

Positive Impact? What factors affect access, retention and graduate outcomes for university students with a background of care or family estrangement?

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Positive Impact?

Annex 2:

HESA analysis: Employment and
further study outcomes for care
experienced undergraduates in the
2016/17 graduate cohort

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Annex to a report to the Unite Foundation by:

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HESA analysis: Employment and further study outcomes for care experienced undergraduates in the 2016/17 graduate cohort

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1. Profile of dataset

The initial dataset comprises the 332,180¹ full-time UK students who graduated in 2017 from undergraduate courses. It does not include those in further education colleges and private sector providers as these organisations do not provide data to HESA; care experienced students are likely to be over-represented in these sectors. Former part-time students have been excluded as many will have started their course prior to the effective collection of data on care status; similarly, former postgraduates have been excluded as very little data on care status is available.

The dataset includes 89,280 individuals (26.9% of the total) whose care status is not known, presumably as they did not pass through the standard UCAS admissions procedure. This is a heterogeneous group which includes a large proportion of graduates from medical, healthcare and engineering programmes. They are more likely than average to have been studying at Russell Group universities, to already have degrees and to be older. While the group undoubtedly includes some care experienced graduates, the numbers and their identity are unknown and their overall profile positions the group as more similar to graduates who are not care experienced. Because the care status of this group is not known, they are excluded from the subsequent analysis.

Of the remaining dataset of 242,895 graduates, 1,600 (i.e. 0.7% of the total) were recorded as being care experienced. The reliability and validity of these records is open to question (see Harrison, in press) as a result of both over-identification (due to misunderstanding) and under-identification (due to a fear of stigma or a desire to be anonymous). Nevertheless, they represent the most useful data currently available. Table 1 below provides a demographic overview of this group compared to the general population of graduates.

Table 1: Demographic profile of care experienced graduates

		Care experienced	Not care experienced
Sex	Female	61.4%	56.9%
	Male	38.6%	43.1%
Age on entry	20 and under	30.4%	41.9%
	21 to 24	48.2%	47.8%
	25 to 29	9.1%	4.7%
	30 and over	12.3%	5.7%
Disability	Known to be disabled	23.5%	14.1%
	Not known to be disabled	76.5%	85.9%
Ethnicity	White	64.0%	78.8%
	Black (inc. African and Caribbean)	18.5%	5.9%
	Indian, Pakistani or Bangladeshi	5.4%	8.0%
	Other Asian (inc. Chinese)	4.7%	2.6%
	Mixed heritage	7.3%	3.8%
	Other / not known	3.1%	1.9%
Nationality	UK	83.5%	91.7%
	Other	16.5%	8.3%

As can be seen, care experienced graduates have a distinct demographic profile relative to other graduates. They are more likely to be female, to be disabled, to be Black, Mixed or other Asian ethnicity and to have a nationality other than British. They are notably less likely to have an Indian, Pakistani or Bangladeshi

¹ In keeping with the anonymisation protocols required by the Higher Education Statistics Agency, all people counts in this report are rounded to the nearest five.

ethnicity and older, on average, being under-represented in the under 20 age group and over-represented in the over 24 age group.

Similarly, Table 2 shows the educational profile of the care experienced graduates relative to the other graduates. The former were more likely to have lower and non-traditional entry qualifications and to have entered their last course from a sub-degree course (e.g. a foundation degree or diploma). They are also more likely to have just graduated from a sub-degree course and less likely to have studied at a Russell Group university. Care experienced graduates are notably under-represented in natural sciences, mathematics/engineering/construction, languages/history/philosophy, but over-represented in social sciences, computer science/technology, law/business/communications and creative arts.

Table 2: Educational profile of care experienced graduates

		Care experienced	Not care experienced
Entry qualifications	Previous degree (UG/PG)	0.9%	1.5%
	Previous UG study (e.g. certificate or diploma)	10.8%	8.0%
	Level 3 – Fewer than 80 tariff points	14.0%	7.3%
	Level 3 – 80 to 159 tariff points	45.8%	52.1%
	Level 3 – 160 or more tariff points	14.2%	25.3%
	Level 3 – other	10.2%	4.1%
	Other / Level 2 / no qualifications / unknown	4.1%	1.7%
Institutional type	Russell Group	9.6%	21.0%
	Other	90.4%	79.0%
Study level	Degree	84.8%	91.4%
	Other UG course	15.2%	8.6%
Area of study	Natural sciences (JACS A, C, D and F)	17.5%	19.7%
	Healthcare (JACS B)	5.6%	5.5%
	Maths, engineering and construction (JACS G, H and K)	4.7%	7.4%
	Computer science and technology (JACS I and J)	6.0%	5.1%
	Social sciences (JACS L)	18.6%	11.6%
	Law, business and communications (JACS M, N and P)	22.0%	20.1%
	Languages, history and philosophy (JACS Q, R, T and V)	5.9%	10.9%
	Creative arts (JACS W)	14.6%	13.0%
Degree class	Education (JACS X)	4.9%	6.5%
	First class	15.7%	23.5%
	Upper second class	41.4%	47.4%
	Lower second class	21.8%	16.3%
	Third class or Pass	4.8%	2.5%
	Unclassified or not applicable	16.5%	10.7%

Care experienced graduates are less likely to get a first or upper second class degree than others. This is, in part and as noted above, because they are more likely to be pursuing non-degree courses that are not graded on this scale. However, even once entry qualifications are taken into account, care experienced graduates are less likely than other graduates to have secured a 'good' degree – this can be seen in Table 3. It is important to note, though, that even among care experienced graduates with fewer than 80 tariff points, more than half achieved one of the two highest degree classifications.

