

Office for
Students



Annex B: Differences in student outcomes – further characteristics

Care experience

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This annex should be read alongside the report ‘Differences in student outcomes – further characteristics’ (OfS 2020.30)

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Summary

Any questions or feedback related to this publication can be sent to William Rimington at official.statistics@officeforstudents.org.uk. This includes further detail of the results of applying our data quality framework, including specific disclosure rates and inconsistency scores.

1. Access to higher education is much lower for young people who have been in care: in 2018-19 only 13 per cent of pupils who were looked after continuously for 12 months or more entered higher education by age 19, compared with 43 per cent of all other pupils.¹
2. For 2017-18 entrants, the continuation rate of care experienced students was 5.6 percentage points lower than the continuation rate of students who have not been in care.
3. For qualifiers in 2018-19, the rate of achieving a first or upper second class degree was 12.1 percentage points lower for care experienced students when compared with students who were not in care. However, care experience may not negatively impact progression into highly skilled employment or further study at a higher level.
4. The statistics included in this report are raw continuation, attainment and progression rates and we have not used weighting or statistical modelling in their calculation to account for other student characteristics that can impact these rates.
5. The rates and differences in rates are rounded to one decimal place. Some of these characteristics apply to small populations and we have not performed significance or sensitivity analysis on the raw rates included here. Small differences in rates may not represent statistically significant differences in outcomes for students with those characteristics. Also note the differences in rates were calculated using unrounded rates. The value of the differences can therefore be 0.1 percentage point higher or lower than the difference between the rounded rates included in this report.

¹ See Department for Education report 'Widening participation in higher education: 2020' at <https://www.gov.uk/government/statistics/widening-participation-in-higher-education-2020>.

