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Care-experienced Young People Accessing Higher Education in Ireland

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This is an updated version of this article correcting errors to figures presented in Tables 2 and 3. The key messages of this paper are not impacted by these revisions.

Abstract

While there has been considerable policy attention given to educational disadvantage in the Irish context in recent years, evidence on the educational experiences, attainment, and progression of young people with experience of living in alternative care settings (e.g. foster care, residential care) remains limited. International literature suggests that young people with such ‘care-experience’ typically have lower attainment and progress to higher education at lower rates than their majority population peers. This brief paper focuses on one of these issues, the question of how care-experienced young people in Ireland fare in accessing opportunities in higher education. It presents some very preliminary evidence from an initial analysis of a small dataset related to care-experienced applicants to the Higher Education Access Route (HEAR) programme, a higher education access scheme that offers places on a reduced-points basis to school leavers under the age of 23 from socio-economically disadvantaged backgrounds. The findings highlight a number of features of the experience of this group in accessing higher education. In our conclusion, we argue that there is an urgent need to collect, and draw on, data related to the educational attainment and progress of both children in care and those who have left care in Ireland, in order to effectively inform policy and practice, *and* to demonstrate a commitment to understanding and addressing this issue.

Key words: Higher education, care-experienced, access, HEAR programme.

Education and Children in Care: The Irish Context

There has been considerable policy attention given to educational disadvantage in recent decades nationally and internationally. This has led to a growing appreciation of the long-term implications of educational under-achievement (and its impacts on health, employment prospects, income etc.) (e.g. Smyth and McCoy, 2009). There has also been recognition, internationally, that some social groups face higher risks of such problems in educational progress, including children growing up in poverty, ethnic minority children, migrant children and children in public care (e.g. Darmody et al., 2014; Reardon, 2011; Sebba et al., 2015). A recent study by the Irish Higher Education Authority (2018a) found that students from disadvantaged schools were twice as likely *not* to progress from first year to second year in college as compared to their peers from non-disadvantaged schools.

In Ireland, there were 6,079 children and young people living in out-of-home care at the end of October 2018 (Child and Family Agency, 2018). The majority (92%) of these children and young people live in family (foster or relative family) placements with the remaining eight percent living in residential care homes or ‘other’ settings including secure care placements. Children are placed in care for a range of reasons, which may include being exposed to abuse (physical, emotional, sexual) and/or neglect, concerns over a child’s welfare, the death of a parent, or a parent having a serious long-term illness (physical or mental) or addiction which leaves them unable to care for their child (Child and Family Agency, 2016).

While there has been increasing policy recognition and action in terms of responding to high need target groups in Irish educational policy, young people in care and care leavers¹ have been largely overlooked in educational policy measures or statements to date (Brady and Gilligan, 2018). For example, they were not named as one of the six main target groups in the *National Access Plan for 2015-2019*. A recent review of the National Access Plan has recognised that “children in care have particular needs and challenges in accessing higher education” and proposes that “their status as a sub-group within the overall target groups should be recognised” (Higher Education Authority, 2018b, p. 30).

Reflecting their generally low profile in educational policy, there is a considerable gap in knowledge and available data on the educational progression and attainment of young people in care. In her *Foreword* to the first exploratory study on the education of children in care in Ireland, Emily Logan (the then-Ombudsman for Children) noted the “scarcity” of data in relation to the educational experiences of children in care in Ireland (Darmody et al., 2013, 6).

In Ireland, while there is emerging interest in the educational attainment and progress of children in care and young people leaving care, there are no official data available to describe or track the educational attainment and progress of care-experienced young people i.e. those who have spent time in care during childhood. This leads to a number of gaps and shortcomings in the routine administrative data published about young people in care:

- There are no data published on how young people in state care fare when they sit the Leaving Certificate. Comparable information is published in certain other jurisdictions, for example England², Northern Ireland³, Wales⁴ and Scotland⁵;
- Data on care-experienced young people’s entry to higher education are limited to the data published via HEAR reporting since 2016;
- There are no data published on special educational needs among children and young people in state care;

¹ The terms care leaver and care-experienced young people will be used interchangeably throughout this paper.

