions for care-experienced postgraduate students. Yet, Phase Three was able to capture a *postgraduate* cliff edge in support among those residing in student accommodation. This has therefore been amended to the 'undergraduate and postgraduate support cliff edge' to acknowledge that a loss of support can also occur after completing a taught postgraduate degree. Phase Three also identified how the financial and housing instability that occurred after encountering the support 'cliff edge' persisted over the long term for some, with half of the participants still finding themselves in unstable circumstances 12 months after graduation. The following recommendations are therefore proposed to remove the undergraduate and postgraduate support cliff edge²⁶ and, in turn, enable care-experienced graduates to achieve stability early in their graduate lives:



1 The Department for Education (DfE) to:

- 1.1 Specify a minimum support offer until the age of 25 that local authorities are expected to provide universally. This should make the extension of financial, accommodation, and setting up home allowance support to the age of 25 mandatory.
- 1.2 Specify that local authority support should continue for the duration of a student's degree programme, rather than ending at the age of 21 or 25 (providing they enrolled before turning 25).

2 Local authorities to:

- 2.1 Review and, if necessary, amend setting up home allowance policies to ensure that these can be used to pay for moving (such as removal services or van hire) and storing belongings.
- 2.2 Implement a guarantor scheme to enable care leavers²⁷ to access privately rented housing following graduation²⁸.

25 For those who were eligible.

26 For further recommendations on removing the cliff edge, please see Baker (2022:10) and Baker (2024a:9).

27 The term 'care leavers' is used in recommendations to local authorities to recognise that they can only support those who meet the legal definition.

28 A small number of local authorities have successfully implemented guarantor schemes (for example [Kent County Council](#) and [Teignbridge District Council](#)), but this is not consistent across the sector.

- 2.3 Ensure that internal information on entitlements is up to date, clear, and easy to find to reduce the risk of staff providing incorrect advice to those seeking support.
 - 2.4 Proactively and transparently communicate updates on any changes in entitlements and allowance policies to a) reduce the need for care leavers to investigate this themselves, and b) strengthen trust in the information being provided to them by staff. This could be communicated via a mailing list (or similar).
 - 2.5 Help ease the financial pressure of the cost-of-living crisis by regularly promoting and raising awareness of discounts on bills, travel, and services that are available from local authorities, businesses, or charities to care leavers²⁹.
 - 2.6 Clearly structure entitlements by age in publicly available local offers³⁰, with an emphasis on those which end at 21 and 25 years old.
 - 2.7 Present local offers in an accessible and interactive format (for example, an interactive flowchart or online questionnaire) to enable users to quickly and easily identify the support they are entitled to, factoring in their age. This is especially beneficial for those seeking this information while in crisis.
 - 2.8 Review their local offers to determine whether support for 'higher education' or 'university' is synonymous with the undergraduate level only. If so, update the language to make this clear.
 - 2.9 Clearly outline whether a support offer for taught postgraduate students exists or not in their local offers. If this is offered, local offers should include what this is and a clear process on how to access it.
- 3. Higher education support services to:**
- 3.1 Provide graduate bursaries as part of their package of support for care-experienced students at both the undergraduate and taught postgraduate level.
 - 3.2 Extend university-owned student accommodation contracts into the immediate post-graduation period at both the undergraduate and taught postgraduate level to reduce the risk of homelessness.

²⁹ In England, local authorities can promote the [Care Leaver Covenant's 'Care Leaver Opportunities'](#) pages where discounts on bills, travel, and services can be accessed.

³⁰ Wilkinson et al.'s (2019) systematic mapping of 20 local authorities' published offers found that only a small number present entitlements by age.

Strengthen the transformative potential of higher education

The issues that care-experienced graduates felt constrained the transformative potential of higher education were largely structural. These included the economic climate that they had graduated into, inequalities in access to financial resources and social networks to gain advantages in the labour market, the absence of stable and well-paid targeted employment opportunities, and societal stigma towards care-experienced people. The following recommendations focus on redressing these issues to strengthen the transformative potential of higher education for care-experienced people:

1. Higher education institutions to:

1.1 Offer paid summer internships each academic year to provide care-experienced students with opportunities to gain relevant experience for their future careers and next steps. An institution-wide effort should be made to offer these across multiple departments, faculties, and teams to cater to different interests and career plans.