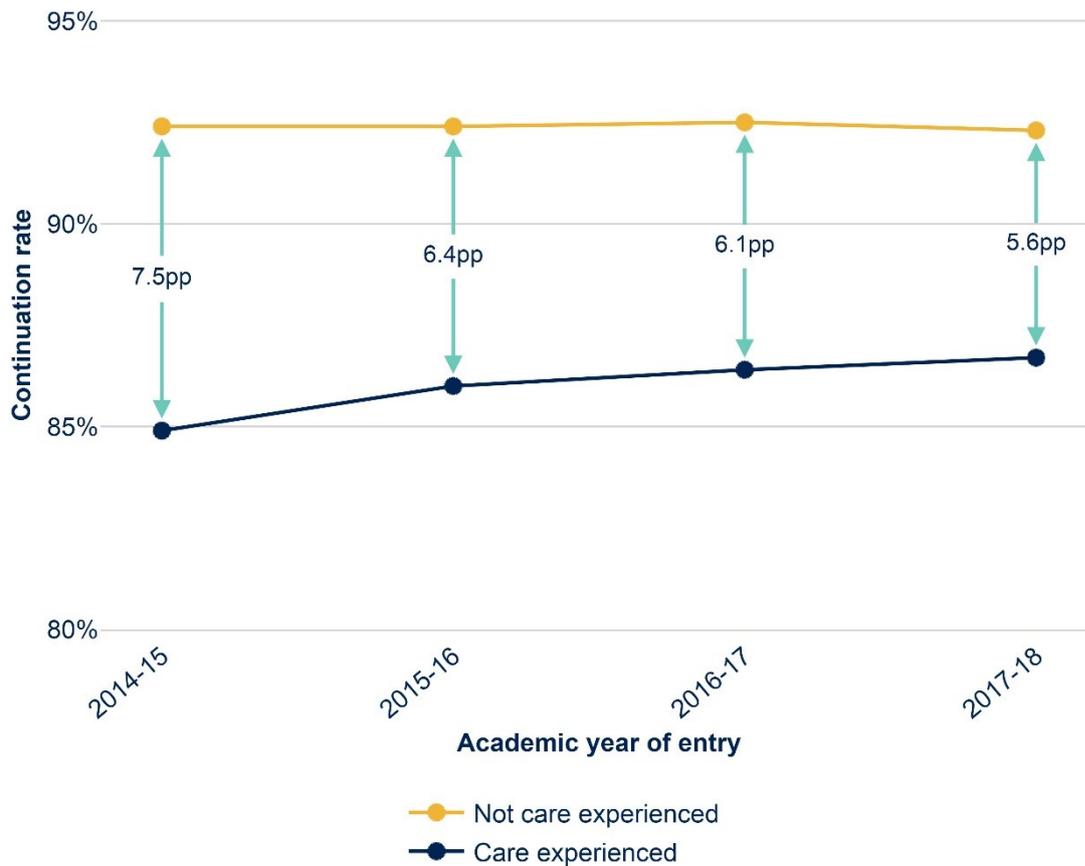
Differences in continuation

6. Continuation rates are lower for care experienced students when compared with students who were not in care (see Figure B1). For full-time, UK-domiciled, undergraduate entrants in 2017-18 the continuation rate of care experienced students was 5.6 percentage points lower than the continuation rate of students who have not been in care.
7. Continuation rates are a measure of the proportion of entrants who either qualified, transferred to another higher education provider or continued their studies. All other students are deemed non-continuers. For full-time students this measure is based on student activity one year and 14 days after their commencement date. The population and measure of continuation in higher education are based on our access and participation data algorithms.²
8. These statistics apply to UK-domiciled, full-time, undergraduate or apprenticeship students who applied via UCAS and attended higher education providers in England that report data to the Higher Education Statistics Agency (HESA) student record. In these continuation calculations around 50,000 students a year are excluded from the access and participation population because they did not have a HESA student record.³
9. The continuation rates of students who have not been in care have remained steady during the last four years, standing at 92.4 per cent for 2014-15 entrants and 92.3 per cent for 2017-18 entrants.
10. By comparison, the continuation rates of care experienced students have increased 1.8 percentage points during this time, increasing from 84.9 per cent for entrants in 2014-15 to 86.7 per cent for 2017-18 entrants.
11. This gap in continuation is reducing year on year and has shrunk by 1.9 percentage points since 2014-15.

² See our document 'Technical algorithms for institutional performance measures: Regulatory indicators, methodology and rebuild descriptions' at www.officeforstudents.org.uk/data-and-analysis/institutional-performance-measures/technical-documentation/.

³ See the data file associated with this release, available at www.officeforstudents.org.uk/publications/differences-in-student-outcomes-further-characteristics/, for the numbers of students who have been excluded from the access and participation population based on the population restrictions outlined.

Figure B1: The differences in continuation rate by care experience for full-time, UK-domiciled, undergraduate students



The data used to create this chart can be found in the data file associated with this publication.⁴ Details of the student population can be found later in this annex.

⁴ Available at www.officeforstudents.org.uk/publications/differences-in-student-outcomes-further-characteristics/.

Differences in degree outcomes

12. Care experienced students have lower rates of achieving a first or upper second class degree when compared with students who have not been in care (see Figure B2). For qualifiers in 2018-19 the attainment rate of care experienced students was 12.1 percentage points lower than the attainment rate of students who have not been in care.
13. Attainment rates are a measure of the proportion of students awarded Level 6+ undergraduate degree qualifications (first degree or undergraduate with postgraduate components) who received a first or upper second (2:1). The population and measure of attainment are based on our access and participation data algorithms.⁵
14. These statistics apply to UK-domiciled, full-time students who qualified with a first degree or undergraduate with postgraduate components qualification. These students applied via UCAS and attended higher education providers in England that report data to the HESA student record. In these attainment calculations around 13,000 students a year are excluded from the access and participation population because they did not have a HESA student record.⁶ This value differs from the 50,000 value in paragraph 8 as these attainment statistics are calculated for a different population from the continuation statistics.⁷
15. For students who were not in care the attainment rate was 80.3 per cent for qualifiers in 2018-19. This is slightly lower than the rate in 2017-18 (80.8 per cent), in line with the sector-level trend.⁸ Given that students who were not in care represent the vast majority of the student body, this is as expected. The attainment rate for students who were not in care increased between 2016-17 (79 per cent) and 2017-18 (80.8 per cent). However, as the care experience data was only used for entrants from 2014-15 onwards, the qualifier data for 2016-17 does not include students who completed their qualification in four years. Given that undergraduate with postgraduate component qualifications typically take four years to complete and have a much higher attainment rate than first degrees⁹, at least some of the increase in attainment between 2016-17 and 2017-18 results from these additional students being included in the population. The rates in 2017-18 and 2018-19 are more representative of attainment for this population of students.
16. Attainment rates for care experienced students were the same in 2017-18 and 2018-19: 68.2 per cent. This is slightly lower than the attainment rate in 2016-17, which was 68.9 per cent. However, the total number of care experienced qualifiers was smaller in that year for the