Table 3: Proportion receiving a first or upper second class degree, by entry qualification

	Care experienced	Not care experienced
Previous HE study	61.3%	68.5%
Level 3 – Fewer than 80 tariff points	56.8%	66.1%
Level 3 – 80 to 159 tariff points	69.2%	78.6%
Level 3 – 160 or more tariff points	74.6%	87.8%
Level 3 – other	73.4%	71.1%
Other / Level 2 / no qualifications / unknown	70.7%	71.8%

2. Graduate outcomes

Of the 1,600 care experienced graduates within the dataset, 1,150 (i.e. 72.1%) consented to give information about their activities roughly six months after graduation within the Destinations of Leavers from Higher Education (DLHE) survey. This was somewhat lower than for other graduates, 76.3% of whom did so. The non-response rate was higher among care experienced graduates (24.9%, compared to 20.4%), but the refusal rate was slightly lower (2.9%, compared to 3.3%).

In terms of who responded within the care experienced group, men were more likely to respond (76.1%, compared to 69.6% for women), whereas there was near parity for other graduates. Those care experienced graduates completing programmes below degree level were considerably less likely to respond than those graduating with degrees (74.6%, compared to 58.3%); a similar pattern was present among other graduates. Among care experienced graduates, those who were disabled had a higher response rate (76.0%, compared to 70.9%), which was not the case for other graduates. Older care experienced graduates had higher response rates (e.g. 78.1% for those 30 and over on entry, compared to 70.7% for those 20 and under), whereas there was no pattern by age for other graduates. Finally, care experienced graduates who achieved a first or upper second class degree were more likely to provide information than those with lower outcomes (77.7%, compared to 68.2%), which was in keeping with other graduates. Thus, there were some biases within the data, with men, disabled people, older people, degree graduates and those with better outcomes being somewhat over-represented within the care experienced group.

The remainder of this section will now focus on those who did respond to the DLHE survey and specifically to compare care experienced graduates with other graduates in terms of what they were doing six months after graduation. This analysis includes 1,150 care experienced graduates (as noted above) and 184,120 other graduates; the former therefore comprise 0.6% of the total.

An important distinction in the dataset is between those graduates completing degree courses and those completing courses below degree level: care experienced graduates are nearly twice as likely to fall in the latter group (12.2%, compared to 7.3%). As their demographic profiles and pathways through higher education are likely to be quite different (e.g. with sub-degree students starting older and often being in work prior to study) and likely to introduce bias into the analysis, the analysis will separate out the two groups, addressing the more numerous degree graduates first.

2.1 Degree graduates

The dataset contains 1,010 care experienced degree graduates and 170,670 other degree graduates, with the former therefore comprising 0.6% of the total.

2.1.1 Main activity

Within the DLHE survey methodology, the extended responses from graduates are coded into nine activity groups covering various configurations of work, further study, unemployment and other activities (e.g. travel, sickness or caring). Table 4 shows the proportion of degree graduates falling into each main activity category, comparing those with care experience and those without.

Table 4: Main activity of degree graduates six months after graduation, by care status

	Care experienced	Not care experienced
Full-time work	48.0%	52.3%
Part-time work	12.5%	13.2%
Work mainly, plus study	2.5%	2.0%
Study mainly, plus work	4.7%	3.9%
Full-time study	19.8%	17.8%
Part-time study	0.9%	0.9%
Due to start work shortly	0.4%	1.1%
Unemployed	5.5%	4.4%
Other	5.7%	4.4%

68.1% of care experienced degree graduates were in some form of work (or waiting to start), compared to 72.5% for other degree graduates. The main basis of this difference is that care experienced degree graduates were somewhat less likely to be in full-time work. Conversely, 27.9% of care experienced degree graduates were studying full-time or part-time, compared to 24.6% of other graduates. Care experienced degree graduates were somewhat more likely to be unemployed (5.5%, compared to 4.4%) and engaged in 'other' activities (5.7%, compared to 4.4%) which include caring, travelling and long-term sickness.

In order to ensure sufficient numbers for analysis, the nine original activities have been collapsed into five: (1) full- or part-time work only, (2) full- or part-time study only, (3) mixed work and study, (4) unemployed, and (5) other activities. The latter two categories still remain small, limiting the analysis that can be undertaken.

Table 5: Proportion of degree graduates in work, study or mixed work/study six months after graduation, by demographic groupings

		Work		Study		Mixed	
		Care experienced	Not care experienced	Care experienced	Not care experienced	Care experienced	Not care experienced
Sex	Female	61.4%	67.0%	20.5%	18.6%	7.2%	6.5%
	Male	60.0%	66.2%	21.0%	18.6%	7.2%	5.1%
Age on entry	20 and under	62.2%	63.4%	21.6%	22.0%	6.5%	6.3%
	21 to 24	62.9%	69.9%	19.0%	15.8%	6.5%	5.3%
	25 to 29	57.3%	68.7%	19.8%	15.4%	10.4%	6.2%
	30 and over	52.6%	59.3%	25.6%	20.8%	9.0%	8.2%
Disability	Disabled and received DSA ²	64.1%	64.1%	19.6%	18.7%	*	6.1%
	Disabled and no DSA	53.6%	63.7%	23.7%	19.9%	13.4%	6.1%
	Not known to be disabled	61.1%	67.1%	20.5%	18.5%	6.8%	5.9%
Ethnicity	White	64.8%	67.7%	17.5%	18.3%	8.5%	5.9%
	Black (inc. African and Caribbean)	56.3%	64.2%	23.2%	18.8%	6.6%	6.3%
	Indian, Pakistani or Bangladeshi	51.7%	62.4%	31.0%	19.9%	*	5.9%
	Other Asian (inc. Chinese)	60.0%	59.1%	25.5%	22.6%	*	4.9%
	Mixed heritage	52.6%	66.2%	21.1%	18.4%	*	5.7%
	Other / not known	40.6%	58.5%	43.8%	22.2%	*	6.1%
Nationality	UK	62.5%	66.8%	20.1%	18.6%	7.4%	5.9%
	Other	52.1%	65.0%	23.6%	18.2%	6.1%	6.1%
TOTAL		60.8%	66.6%	20.7%	18.6%	7.2%	5.9%