2. Higher education careers services to:

2.1 Offer taught sessions on workplace rules and employee rights. These should be offered centrally to maximise visibility and access for all students.

2.2 Offer central mentoring programmes, or similar, which facilitate connections between students and professionals in their intended field of employment. This is particularly useful for those who are unable to pursue work placements as part of their degree course.

2.3 Create a repository of information on external careers support available to care-experienced people³¹. This should be promoted to care-experienced graduates through the institution's communications with alumni, as well as to current students.

3. Local authorities to:

3.1 Make care leaver graduates aware of what benefits they are entitled to should they experience sickness or gaps in employment.

4. Employers to³²:

4.1 Identify and address unconscious bias and stereotypical perceptions in the organisation by investing in training on care-experience³³.

4.2 Ensure that, when care-experienced applicants are sought, the roles advertised are not limited to short-term or zero-hours contracts.

4.3 Ensure that, where care-experienced applicants are sought, the roles advertised include clear progression routes and the potential to move into a more permanent position.

4.4 Ensure that roles targeting care-experienced applicants include opportunities relevant to higher education graduates and are offered at a commensurate starting salary.

31 Several charities offer career coaching and mentoring for care-experienced people; however, access to this support is often dependent on location. Relevant charities can be located using [Catch22's 'find services' function](#).

32 Further recommendations on how employers can create inclusive organisational cultures for care-experienced employees can be found in Baker (2024a:17-19).

33 The Rees Foundation's ['Caring for care leavers in employment' course](#) is one example of such training.

Enable care-experienced people to build fulfilling graduate lives

Throughout the project, care-experienced graduates consistently cited stability, relationships, and health and wellbeing as the areas of their lives that were most important to them. Those who had attained stability, formed new relationships, strengthened existing ones, and had been able to access therapeutic support reported feeling positive and hopeful about the future. As the recommendations included in the previous two sections focus on creating more financial, housing, and employment stability, the following are proposed to improve care-experienced graduates' access to social connections and health and well-being support:



1. The Department for Education (DfE) to:

- 1.1 Develop a strategy to equip local authorities with guidance and resources for providing timely access to therapeutic support for care leavers up to 25 years old³⁴. This should enable every local authority to employ a dedicated mental health professional, offer a financial contribution towards accessing therapeutic support externally, or form partnerships with local, regional, or national charities that provide therapeutic support³⁵.

2. Local authorities to:

- 2.1 Instruct Personal Advisors to check whether care leaver students will have access to a GP after graduation. This will ensure that graduates can access primary care for physical or mental health concerns and provide a first point of contact should referrals to secondary care be needed when transitioning into graduate life.
- 2.2 Proactively provide details of charitable organisations offering free or low-cost therapeutic support.

3. Higher education institutions and local authorities to:

- 3.1 Promote awareness of online meet-ups and communities for care-experienced students before graduation³⁶. This can help prevent isolation if graduates are financially constrained from seeing people after leaving higher education.
- 3.2 Provide tips, advice, and ideas to those about to graduate on where to make new in-person social connections, such as joining local interest-based clubs, volunteering, or attending free or low-cost local events.

³⁴ In addition to the individual benefits of improved mental health and wellbeing, these measures are also likely to contribute to positive long-term economic impacts by supporting continued participation in employment and reducing economic inactivity (see McDaid & Park, 2022).

³⁵ Access to this more specialised support is offered by some local authorities, though this is not universal (see Juliette et al. 2023: 13-15).

³⁶ For example, the Rees Foundation's 'Let's Connect' groups, the Care Leavers Association's 'Care Leavers Connect' project, and the Care Leavers Rock Facebook Group.

