Care leavers and HE: barriers that hinder and support that works

Experts look at the international picture for young people trying to move from care into universities

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Barriers to learning: unstable schooling and lack of financial, academic and emotional support are among the factors that mean that just 11.8 per cent of care leavers in the UK progress to university

The best available data show that care systems all over the world are catastrophically failing care leavers when it comes to offering access to higher education. However, these data are often flawed and little is actually known about the experiences of those who leave the care system. The implications of lack of understanding for the lives of some of society’s most vulnerable people are dire
because without clear and reliable information, governments cannot comprehend the severity of the issue or build systematic attempts to widen access for care leavers.

In England, Department for Education statistics have suggested that only 6 per cent of care leavers have gone on to participate in higher education by the age of 20. By contrast, nearly 49 per cent of the general population were participating in higher education by age 30 in 2016.

According to research by the children’s charity First Star, the percentage of care leavers in the US earning a college degree is just 3 per cent. And in Australia, researchers estimated in 2014 that as little as 1 per cent of care leavers transitioned into higher education, compared with 26 per cent of non-care leavers.

While these figures are deeply troubling, experts say that they may be unreliable, which would make the global picture more difficult to understand.

British birth cohort studies have made it clear that progression to advanced levels of education is linked to good mental and physical health, parental employment, a healthy income, secure housing, and not falling into substance misuse and crime.

Care leavers in the UK are five times more likely to be convicted of a criminal offence, are four to five times more likely to self-harm in adulthood, and are much more likely to experience homelessness, according to the National Audit Office and the DfE. So improving the care system to ensure that there is equal access to higher education is a critical issue that can transform lives.

“One of the challenges for practitioners and policymakers is that there is currently no reliable means of measuring the success of what they are doing,” according to Neil Harrison, associate professor of education policy at the University of the West of England.

In November last year, Dr Harrison published the first comprehensive study on care leavers’ access to higher education in the UK. The report, Higher Education: Researching around Care Leavers’ Entry and Success (Heracles), explained that official government statistics, such as the 6 per cent figure released by the DfE, were often inaccurate.

The Heracles study showed that nearly twice as many care leavers in the UK (11.8 per cent) go on to university because it included older care leavers and did not rely on data from local authorities, which often have no contact with care leavers after the age of 16.

Nevertheless, the 11.8 per cent figure in the Heracles study means that care leavers in the UK are at least four times less likely than their peers to progress into higher education.

Dr Harrison also said: “In the course of the Heracles study, it became clear that different agencies are using different definitions for what a care leaver is and what a care-experienced student is.

“This is a challenge for statistical analysis but, more importantly, it means that among young people, there is unequal access to outreach interventions or additional financial support.”
These discrepancies in classification directly affect care leavers in funding. Dr Harrison explained that a young British person who is reunited with their birth family several months before turning 16 would not meet the strict DfE definition of a “care leaver”, even if they had been in care their whole life. This would mean they receive less funding (while studying at university, care leavers are eligible for support from the local authority that cared for them) and could potentially thus be deterred from applying to university.

“Some universities would target and assist this young person while others might not,” said Dr Harrison.

“Conversely, a young person entering care for the first time aged 15-and-a-half and still in care six months later would be a care leaver. The diversity of routes into and through care mean that these definitional quirks matter for individual young people.”

Children in care are often dealing with trauma and other mental health issues, which can affect their education.

Furthermore, there is a great deal of instability in care systems. In the UK, teenagers in foster care face a 50 per cent risk of their placement breaking down in any 12-month period, which often means moving schools. In the US, a foster youth will, on average, attend six schools between grades 9 and 12.

Much of the recent progress made in increasing participation rates is thanks to the work of care leavers’ charities, among them, in the US, First Star, and, in the UK, Become and Buttle UK.

First Star, which works with 11 US universities, began working at St Mary’s University, Twickenham last year. Its main goal is to support the academic and emotional needs of children in care, chiefly by providing experiences of higher education through four-week residential summer schools at university campuses and monthly day sessions during the school year.

First Star’s academies have been running in the US since 2011. Of care leavers who have completed its programme, 99 per cent have graduated from high school (compared with 50 per cent of care leavers generally) and 91 per cent have continued into higher education.

Peter Samuel, co-founder and president of First Star, said: “There is no reason why foster youth cannot achieve the same academic and life outcomes as their peers. With consistency, academic support, life skills and role models, they can indeed go to university, transforming their lives.”

According to the Heracles study, university students who have experienced care are about 38 per cent more likely than non-care leavers to withdraw from a university course and not return, for reasons related to academic issues and to personal stresses often linked to childhood trauma.

Furthermore, many care leavers struggle with the transition from care into higher education. For any new student, learning how to live independently and how to manage finances is a challenge, and it is all the more difficult for care leavers, who often lack family support.
However, the Heracles study showed that care leavers who do graduate are as likely to achieve a first or upper second-class degree as non-care leavers. According to Dr Harrison, universities need to provide adequate long-term therapeutic support if they want to ensure care leavers thrive in higher education and do not drop out.

Mr Samuel said: “Delivering positive outcomes that reduce the financial and societal burdens of the predominantly negative outcomes for care leavers will ultimately benefit the nation economically and socially.”

In the US and Australia, progress has come through extending foster care beyond 18 years of age, said Andrew Harvey, associate professor of higher education at La Trobe University, Melbourne, who has researched recruitment of and support for care leavers in the sector. In the UK, however, it is targeted research that has begun to drive policy advancement and increased higher education access, said Dr Harvey.

But while the US has experienced a high rate of success in participation rates with its support programmes, “overall retention and completion rates for care leaver students remain relatively low”, said Dr Harvey.

From 2006 to 2014, Buttle UK awarded a quality mark to universities shown to “go the extra mile” when it comes to supporting care leavers. The charity also offers extra funding and support for care leavers while they are settling in.

The quality mark scheme has since been phased out. Gerri McAndrew, chief executive of Buttle UK, said that “a vast pool of best practice now exists within higher and further education institutions”, adding that “the emphasis going forward needs to be on embedding practice into mainstream provision across the sector, without a quality mark as a driver, but with the right policies to bring about change”.

Similar work is being continued by Become with its Propel website, where care leavers can view the support now available to them at more than 94 per cent of the UK’s higher education institutions.

Sally Bayley, a fellow of the Rothermere American Institute at the University of Oxford and author of the memoir Girl with Dove, went through the British care system as a teenager during the 1980s and went on to study at the University of St Andrews.

She had “no support at all [going into university]. None. And I really needed it. They were unable to deal with my emotions, and I went off the rails quite badly for a year and a half to two years. I almost dropped out.”

Dr Bayley supports the work of charities such as First Star, Buttle and Become. “If you’re serious about getting looked-after children into university, you need to start earlier, with pre-university courses and funding,” she said.

The Office for Fair Access considers care leavers a “target group” but, according to Chloë Cockett, Become’s policy and research manager, “it is concerning that strategic guidance for developing 2018-19 access agreements does not identify them as a priority group”.

Dr Harrison has made it clear that local and national authorities will not be able to understand the experience of care leavers until they develop clear and widely understood metrics that detail what it means to be a care leaver, and also produce
regular reports to track successes and the multitude of experiences people have when they leave the care system.

Ms Cockett argued that any targeted support then developed for care leavers must be “embedded throughout the higher education sector, not reliant on the personal interests of individuals within institutions and funding bodies”.

Dr Bayley argued that it is impossible to generalise when it comes to care leavers: “You can’t come up with a single idea of a kid from the care system.”