* Suppressed due to low numbers

Table 5 shows the propensity of different demographic groups to be working, studying or in a mix of the two. In general, care experienced degree graduates followed the same patterns as other graduates, but with the former somewhat less likely to be working and more likely to be studying. There were several demographic groups of care experienced degree graduates who were markedly less likely to be in full or part-time work, including those aged over 25, those who were disabled but had not received a DSA while studying, those from a minority ethnic group and those who were not British. Conversely, the same groups had a higher propensity to be studying or mixing work and study. Sadly, the dataset sheds no light on whether those who are studying are doing so as they have not been able to secure work or vice versa.

² DSA = Disabled Students' Allowance. Awarded to students to cover the additional study costs arising from their impairment on an individual needs assessment. Receipt of a DSA is not an indicator of severity of impairment, but whether the impairment causes the student to incur additional costs associated with study – i.e. not general living costs. Very broadly speaking, those receiving a DSA are more likely to have specific learning difficulties, sensory impairments or mobility impairments, while those not receiving a DSA tend to be those with mental health issues and chronic illnesses.

Table 6 looks at patterns by unemployment and other activities; slightly different demographic categories are used here compared to Table 5 as the number of care experienced graduates in these groups are low (roughly 55 individuals in each) and care with interpretation should be exercised as a result. In nearly every instance, the likelihood of being unemployed or engaged in other activities was higher for care experienced graduates. Most notably, among the care experienced group those from minority ethnicity groups and nationalities other than British were substantially more likely to be unemployed or engaged in other activities than their White and British peers. Men also had a higher propensity to be unemployed, whereas women and older care experienced graduates were more likely to be engaging in other activities. Perhaps surprisingly and contrary to the general trend, disabled care experienced graduates were slightly less likely to be unemployed than those who were not known to be disabled (4.8%, compared to 5.6%).

Table 6: proportion of degree graduates who are unemployed or in 'other' activities six months after graduation, by demographic groupings

		Unemployed		Other	
		Care experienced	Not care experienced	Care experienced	Not care experienced
Sex	Female	4.3%	3.5%	6.7%	4.5%
	Male	7.5%	5.7%	4.3%	4.4%
Age on entry	24 and under	5.5%	4.3%	5.4%	4.4%
	25 and over	5.7%	5.6%	7.0%	5.1%
Disability	Disabled	4.8%	5.6%	5.6%	5.1%
	Not known to be disabled	5.8%	4.2%	5.8%	4.3%
Ethnicity	White	4.2%	3.7%	5.0%	4.4%
	Black (inc. African and Caribbean)	7.3%	6.7%	6.6%	4.1%
	Other minority ethnicity	8.1%	6.9%	7.2%	4.8%
Nationality	UK	4.8%	5.1%	4.3%	4.4%
	Other	9.1%	6.2%	9.1%	4.5%
TOTAL		5.5%	4.4%	5.7%	4.4%

Table 7 explores the interaction of care experience and educational pathways in the graduates' main activity six months after graduation. Once again, the patterns between care experienced and other degree graduates are broadly similar, with the former being more likely to be studying in every instance and less likely to be working. Among the care experienced graduates, those from Russell Group universities were less likely to be working (54.8%, compared to 61.5%) than their counterparts in other universities, with a higher proportion studying (26.9%, compared to 20.0%).

Table 7: Proportion of degree graduates in work, study or mixed work/study six months after graduation, by educational pathway and outcome

		Work		Study		Mixed	
		Care experienced	Not care experienced	Care experienced	Not care experienced	Care experienced	Not care experienced
Institutional type	Russell Group	54.8%	60.2%	26.9%	24.2%	5.8%	5.9%
	Other	61.5%	68.5%	20.0%	17.0%	7.4%	5.9%
Degree class	First class	62.0%	64.1%	22.9%	22.4%	8.8%	6.7%
	Upper second class	60.8%	66.2%	20.3%	19.0%	7.6%	6.0%
	Lower second class	57.4%	69.6%	22.1%	14.1%	6.8%	4.6%
	Third class or Pass	72.2%	73.3%	13.0%	6.6%	1.9%	3.2%
TOTAL		60.8%	66.6%	20.7%	18.6%	7.2%	5.9%

Note: Unclassified degrees excluded due to small numbers

Table 8: Proportion of degree graduates who are unemployed or in 'other' activities six months after graduation, by educational pathway and outcome

		Unemployed		Other	
		Care experienced	Not care experienced	Care experienced	Not care experienced
Institutional type	Russell Group	4.8%	4.1%	7.7%	5.6%
	Other	5.6%	4.5%	5.5%	4.1%
Degree class	First class	3.4%	3.0%	2.9%	3.9%
	Upper second class	4.6%	4.3%	6.8%	4.5%
	Lower second class	8.1%	6.8%	5.5%	5.0%
	Third class or Pass	7.4%	10.6%	5.6%	6.3%
TOTAL		5.5%	4.4%	5.7%	4.4%

Note: Unclassified degrees excluded due to small numbers

Table 8 shows a strong relationship between degree outcome and propensity to be unemployed for both care experienced and other degree graduates, with those with first or upper second class degrees being considerably less likely to be unemployed than those with lower classifications; care experienced graduates with higher classification degrees were only marginally more likely to be unemployed than other graduates. There was no clear pattern for other activities, suggesting that the propensity to engage in them is not directly influenced by degree outcomes. Graduates from Russell Group universities were slightly less likely to be unemployed than those from other institutions, both among care experienced (4.8%, compared to 5.6%) and other graduates (4.1%, compared to 4.5%); the apparent effect of degree outcome was much stronger.