⁵ See footnote 2.

⁶ See footnote 3.

⁷ For further detail of the different populations see footnote 2.

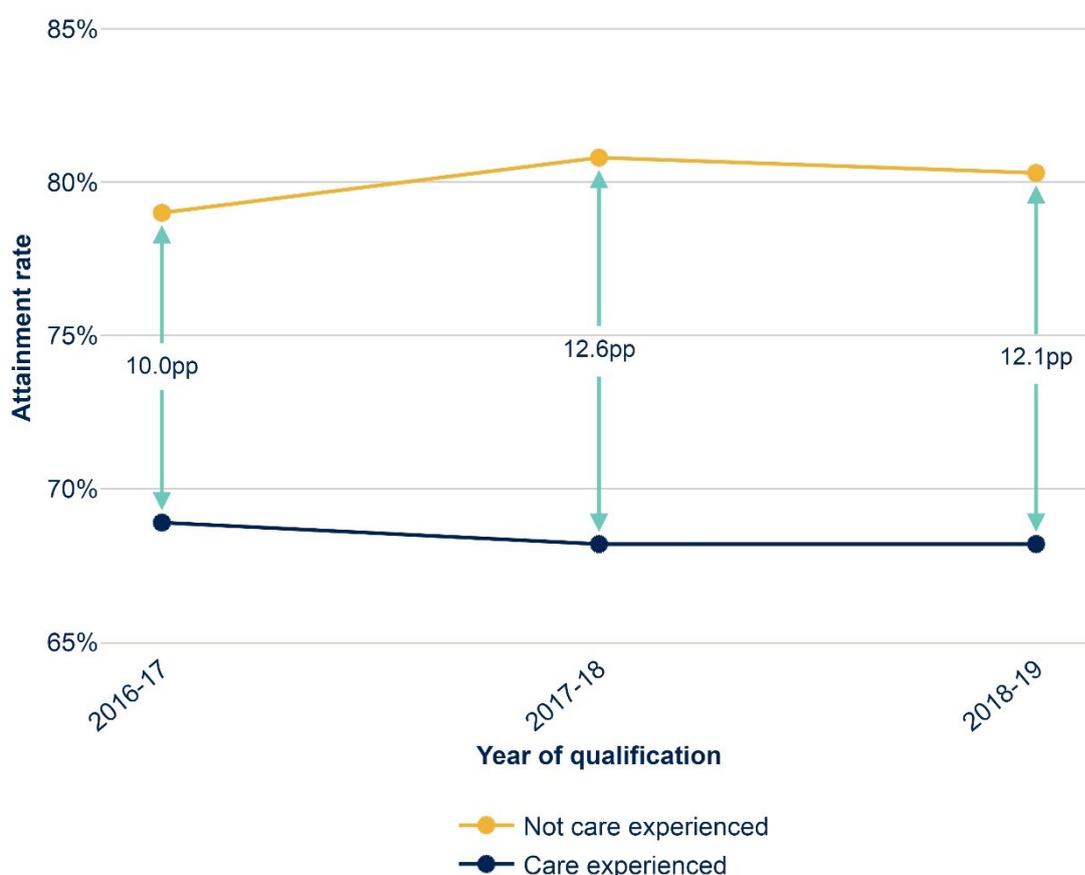
⁸ See www.officeforstudents.org.uk/news-blog-and-events/press-and-media/grade-inflation-for-first-class-degrees-stalls/.