² Department of Education. (2018). *Outcomes for children looked after by LAs: 31 March 2017*. Retrieved from: <https://www.gov.uk/government/statistics/outcomes-for-children-looked-after-by-las-31-march-2017>

³ Department of Health. (2018). *Children in care in Northern Ireland 2016-17, Statistical Bulletin*. Retrieved from: <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-care-ni-16-17.pdf>

⁴ Welsh Government. (2018). *Educational attainment of children in need by measure and year*. Retrieved from: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-in-Need/educationalattainmentofchildreninneed-by-measure-year>

⁵ Scottish Government. (2018). *Education Outcomes for Scotland's Looked After Children*. Retrieved from: <https://www2.gov.scot/Topics/Statistics/Browse/Children/EducOutcomesLAC>

- There are no data published on school attendance rates or school exclusions for children and young people in care;
- There are no data published on literacy levels among children and young people in care.

Such data could provide important indicators as to how young people in care and other young people experiencing educational disadvantage fare in education. They would also allow comparison of relevant rates of educational participation and attainment for young people leaving care compared to those for the general population of young people, or indeed, other cohorts of young people at risk of educational disadvantage. Such data could help steer policy focus to the issues and groups most needing attention.

Aims of the paper:

This paper focuses on one of the five issues listed above, the question of how care-experienced young people fare in accessing opportunities in higher education. We present preliminary evidence from an initial analysis of a small dataset related to care-experienced applicants to the Higher Education Access Route (HEAR) programme in Ireland in 2016. The HEAR programme is a college/university access scheme that offers places on a reduced-points⁶ basis to school leavers under the age of 23 from socio-economically disadvantaged backgrounds (www.accesscollege.ie/hear). To the best of our knowledge, this evidence on HEAR applicants represents the only point at which information related to ‘care-status’ is collected in the process of young people in Ireland applying to higher education representing a unique potential opportunity to gain insight into one aspect of the educational transitions of care-experienced young people. HEAR applicants apply through the Central Applications Office (CAO)⁷ system for Level 6, 7, and 8 (diploma and degree) courses. Thus, applications to Post Leaving Certificate (PLC)⁸ and other Level 5 courses are not captured in this dataset .

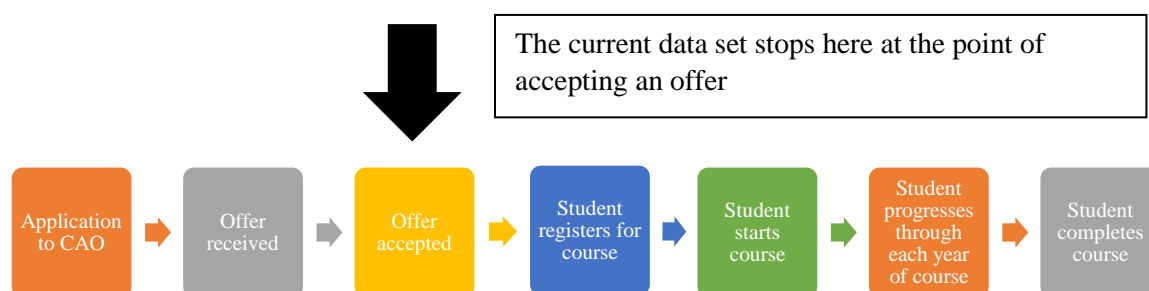
As Figure 1 illustrates, the data presented here capture evidence on just one point on the path through higher education at which data can be gathered. Data are available for all students’ progress at the different ‘gates’, identified in Figure 1, but not for care leavers. The current data for care leavers only allows us to answer certain questions – how many self identify as being/having been in care, how many of these have received an offer and how many of those offered places accept the place. See Nic Fhlannchadha (2018) for further details on this process. The current data does not tell us how many young people from the care system register for/start/complete their course.