To summarise what is an unavoidably-complex section given the diversity of pathways, the headline patterns of graduate outcomes were surprisingly similar between care experienced degree graduates and other degree graduates. There was a basic trend for those who were care experienced to have a slightly lower propensity to be working and higher propensity to be studying. Unemployment, as the most obvious marker of negative graduate outcomes, was only marginally higher for care experienced graduates and this can largely be explained by higher unemployment rates for graduates from minority ethnic communities and whose nationality was not British, who are over-represented in the care experienced group. There was also a strong filtering effect of degree classification, with care experienced graduates attaining a lower second class degree or lower having a considerably higher likelihood of being unemployed.

2.1.2 Income

One measure of positive graduate outcomes is salary and these data are collected within the DLHE survey. Analysis is somewhat confounded by different work patterns, so for simplicity here the focus is on those degree graduates working full-time only. Table 9 shows the profile of salaries for care experienced and other graduates. This is almost identical, with the £15,001 to £20,000 range being the most common for both groups (excluding those graduates whose salaries were recorded as unknown), with the £20,001 to £25,000 range being the next most frequent.

Table 9: Salary bands for income for degree graduates in full-time work six months after graduation

	Care experienced (n = 485)	Not care experienced (n = 89,210)
Less than £15,000	9.9%	8.3%
£15,001 to £20,000	23.7%	26.0%
£20,001 to £25,000	20.6%	21.1%
£25,001 to £30,000	11.1%	9.2%
£30,001 to £40,000	2.5%	3.5%
More than £40,000	1.0%	1.0%
Unknown	31.1%	31.1%

This outcome is particularly interesting given that care experienced degree graduates were less likely to have attended a Russell Group university or to have been awarded a first or upper second class degree; both key predictors of salary. Indeed, the salary profiles for care experienced and other graduates are remarkably similar once the university and degree classification are taken into account, as can be seen in Tables 10 and 11.

Table 10: Salary six months after graduation for degree graduates working full-time, by institutional type and care status

	Russell Group		Other institutions	
	Care experienced	Not care experienced	Care experienced	Not care experienced
Less than £15,000	9.6%	6.7%	10.5%	8.9%
£15,001 to £20,000	17.3%	22.9%	24.7%	26.6%
£20,001 to £25,000	28.8%	21.4%	19.3%	20.9%
£25,001 to £30,000	15.4%	13.6%	10.1%	8.0%
More than £30,000	9.6%	8.0%	2.8%	3.6%
Unknown	19.2%	27.5%	32.6%	32.1%

Table 11: Salary six months after graduation for degree graduates working full-time, by degree classification and care status

	First or upper second		Lower second, third or pass	
	Care experienced	Not care experienced	Care experienced	Not care experienced
Less than £15,000	9.6%	7.8%	10.4%	11.7%
£15,001 to £20,000	21.0%	26.0%	31.9%	28.6%
£20,001 to £25,000	22.4%	21.5%	14.8%	16.9%
£25,001 to £30,000	11.4%	9.9%	10.4%	5.8%
More than £30,000	3.8%	4.6%	2.9%	2.8%
Unknown	31.8%	30.1%	29.6%	34.2%

2.1.3 Subjective outcome measures

The DLHE survey contains two questions about the degree graduate's view of their job and why they took it, providing a subjective view of their outcomes. Table 12 provides a breakdown of these questions by care status.

Table 12: Subjective measures of outcome for degree graduates in full-time work, by care status

		Care experienced	Not care experienced
		(n = 485)	(n = 89,210)
Was the qualification required for the job?	Formal requirement	35.9%	38.6%
	Not a requirement, but gave an advantage	21.9%	24.2%
	Not a requirement	27.2%	21.9%
	Don't know	3.3%	3.0%
	Not stated	11.8%	12.2%
What was the main reason for taking the job?	Exactly the type of work wanted	37.5%	35.8%
	Best/only offer received	6.4%	9.6%
	Opportunities for progression	4.9%	5.8%
	Find out more about the work involved	3.1%	4.0%
	Broaden experience to get a preferred job	15.3%	13.0%
	The job is in the right location	1.9%	3.8%
	The job is well-paid	2.1%	2.4%
	To earn a living and/or pay off debts	13.2%	10.0%
	Not stated	15.7%	15.7%

The profile of responses to these two questions is again surprisingly similar. Care experienced degree graduates were slightly less likely to be in a job that required their qualification or where it offered an advantage (57.8%, compared to 62.8%), and more likely to be in a job taken to earn a living and/or pay off debts (13.2%, compared to 10.0%). This suggests that some care experienced graduates may have been (or felt) compelled to take what they considered to be suboptimal jobs, although the differences are relatively small. Further analysis suggests that these differences can largely be explained by the lower propensity for care experienced graduates to have first or upper second class degrees or to attend Russell Group universities. For example, among those attending Russell Group universities, the proportion of care experienced graduates who felt their qualification was required or advantageous was 71.2% compared to 68.6% for other graduates.