⁹ See our access and participation data dashboard at www.officeforstudents.org.uk/data-and-analysis/access-and-participation-data-dashboard/.

reasons outlined above and the rates in 2017-18 and 2018-19 are more representative of attainment for this population of students.

17. The size of gap in attainment has not been consistent and dropped between 2017-18 (12.6 percentage points) and 2018-19 (12.1 percentage points) by 0.5 percentage points. There was an increase in the size of gap between 2016-17 and 2017-18 by 2.6 percentage points. However, this may be the result of the different student populations (as mentioned above) and may not reflect an actual increase in attainment gap.

Figure B2: The differences in rates of achieving a first or upper second class degree by care experience for full-time, UK-domiciled, first degree and undergraduate with postgraduate components students



The data used to create this chart can be found in the data file associated with this publication.¹⁰ Details of the student population can be found later in this annex. The data for 2016-17 consists of a reduced population and is less robust than subsequent years; see paragraph 15 for more details.

¹⁰ Available at www.officeforstudents.org.uk/publications/differences-in-student-outcomes-further-characteristics/.

Differences in employment outcomes

18. Progression into highly skilled employment or further study at a higher level may not be impacted by care experience.
19. These statistics apply to UK-domiciled, full-time, students who qualified with an undergraduate qualification or apprenticeship. These students applied via UCAS and attended higher education providers in England that report data to the HESA student record. In these progression calculations 21,750 students are excluded from the 2016-17 access and participation population because they did not have a HESA student record.¹¹ This value differs from the values in paragraphs 8 and 14 as these progression statistics are calculated for a different population from the continuation and attainment statistics.¹² The population and measure of progression are based on our access and participation data algorithms.¹³
20. Progression rates are based on the proportion of higher education leavers who say they are in highly skilled employment or studying at a higher level (or both) approximately six months after leaving. These outcomes are based on student responses to the Destinations of Leavers from Higher Education (DLHE) survey. The mapping of DLHE responses for progression rates is detailed elsewhere.¹⁴ As the DLHE survey has been discontinued and the care experience data is considered useable for 2014-15 entrants onwards, progression data is available only for those students who qualified in 2016-17. Additionally, as detailed in paragraph 15, the data for 2016-17 only includes students who completed their undergraduate studies in three years or less so is less robust than subsequent years had the survey been continued. Furthermore, these statistics were calculated using a small number of care-experienced qualifiers (680 care-experienced qualifiers were included in the 2016-17 progression calculations).
21. As a result of the caveats discussed above, the progression rates calculated are not robust and further data and investigation are needed to determine whether they are truly reflective of employment outcomes for care experienced students. These caveats aside, the data for 2016-17 qualifiers suggests that progression into highly skilled employment or further study at a higher level may be slightly higher for care experienced students compared with those who were not in care. The progression rate for care-experienced students (69.5 per cent) was 0.4 percentage points higher compared with students who were not in care (69.2 per cent).

¹¹ See footnote 3.

¹² For further detail of the different populations see footnote 2.

¹³ See footnote 2.

¹⁴ See footnote 2.

Quality framework and student populations

22. A summary of applying our data quality framework¹⁵ to the data on care experience can be found in Table B1. Based on the criteria of the framework this data is useable for entrants from 2014-15 onwards. Though this data is available from 2013-14 the framework suggests the first year of data is of questionable quality.

Table B1: Summary of applying data quality framework to care experience data

Framework criteria	Summary
Data source	HESA student record (CARELEAVER)
Year data collection started	2013-14
Summary of data field	Records whether student was in care
Student population data available for	For English providers, UK-domiciled and EU undergraduate and PGCE students
Part I – Data availability	
I.A – documentation	Well-documented
I.B – disclosure rate	From 2014-15 onwards available for >80% of eligible students
I.C – provider response	Reported by the vast majority of eligible providers
Part II – Data quality	
II.A – identified data issues	Some incorrect reporting in 2013-14 resulting from some providers only reporting data for their care experienced students but no identified issues in all subsequent years
II.B – reporting consistency	Inconsistency scores well below 1 for 2014-15 entrants and later
II.C – comparisons with public	In 2018 there were close to 630,000 18-year-olds in England. ¹⁶ In the same year there were 10,440 18-year-old care leavers in England ¹⁷ , suggesting around 1.7 per cent of 18 year olds were care leavers. By comparison around 0.6 per cent of 18-year-old entrants in 2018-19 were care leavers. Given that people who have been looked after in care are underrepresented in higher education we would anticipate this lower proportion when compared with the general population.
Outcome	Data considered useable for 2014-15 entrants onwards.