⁶ The university matriculation examination in the Republic of Ireland is called the ‘Leaving Certificate’. Students are awarded ‘points’ for each grade received in this exam and it is on this basis that places on university programmes are offered. Nic Fhlannchadha, S. (2018). Alternative admissions schemes for young people with disabilities and from socio-economically disadvantaged backgrounds. *Internationalisation of Higher Education – Developments in the European Higher Education Area and Worldwide*, 3, 79-91.

⁷ The Central Applications Office processes applications for undergraduate courses in Irish Higher Education Institutions. Central Applications Office (2018). *Central Applications Office*. Retrieved from: www.cao.ie

⁸ Post Leaving Cert. courses (PLCs) offer a mixture of practical work, academic work and work experience to school leavers and adult participants. Citizens Information (2018). *Post Leaving Certificate Courses*. Retrieved from: http://www.citizensinformation.ie/en/education/vocational_education_and_training/post_leaving_certificate_courses.html

Figure 1: Pathway from application to completion of higher education course



In this paper, we will propose a number of ‘next steps’ that, if taken, would go some way towards addressing such existing gaps in knowledge in relation to the educational experiences, attainment, and progression of young people with care-experience. We present selected key points from, what appears to be, the first available data related to care-experienced young people seeking entry to the Irish higher education system. We hope to explore potential openings for further research to be carried out on the educational progression of care leavers. We see this as a critical issue in terms of promoting the lifelong well-being of children and young people who are, or have been, in the care of the state.

Overview of International Literature

International research, spanning a number of decades, indicates that young people with care experience generally have poorer educational outcomes than their majority population peers and are less likely to pursue further or higher education (McNamara et al., 2017; Sebba et al., 2015; Stone, 2007; Trout et al., 2008; Vinnerljung and Hjern, 2011). A range of factors have been identified as impacting on educational attainment among children in care including; placement instability and school mobility (Darmody et al., 2013), higher rates of special educational needs (Trout et al., 2008; Sebba et al., 2015), increased rates of exclusions and absenteeism (Parrish et al., 2002; Scherr, 2007), low expectations of their ability among professionals and carers (Cameron et al., 2011) and interagency ‘antagonism’ (Ferguson and Wolkow, 2012: 1146). A number of studies have also examined the barriers faced by young people with care experience pursuing further/higher education (Dworsky, 2018; McNamara et al., 2017). The cumulative effect of disrupted schooling leading to young people not being fully prepared for further and higher education, a lack of institutional tailored support from higher education institutions, and pressure to opt for short-cycle occupational training were identified as just some of the barriers faced by young people with care experience in relation to pursuing further and higher education (Dworsky, 2018; McNamara, 2017; Jackson and Cameron, 2012).

Having considered some of the key factors that influence various aspects of the educational journey of care-experienced children and young people, we now present a brief summary of five key international studies on how young people with care experience fare in the school system (before age 18) and/or in other forms of post school education beyond age 18. These studies have been selected as they were considered particularly critical to building understanding of these issues by the authors due to 1) drawing on national data sets (Harrison, 2017; Sebba et al., 2015; Vinnerljung and Sallnas, 2008); 2) comparing national data across

countries (Cameron et al., 2011); 3) drawing on longitudinal data (Courtney and Dworsky, 2006).