Table 13 presents a similar analysis to Table 12, but for those degree graduates in part-time work or mixing work and study. This is a mixed group that will variously include those who choose to work part-time for lifestyle reasons, those only able to find part-time work and those taking part-time work to finance extended study. As can be seen, the profile of experiences between care experienced and other graduates is almost identical. Over half of both groups are in work that does not require their degree and around a third have taken the job primarily for financial reasons.

Table 13: Subjective measures of outcome for degree graduates in part-time work or combining work and study, by care status

		Care experienced (n = 200)	Not care experienced (n = 32,670)
Was the qualification required for the job?	Formal requirement	15.6%	15.0%
	Not a requirement, but gave an advantage	18.1%	18.9%
	Not a requirement	51.3%	53.1%
	Don't know	2.5%	3.0%
	Not stated	12.6%	10.0%
What was the main reason for taking the job?	Exactly the type of work wanted	22.6%	20.3%
	Best/only offer received	8.5%	7.3%
	Opportunities for progression	1.0%	3.0%
	Find out more about the work involved	2.0%	3.1%
	Broaden experience to get a preferred job	12.1%	14.4%
	The job is in the right location	1.5%	5.0%
	The job is well-paid	3.0%	2.6%
	To earn a living and/or pay off debts	34.7%	32.0%
	Not stated	14.6%	12.3%

2.1.4 Nature of work

The DLHE survey captures and codes the nature of the work being undertaken by graduates through the 2010 Standard Occupational Classification. Due to the relatively small number of care experienced graduates in work in the dataset, this has been condensed down for analysis into seven categories in Table 14.

Table 14: Occupational classifications of degree graduates in work, by care status

	Care experienced		Not care experienced	
	Full-time (n = 485)	Part-time or mixed (n = 200)	Full-time (n = 89,210)	Part-time or mixed (n = 32,670)
1 Managers, directors and proprietors	4.9%	4.0%	4.5%	2.2%
2 Professionals	31.8%	15.1%	33.7%	16.9%
3 Associate professionals	34.0%	27.6%	38.8%	26.7%
4 Administrative and secretarial	8.0%	5.0%	6.5%	5.8%
5/6 Skilled trades, personal service and leisure	9.6%	13.1%	6.1%	10.1%
7 Customer service and sales occupations	5.8%	15.1%	6.1%	23.2%
8/9 Machine operatives / elementary occs	5.8%	20.1%	4.2%	14.8%

As can be seen, care experienced graduates in full-time work were somewhat under-represented among groups 2 and 3 (professional and associate professionals), but over-represented among groups 5/6 (skilled trades and personal services) and 8/9 (machine operatives and elementary occupations); notably, group 5/6 includes many caring occupations. Those in part-time and mixed work with study had a lower occupational profile on average. This was broadly similar between care experienced and other graduates, with the former being over-represented in groups 5/6 and 8/9 and the latter in group 7 (customer services and sales).

Using the definition of 'professional' work used by HESA (i.e. the combinations of groups 1 to 3), 70.7% of care experienced graduates in full-time work were in professional roles, compared to 77.0% of other graduates. As in the previous section, this can largely be explained by differences in the propensity to have studied in a Russell Group university or to have achieved a first or upper second class degree. For example, among graduates with an upper second class degree, 71.4% of care experienced students in full-time work were in professional roles, compared to 75.7% of other graduates.

Table 15 explores the industries in which degree graduates in full-time work were working, using the Standard Industrial Classification and presenting the top 16³ for care experienced and other graduates. There were strong similarities between the two, for example, with the top four for each group being the same – albeit in a slightly different order. Notably, care experienced graduates were around twice as likely to be working in public administration, social work and residential care, but half as likely to be in the financial, legal or accounting industries. This is consistent with the patterns in degree subject explored in Table 2, where care experienced graduates were more likely to be found in the social sciences.

³ This arbitrary cut-off was used to avoid very small numbers in the care experienced group. The top 16 accounts for 73% of care experienced degree graduates in full-time work and 71% of other degree graduates in full-time work.

Table 15: Top 16 industrial classifications of graduates in full-time work, by care status

Care experienced (n = 485)		Not care experienced (n = 89,210)	
Education	11.8%	Education	13.8%
Public administration	10.9%	Retail (excluding motor)	9.6%
Retail (excluding motor)	8.2%	Human health	7.0%
Human health	6.8%	Public administration	4.9%
Food and beverage services	5.6%	Computer programming	4.9%
Social work (without accommodation)	5.6%	Legal and accounting services	4.5%
Computer programming	5.2%	Financial (ex. insurance/pensions)	4.3%
Employment activities	3.7%	Food and beverage services	4.0%
Legal and accounting	2.5%	Architecture and engineering	2.8%
Advertising and market research	2.3%	Employment activities	2.8%
Residential care	2.3%	Advertising and market research	2.7%
Other professional/scientific/technical	2.1%	Social work (without accommodation)	2.6%
Creative arts and entertainment	1.9%	Other professional/scientific/technical	2.3%
Accommodation	1.6%	Creative arts and entertainment	1.7%
Financial (ex. insurance/pensions)	1.6%	Sport and recreation	1.6%
Architecture and engineering	1.6%	Film and television production	1.6%

Finally, the relationship between care status and the size of employer for which the graduate was working was explored, but no meaningful relationships were found.