¹⁵ See Annex A associated with this report.

¹⁶ See Office for National Statistics (ONS) 'UK population estimates, 1838 to 2018' (Table 11) at www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland.

¹⁷ See Department for Education 'National tables: children looked after in England including adoption 2018 to 2019' (Table F3) at www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019.

23. This data on care experience is collected by HESA. Collection details, including the definitions of care experience used, can be found on the HESA website.¹⁸
24. When applying the framework, 'Information refused' was set to 'Unknown' as this does not provide information for this investigation into differences in outcomes.
25. For English providers, care experience can be recorded as one of two categories. Firstly data is recorded as part of the UCAS application via student self-disclosure. However, providers are able to verify care status and where they confirm the student was in care this is recorded as a different category which takes precedence over the UCAS category. Providers can choose to what extent they verify care status and they may use different verification criteria. For the purposes of this report these two categories are combined into one called 'care experience'. This term encompasses the two care definitions included in the data reported by HESA and is the same term used by Harrison (2019) when using this data.¹⁹ Additionally, in this investigation, for consistency, the student population was limited to only those students with a UCAS Application Scheme Code (UCASAPPID).²⁰
26. Continuation, attainment and progression populations were based on those included in our access and participation data dashboard. Details of these populations can be found in the document 'Technical algorithms for institutional performance measures: Regulatory indicators, methodology and rebuild descriptions'.²¹ Where restrictions exist in the collection of this data beyond those associated with the access and participation populations, then these were also applied. Applying the access and participation populations results in us excluding care experience data where it does not belong in those populations. Data collected for PGCE students is therefore not used. Furthermore this data is collected by HESA for students from the Isle of Mann, the Channel islands and the EU; however, for consistency with our access and participation data²² and the OfS definition of UK-domiciled, these students are not included in our calculations.
27. The quality framework is used to help determine an academic year of entrance for which this data is deemed to be acceptable quality. The outcome populations are therefore limited to those students who began their studies on or after the academic year chosen. This ensures that we only use care experience data that was collected in years that passed the framework.
28. The first two years of qualifier data related to care experience is not presented as these results relate to a small number of students who completed their studies in one or two years – it is not until the third year of data that more robust statistics can be produced. The qualifier population was not limited by the time it took to achieve the qualification. As the care experience data is

¹⁸ See www.hesa.ac.uk/collection/c19051/a/careleaver.

¹⁹ Harrison (2019) Patterns of participation in higher education for care-experienced students in England: why has there not been more progress? Studies in higher education. <https://doi.org/10.1080/03075079.2019.1582014>

²⁰ See www.hesa.ac.uk/collection/c19051/a/ucasappid.

²¹ Available at www.officeforstudents.org.uk/data-and-analysis/institutional-performance-measures/technical-documentation/.

²² See footnote 2.

considered useable from 2014-15 onwards, this results in qualifier statistics from 2016-17 onwards. As detailed in paragraph 15, the data for 2016-17 does not include students who completed their undergraduate studies in four years and the attainment data for 2017-18 and 2018-19 can therefore be considered to be more representative of the undergraduate population.

29. As this data is rarely used, there have been concerns regarding its quality and the rigour with which it was collected. However, our data quality framework has determined that it is useable. In using this data, other than limiting the data to the appropriate populations detailed above, we have not excluded data from these analyses as this could have introduced bias; here we report the data as it is available. Data reported by a provider that could be perceived as abnormal has therefore not been removed.
30. While there are no apparent issues with the data provided to HESA, some concerns have been raised about the definition of care experience used and that providers may be recording data for their students differently.²³ Alternative sources of data related to care experience exist, in particular the National Pupil Database, and we hope to investigate this data in the future.

²³ See footnote 19.



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