The first study was undertaken by researchers in the United States working on the ‘Midwest Evaluation of the Adult Functioning of Former Foster Youth’ (Courtney and Dworsky, 2006). This is a longitudinal study of youth ($n = 603$) as they transition out of foster care and into adulthood in three U.S. states. Outcomes for those involved are tracked across various domains, including education. Participants were former foster youth, the majority of whom were 19 years old (95.4%). Overall findings for former youth in care were compared to those of a nationally representative sample of 19 year olds. More than one third of former foster youth did not have a high school diploma or a General Educational Development (GED) test. While 59% of those in the national sample were enrolled in an educational programme at age 19, only 39.1% of former foster youth were. Sixty-two percent of the national sample were enrolled in a 4-year college course compared with 18% of care leavers. By age 21, while 53% of adults in the nationally representative sample had completed some time in college, just 30% of the young adults in the Midwest Study had done so (Courtney et al., 2007).

The second study reports the findings of a Swedish study that drew on national register data to analyse long-term outcomes by the age of 25 for approximately 700 Swedish young people, who had been placed in out-of-home care as teenagers due to behavioural difficulties or ‘other reasons’ (Vinnerljung and Sallnas, 2008). With regard to educational attainment, around two thirds of those placed for behavioural problems had only basic education by age 25 (i.e. nine-year compulsory education or less as defined in Vinnerljung et al., 2005) compared to 8-10% of non-placed peers.

The third study investigates the educational pathways of care leavers beyond age 18 in five European countries (England, Denmark, Sweden, Spain, and Hungary). In reporting the YIPPEE study (Young People in Public Care: Pathways to Education in Europe), Jackson and Cameron (2011) note that, while remaining in formal education until, at the very least, age 18, has become the norm in those European countries studied, this is not the case for children in care. The authors described five typical pathways of participating care-experienced participants (aged 19-21) observed across all five countries: ‘typical’ progression in line with majority population peers into further and higher education, a delayed entry into the academic year, pursuit of a vocational pathways, short-cycle vocational training, and ‘yo-yo’ pathways consisting of enrolling and dropping out of courses.

The fourth study focused on educational outcomes within the school system for young people in care in England. A team of researchers at the Rees Centre for Fostering and Education at the University of Oxford explored the “relationship between educational outcomes, young people’s care histories and individual characteristics by linking the National Pupil Database and the Children Looked After Database in England” (Sebba et al., 2015: 4). This major study challenges some of the negative assumptions about the educational prospects of young people in care (e.g. that they are unlikely to proceed to higher education), albeit in a system which has invested serious policy efforts in supporting the educational progress of young people in care for example the introduction of the ‘Virtual School Head’ programme (see for example, Drew and Bannerjee, 2018). Some key insights from this study include the finding that the care system tended to act as a *protective* factor in terms of education and, in general, the longer a child was in care, the better their educational progress. In addition to the value of its substantive findings, this study also reveals the depth and breadth of information and knowledge that can be gained from having access to comprehensive relevant data.

The fifth study investigated rates of progression to higher education by 6,470 young people in care aged 16 in England in 2014-15 (Harrison, 2017). One of the key findings from this study was that 12% of the young people made it to higher education, compared to 48% for their peers not in care.

In addition to these large empirical studies, a recent Special Issue of *New Directions for Community Colleges* presents a range of such work in the US focusing on ‘Enrolling and Supporting Foster Youth’. Among the key messages from this Special Issue were:

- Many youth in foster care are not academically prepared for further or higher education (i.e. college in this instance) due to frequent school moves and their attendance at ‘low-performing’ schools (Dworsky, 2018:13);
- Many young people in foster care cannot turn to their parents for information about the application process and are unaware of eligibility for various financial supports (Dworsky, 2018);
- For young people in foster care, the decision to pursue post-secondary education may be influenced by the support and information they receive from their carers and professionals in their lives (Piel, 2018).

These international studies highlight the challenges of educational attainment and progression faced by many, though not all, children and young people with care experience. The literature outlined also draws our attention to the wealth of existing research that has been carried out on this issue in other jurisdictions. While it is possible to draw conclusions from the findings from these other jurisdictions, the key point being made by this paper is that the lack of data specific to the Irish case severely limits capacity to inform corresponding policy and practice in Ireland. This paper represents one small step towards helping to build a picture of the experiences of care-experienced young people in Ireland who are seeking to access higher (and further) education.