2.1.5 Nature of studying

A total of 280 care experienced degree graduates reported that they were studying six months after graduation, comprising 27.9% of the total within the DLHE survey. Around three-quarters (70.9%) of these were studying full-time, with the remainder combining their study with work or studying part-time.

Table 16 shows the courses being pursued by care experienced and other graduates.

Table 16: Courses pursued degree graduates studying six months after graduation, by care status

	Care experienced (n = 280)	Not care experienced (n = 41,825)
Research postgraduate	4.6%	7.8%
Taught postgraduate (M Level)	72.3%	60.8%
Postgraduate certificate/diploma (inc. PGCE)	13.8%	18.4%
Undergraduate	2.5%	4.4%
Professional qualification	3.5%	6.1%
Other / informal qualification	3.2%	2.5%

Care experienced graduates had a lower propensity to have moved into a postgraduate research degree (4.6%, compared to 7.8%); further investigation showed that this mainly reflected their underrepresentation in the natural sciences where a move from an undergraduate degree to a research degree is very much more common than in the social sciences and humanities. However, a higher proportion of care experienced degree graduates had moved on to taught postgraduate study (86.1%, compared to 79.2%); they were slightly over-represented in M-Level courses, but under-represented in certificate and diploma courses (including the PGCE). Finally, care experienced graduates were around half as likely (3.5%, compared to 6.1%) to be studying for professional qualifications, including those, for example, in accountancy or financial services.

Table 17: Location of study for degree graduates studying six months after graduation, by care status

	Care experienced (n = 280)	Not care experienced (n = 41,825)
Russell Group university	17.4%	29.3%
Other UK university or provider	77.3%	63.6%
Outside the UK	0.7%	1.8%
Not stated	4.6%	5.3%

The DLHE survey also collects information about where graduates are now studying and this is shown in Table 17. Care experienced degree graduates were nearly half as likely (17.4%, compared to 29.3%) to be in Russell Group universities for their follow-on study and less likely to have travelled overseas, although the numbers for the latter were low across both groups. Interestingly, an almost identical proportion of care experienced degree graduates from Russell Group universities went on to study a postgraduate course at a Russell Group university as for their peers who were not care experienced (64.7%, compared to 63.5%). However, fewer switched from a non-Russell Group university to go into a Russell Group university (10.9%, compared to 16.2%). In other words, there was less fluidity between the Russell Group universities and other institutions for care experienced graduates undertaking postgraduate study. Furthermore, care experienced graduates were slightly more likely to stay at the same specific institution for postgraduate study as they had for their first degree, with 55.1% doing so compared to 47.9% of other graduates.

2.1.6 Inter-country differences

The 1,010 care experienced degree graduates in the dataset include 860 who were based in England prior to studying, 50 in Scotland⁴, 60 in Wales, 30 in Northern Ireland and a very small number from other locations (e.g. the Isle of Man) or whose location was unknown. Due to the small numbers outside England, the scope for meaningful inter-country analysis is limited. Table 18 explores the main activity six months after graduation and the one notable finding is that Scottish care experienced graduates were considerably more likely to study than those from the other three countries.

Table 18: Main activity of care experienced degree graduates six months after graduation, by country of origin

	England	Scotland	Wales	Northern Ireland
Work only	61.0%	54.0%	64.5%	57.1%
Mix of work and study	7.5%	4.0%	4.8%	10.7%
Study only	20.1%	34.0%	17.7%	21.4%
Unemployed	5.8%	4.0%	4.8%	10.7%
Other	5.6%	4.0%	8.1%	

Note: the final two categories for Northern Ireland are combined due to very small numbers.

⁴ The relatively small number from Scotland is surprising and may be an artefact of the importance of higher education courses delivered outside of higher education institutions, differential levels of engagement in the DLHE or weaker recording of care experienced students.

2.2 Sub-degree graduates

As from the degree graduates discussed above, the DLHE dataset also includes 140 care experienced graduates who had completed courses below degree level, which would include certificates, diplomas and foundation degrees⁵. The pathways pursued by this group are quite distinct from the other care experienced graduates, and, as noted above, it is therefore necessary to separate them out to avoid them skewing the overall picture. The dataset also includes 13,450 other graduates of sub-degree courses; care experienced therefore comprised 1.0% of the total, meaning that they were relatively over-represented (also see Table 2). However, because of the relatively small number of sub-degree graduates, it is not possible to undertake the depth of analysis that have been presented for degree graduates; there are simply too few individuals in certain categories for the production of meaningful descriptive statistics. As a result, categories have been collapsed in order to preserve sufficient numbers for analysis.

Table 19: Main activity of sub-degree graduates six months after graduation, by care status

	Care experienced (n = 140)	Not care experienced (n = 13,450)
Full-time work (inc. those due to start)	17.0%	29.6%
Part-time work	12.1%	10.0%
Mixed work and study	8.5%	12.6%
Full-time and part-time study	48.2%	39.4%
Unemployed	7.1%	4.2%
Other	7.1%	4.1%

Table 19 echoes Table 4, but for sub-degree graduates. The most notable feature is that over half (56.7%) of care experienced sub-degree graduates were studying six months after graduation. This is more than double the proportion of care experienced degree graduates (27.9%) and somewhat higher than for other sub-degree graduates (52.0%). In addition, care experienced sub-degree graduates were more likely to be unemployed (7.1%) or engaged in other activities (7.1%) than either care experienced degree graduates (5.5% and 5.7%, respectively) or other sub-degree graduates (4.2% and 4.1%, respectively); it is important to remember that absolute numbers here are very low and these differences may be the result of random variation rather than constituting a robust relationship.