REFERENCES

- Ayre, D., Capron, L., Egan, H., French, A. & Gregg, L. (2016). *The cost of being care free: The impact of poor financial education and removal of support on care leavers*. London: The Children's Society. https://www.celcis.org/application/files/7014/7551/0328/The_cost_of_being_in_care.pdf
- Baker, Z. (2022). *The Care-Experienced Graduates' Decision-Making, Choices and Destinations Project: Phase one report*. York: University of York. <https://doi.org/10.15124/yao-08q3-qy61>
- Baker, Z. (2024a). *The Care-Experienced Graduates' Decision-Making, Choices and Destinations Project: Phase two report*. York: University of York. <https://doi.org/10.15124/yao-vwh9-p596>
- Baker, Z. (2024b). Facing the cliff-edge: Care-experienced graduates' access to and progression through taught postgraduate study in the United Kingdom. *Higher Education*. <https://doi.org/10.1007/s10734-024-01219-9>
- Barn, R. (2010). Care leavers and social capital: Understanding and negotiating racial and ethnic identity. *Ethnic and Racial Studies*, 33(5): 832-850. <https://doi.org/10.1080/01419870903318896>
- Bengtsson, M., Sjöblom, Y. & Öberg, P. (2018). 'Well, it's up to me now': Young care leavers' strategies for handling adversities when leaving out-of-home care in Sweden. *Nordic Social Work Research*, 8(1):8-18. <https://doi.org/10.1080/2156857X.2018.1428673>
- Children and Young People (Scotland) Act 2014, ch. 66.
- Costa, C. Taylor, Y., Goodfellow, C. & Ecochard, S. (2020). Estranged students in higher education: Navigating social and economic capitals. *Cambridge Journal of Education*, 50(1): 107-123. <https://doi.org/10.1080/0305764X.2019.1648639>
- Department for Education [DfE] (2013). *Staying put: Arrangements for care leavers aged 18 and above to stay on with their former foster carers*. London: HM Government. <https://www.gov.uk/government/publications/staying-put-arrangements-for-care-leavers-aged-18-years-and-above>
- Ellis, K. & Johnston, C. (2024). Resilience, higher education and widening participation: Generating change for care-experienced students. *Higher Education*, 87:1-16. <https://doi.org/10.1007/s10734-022-00985-8>
- Harrison, N., O'Neill, L. & Connelly, G. (2021). The journeys of care-experienced students in England and Scotland. In N Harrison & G Atherton (Eds.), *Marginalised communities in higher education: Disadvantage, Mobility and Indigeneity* (pp. 15-35). Oxon: Routledge.
- Juliette, C., Scott, H., Whelan, E., Eden, A., Lionel-Levy, T., Ostwaite, K., Curtis, B. & O'Higgins, A. (2023). *An exploratory study of the emotional wellbeing needs and experiences of care leavers in England*. London: What Works for Children's Social Care/Early Intervention Foundation. <https://whatworks-csc.org.uk/wp-content/uploads/An-exploratory-study-of-the-emotional-wellbeing-needs-and-experiences-of-care-leavers-in-england.pdf>
- McDaid, D. & Park, A. L. (2022). *The economic case for investing in the prevention of mental health conditions in the UK*. London: Mental Health Foundation/London School of Economics. <https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Investing-in-Prevention-Full-Report.pdf>

Stevenson, J., Baker, Z., Harrison, N., Bland, B., Jones-Devitt, S., Donnelly, A., Pickering, N. & Austen, L. (2020). *Positive impact? What factors affect access, retention and graduate outcomes for university students with a background of care or family estrangement?* Sheffield: Sheffield Hallam University/The Unite Foundation. <https://shura.shu.ac.uk/25839/1/Positive-Impact-Report.pdf>

The Scottish Government (2013). *Staying Put Scotland: Providing care leavers with connectedness and belonging*. Scotland: The Scottish Government. <https://www.gov.scot/publications/staying-put-scotland-providing-care-leavers-connectness-belonging/>

Who Cares? Scotland (2024). *Corporate parents*. <https://www.whocarescotland.org/resources-learning/corporate-parents/>

Wilkinson, S., Baker, C. & Holland, L. (2019). *Care leaver local offer: Guide and key messages*. London: Catch-22/National Leaving Care Benchmarking Forum. <https://www.catch-22.org.uk/resources/care-leaver-local-offer/>



Dr Zoe Baker is a British Academy Postdoctoral Fellow in the Department of Education at the University of York. She has been researching issues of inequality and social justice in higher education for over ten years and has previously received funding from the Economic and Social Research Council (ESRC) as well as the Unite Foundation. Her work seeks to redress inequalities for care-experienced students' access to, progression through and transitions out of higher education.

✉ zoe.baker@york.ac.uk

🐦 [zs_baker](https://twitter.com/zs_baker)



UNIVERSITY
of York