Methods

Secondary data analysis

This study involved secondary analysis of data gathered via the HEAR scheme application process in 2016. The data used in this study, drawn from the overall HEAR applicant data for 2016, was collated by staff in the DARE/HEAR Shared Services Unit in the Irish Universities Association (IUA) who received it upon application from the Central Applications Office (CAO). All HEAR applications are received via the CAO. The authors submitted a request for this data to the CAO who referred us to the DARE/HEAR Shared Services Unit in the IUA in order to access the data set. As staff in this Unit had already secured access to this data, the CAO deemed it most efficient and appropriate that we access the data from this source.

A contact in the relevant IUA Unit (the third author) then provided us with HEAR applicant data for the 6,080 “assessed⁹ applications” in 2016 in a password protected Microsoft Excel spreadsheet, only accessible by the authors. Upon receipt of ethical approval from the Research

⁹ 9,532 applications to HEAR were made online in 2016. Of these, 6080 (63.8%) were assessed, 2,990 were not assessed (31.4%), and 462 (4.8%) had their eligibility carried forward. Applicants whose applications were assessed made an online application and submitted the necessary documentation therefore received a full assessment. Those applicants who were not assessed “made an online application but did not submit any documents therefore did not receive a full assessment”. Applicants who carried forward their eligibility were verified as being eligible the previous year and were “availing of the one year carry forward facility” (HEAR/DARE Facts and Figures, 2017: 33).

Ethics Committee in the School of Social Work and Social Policy, Trinity College Dublin, a secondary analysis of the data related to care-experienced applicants was conducted.

Data analysis

Data on the Excel spreadsheet were ‘filtered’ to capture only those 2016 HEAR applicants who indicated that they were or had been in care i.e. ticked the relevant box on the HEAR application form and submitted objective evidence of their status as care experienced applicants. This exercise revealed 109 care-experienced applicants to the HEAR programme in 2016¹⁰. Data for these 109 applicants was exported to SPSS from Microsoft Excel and descriptive statistical analysis was then carried out in order to address the above-outlined research question. This analysis was based on data relating to the following areas for care-experienced HEAR applicants from 2016. While data were available for other areas, for example, course accepted preference level, the authors deemed the following the most relevant to the current exercise:

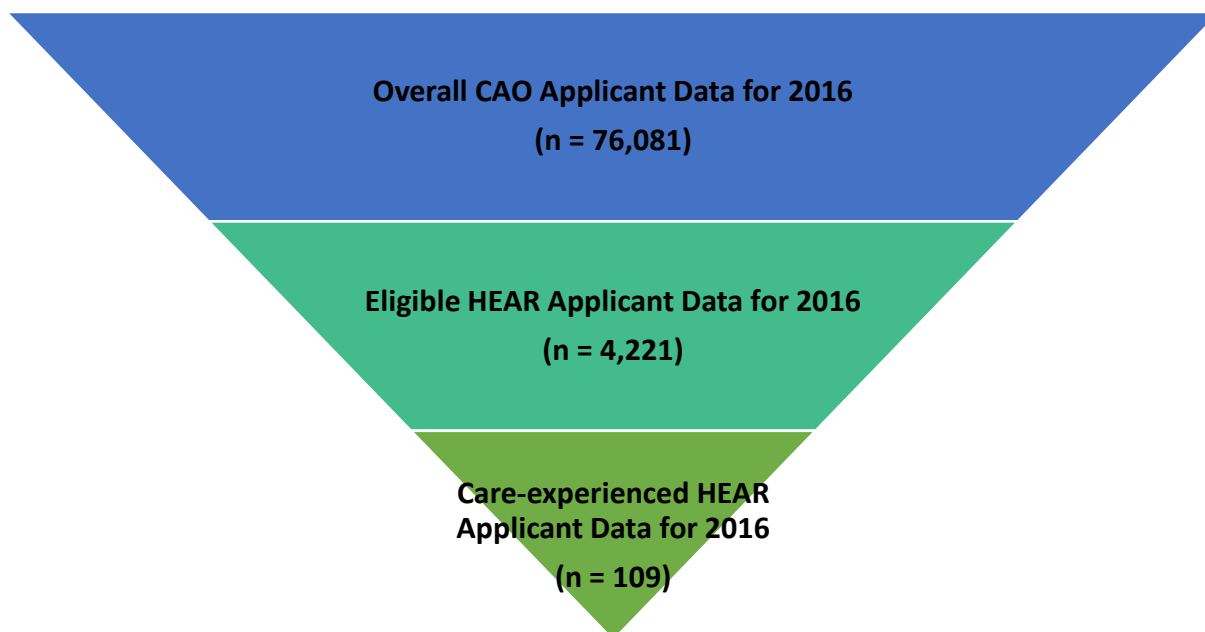
- Age;
- Sex;
- Address by county or Dublin postcode;
- Nationality;
- Country of birth;
- Meeting HEAR DEIS indicator: The DEIS status indicator on the HEAR application form relates to whether or not applicants have completed five years in a secondary school that takes part in the Delivering Equality of Opportunity in Schools (DEIS) scheme. This is an initiative of the Department of Education and Skills aimed at lessening educational disadvantage and bringing about social inclusion in primary and second level education (Nic Fhlannchadha, 2017);
- Meeting HEAR area profile indicator: HEAR draws on information from a “deprivation index of affluence or disadvantage based on the most recent Census data available” as “living in a disadvantaged area can negatively affect educational attainment and progression to higher education”. To reach this indicator, applicants “must live in an area that is disadvantaged, very disadvantaged or extremely disadvantaged, as classified by the HP Deprivation Index” (DARE/HEAR Facts and Figures, 2017, p. 8);
- Accepted course type;
- Final accepted course level;
- Final accepted course offer (subject area).

Selected data for this sub-sample of 109 is discussed below in comparison to overall data for the 4,221 HEAR applicants who were deemed eligible for the programme as discussed in the 2017 publication *DARE - HEAR Facts and Figures*, published by the Irish Universities Association¹¹.

¹⁰ Applicants to the HEAR programme who are in care are automatically eligible for the programme but must provide a letter from the Child and Family Agency stating that they are currently, or were previously, in care.

¹¹ Data from the *Facts and Figures* report (Nic Fhlannchadha, 2017) goes into substantially more detail than we have here. Therefore, we could encourage readers to review this document directly should they wish to gain insight into the detail of various aspects of HEAR applicant data.

Figure 2: Figures for overall CAO applicants, HEAR applicants, and care-experienced applicants in 2016



Ethical issues

As the data received were already anonymised, there were very few ethical issues identified within this study. However, the sub-sample of care-experienced applicants to the HEAR programme in 2016 was relatively small - in 2016 there were 109 applicants to the HEAR programme who were in care out of a total 6,080 applicants (i.e. 1.79% of applicants). In light of this, if at any point there was a risk of participants being identified in the reporting of study findings, data was aggregated in order to prevent this from happening.

Limitations

As noted earlier, the data presented here cannot be presumed to be representative of *all* care-experienced young people applying to the CAO to pursue further and higher education. It is entirely possible that care-experienced applicants simply choose not to 'tick the box' indicating their care status if applying to the HEAR programme. Similarly, it is likely that there are care-experienced young people applying to the CAO who do not do so via the HEAR programme. Thus the analysis presented here must be considered with these points in mind.

Initial findings from analysis of HEAR Data

In the following section, we present some key findings related to demographics, offers received/accepted, and subject choices drawn from the analysis.