The vast majority (86.3%) of the care experienced sub-degree graduates studying six months later were now on degree courses (presumably as second or third year students), with small numbers moving into a new sub-degree course (potentially moving from a certificate to a diploma) or gaining entry to a postgraduate programme. None were now studying in Russell Group universities and 60.3% had stayed in the same institution from which they had just graduated. The patterns were very similar to those for other sub-degree graduates.

With just 25 care experienced sub-degree graduates in full-time work in the DLHE dataset, it is difficult to explore whether their outcomes were positive. Only 33.3% were in roles that they felt required their qualification or where it gave them an advantage, compared to 47.5% for other sub-degree graduates in full-time work. Similarly, care experienced sub-degree graduates were considerably less likely to be in professional roles (37.4%, compared to 61.1%). This suggests that there might be an issue in finding appropriate work for care experienced sub-degree graduates who do not go back into study, but the numbers preclude any firm conclusions being drawn. Given the possible uncertainties for this group, Table 20 explores their demographic profile in comparison to care experienced degree graduates. Interestingly, the sub-degree graduates were disproportionately likely to be younger, white and male suggesting that this pathway into higher education may be particularly serving a subgroup of care experienced students, although the numbers remain too low for any certainty.

Table 20: Demographic profile of care experienced graduates, by level of study

		Sub-degree graduates (n = 140)	Degree graduates (n = 1,010)
Sex	Female	51.1%	60.4%
	Male	48.9%	39.6%
Age on entry	20 and under	46.1%	27.5%
	21 to 24	31.2%	49.9%
	25 to 29	8.5%	9.5%
	30 and over	14.2%	13.2%
Disability	Known to be disabled	24.8%	24.7%
	Not known to be disabled	75.2%	75.3%
Ethnicity	White	68.8%	63.2%
	Black (inc. African and Caribbean)	14.2%	14.8%
	Other minority ethnicity	17.0%	22.0%
Nationality	UK	83.7%	84.4%
	Other	16.3%	15.6%

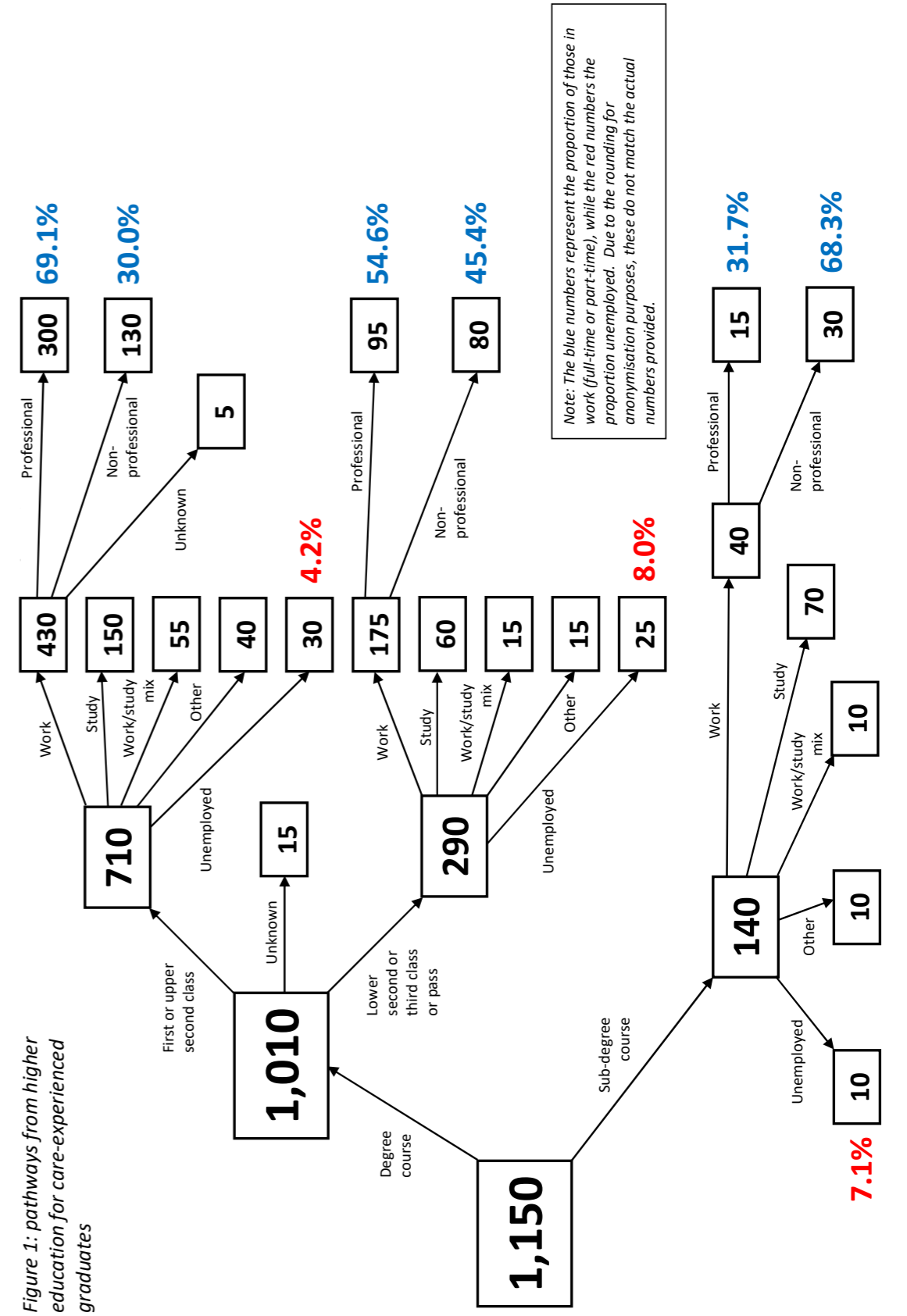
⁵ It is useful to note that many, and probably most, students pursuing sub-degree courses do so in the context of further education colleges that have higher education provision – this group is absent from the HESA dataset.

2.3 Pathway analysis

This section looks in more detail at the pathways of the 1,150 care experienced graduates in the DLHE survey. Figure 1 explores the routes where the number of individuals remains above ten to avoid issues with identifiability, looking in turn at (a) qualification type, (b) degree classification, where appropriate, (c) post-graduation activity, and (d) status of work, where appropriate.

Turning first to the 1,010 graduates who pursued degree courses, 710 (i.e. 70.0%) achieved a first or upper second class degree, while 290 (i.e. 29.6%) achieved a lower classification. Those care experienced graduates with high degree classifications had considerably more positive outcomes, with 69.1% of those in work being in professional roles (compared to 54.6%) and an unemployment rate roughly half that of their peers (4.2%, compared to 8.0%); the proportions studying six months after graduation were broadly similar. As noted in Section 2.2 above, most care experienced graduates who had pursued sub-degree qualifications had continued onto degree programmes and this group were therefore much less likely to be in work, with just 40 of 140 (i.e. 29.1%) being so. However, those that had entered the labour market were unlikely to be in professional work (31.7%); 7.1% were unemployed.

This analysis demonstrates the importance of qualifications in influencing graduate outcomes for care experienced graduates. Those achieving highly in degree courses generally had positive outcomes and, as we have seen, ones that were broadly commensurate with other graduates. Those with less strong results clearly had a greater struggle to find work, especially professional work, while those who had completed sub-degree courses had particularly low outcomes if they were not in a position to continue on with their studies, albeit with the caveats about small numbers in the analysis.



3. Conclusions

1. Care experienced graduates are well-represented within the cohort of 2016/17, including those completing the DLHE survey. Compared to other graduates, they are notably more likely to be women, older, disabled, from minority ethnic communities and holding a nationality other than British. They also have lower status entry qualifications and are more likely to be graduating from a sub-degree programme and to be at an institution that is not within the Russell Group. This is consistent with previous studies (Harrison, 2017, in press).
2. As such, they form a distinct group within higher education, both in terms of their demographic profile and educational history. Many of the features are associated with educational disadvantage, either before or during higher education. Indeed, this was reflected in their degree classifications, with somewhat fewer care experienced graduates receiving a first or upper second class degree than other graduates across all types of entry qualification; nevertheless, even among those with the weakest entry qualifications, over 50% did achieve this.
3. However, as being older, disabled, from minority ethnic communities and holding a nationality other than British were generally associated with weaker degree outcomes, the extent to which these factors exerted individual effects was unclear. Harrison (2017) argues that once these background demographic factors are taken into account, care experienced graduates achieve similar degree outcomes to other graduates.
4. The analysis of data from the DLHE survey on outcomes six months after graduation revealed a general picture where the outcomes for care experienced graduates were broadly similar, on average, to other graduates. This is particularly surprising given the disadvantages outlined above. In other words, care experienced graduates did notably better than might have been predicted on the basis of their higher education qualifications, where they did their degree and their demographic profile.
5. Nevertheless, the outcomes for care experienced degree graduates were somewhat less positive. They were around 1.25 times more likely to be unemployed (5.5%, compared to 4.4% for other graduates) and, among those in full-time work, 70.7% were in professional roles compared to 77.0% for other graduates. They were also slightly more likely to report having taken a job that did not require a higher education qualification and to have taken their job to earn a living and/or pay off debts.
6. Care experienced degree graduates were notably more likely than other graduates to be working in public administration, social work and residential care, reflecting in part their over-representation in social science programmes in higher education.
7. Care experienced degree graduates who were studying six months after graduating had a broadly similar profile to other graduates in terms of the courses that they were pursuing, which were mainly taught postgraduate courses at masters, diploma or certificate level (including PGCE) – and especially the former.
8. The group of care experienced graduates who had pursued sub-degree courses had a quite distinct pattern of outcomes. The majority had returned to studying (mainly progressing on to degree courses), but those who had moved into work had notable high levels of unemployment and low levels of professional work.
9. In summary, the care experienced graduates with the strongest outcomes were those with a first or upper second class degree, especially from a Russell Group university; they also tended to be older. Outcomes for these care experienced graduates were very similar to those for other graduates.
10. When looking at these findings, it is important to remember that a graduate survey like the DLHE survey is necessarily concerned with those that have completed their course; those that have withdrawn early are not surveyed. Given that care experienced students have significantly higher withdrawal rates (Harrison, 2017), the perhaps surprisingly positive graduate outcomes for care experienced students may reflect, at least in part, that those that faced the greatest disadvantages and challenges may be absent from the data.
11. Another potential contributory factor in the findings may be that care experienced graduates are clustered to some extent in degree subjects (and presumably career aspirations) that have recruitment shortages and relatively high starting salaries in the public sector. The data currently available do not allow this to be explored in more detail.
12. However, perhaps the most positive interpretation of the data is that care experienced graduates appear to be using their higher education studies to transcend their earlier educational attainment levels – crudely, their degree results are better than their entry qualifications might predict and their graduate outcomes are better than their degree results might predict. This suggests a strong and transformative ‘narrowing of the gap’ effect.

Notes

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