Findings related to demographics

Care-experienced applicants (n = 109) comprised 2.5% of the overall eligible applicants to the HEAR programme (n = 4221). Of the final sub-sample of 109 care-experienced HEAR applicants in 2016, 66 were female (60.6%) and 43 were male (39.4%). This is broadly similar to the sex breakdown in the overall cohort which was 42.1% male (n = 1777) and 57.9% female (n = 2444). Care-experienced HEAR applicants in 2016 ranged in age from 16 to 22 years.

Among the general applicants in 2016 the age range was 16-23 years. Fewer care-experienced applicants met the HEAR DEIS indicator (30.3%) as compared to general applicants (37.8%). Considerably fewer care-experienced applicants met the HEAR area profile indicator (48.6%) as compared with general eligible applicants (64.4%). Twelve percent of care-experienced HEAR applicants had a non-EU nationality compared with 2.41% of general eligible applicants. See Table 1.

Table 1: Key demographic findings of care-experienced applicants and overall eligible HEAR applicants

	Care-experienced applicants	Total eligible HEAR applicants
Total	109	4221
Female	66 (60.6%)	2444 (57.9%)
Male	43 (39.4%)	1777 (42.1%)
Age-range	16-22	16-23
Met HEAR DEIS indicator	Yes: 33 (30.3%) No: 76 (69.7%)	Yes: 1594 (37.8%) No: 2627 (62.2%)
Met HEAR Area profile indicator	Yes: 53 (48.6%) No: 56 (51.4%)	Yes: 2717 (64.4%) No: 1504 (35.6%)
Non-EU nationality	13 (12%)	102 (2.41%)

Findings related to offers received and accepted

Sixty-five percent of care-experienced applicants received an offer via the HEAR programme, as compared to 84.5% of general eligible applicants receiving an offer. Fifty-one percent of care-experienced applicants accepted an offer compared to 71.2% of all eligible HEAR applicants. See Table 2.

Table 2: Offers received and accepted by care-experienced applicants and overall eligible HEAR applicants

	Care-experienced applicants	Total eligible HEAR applicants
Total	109	4221
Offer received	71 (65.1%)	3565 (84.5%)
Offer accepted	56 (51.4%)	3006 (71.2%)

Findings related to subjects/fields of study

Forty one percent of care-experienced applicants taking up a place accepted a course in arts/social science as compared to 26.2% for general eligible HEAR applicants. A little over 7% of care-experienced applicants accepted offers on education courses with 6.7% of total eligible HEAR applicants accepting offers on such courses. Just under nine percent of care-experienced applicants taking up a place accepted a course in science/applied science, as compared to 17.3% among general eligible HEAR applicants. Twenty five percent of care-experienced applicants accepted a place on an administration/business course compared to 21.1% of general eligible applicants. Care-experienced applicants who accepted a place on an engineering/technology course comprised 10.7% of the care-experienced sample, as compared to 14.3% of general eligible applicants. Due to the low numbers of care-experienced applicants in other disciplines they are reported here as 'other' in an effort to maintain their anonymity.

No care-experienced applicants accepted courses in areas such as medicine, dentistry, pharmacy, and veterinary medicine in 2016. See Table 3.

Table 3: Subjects/fields of study by care-experienced applicants and overall eligible HEAR applicants

	Care-experienced applicants who accepted an offer	Total eligible HEAR applicants who accepted an offer
Total	56	3006
Arts/Social Sciences	23 (41%)	787 (26.2%)
Education	4 (7.1%)	202 (6.7%)
Science/Applied science	5 (8.9%)	520 (17.3%)
Administration/Business	14 (25%)	633 (21.1%)
Engineering/Technology	6 (10.7%)	429 (14.3%)
Other*	4 (7.1%)	435 (14.5%)

* 'Other' comprises courses where only 1-2 participants accepted an offer in the case of care-experienced applicants in an effort to protect their anonymity. In the case of total eligible HEAR applicants 'other' refers to those applicants who accepted offers on courses not listed here and not offered/accepted by care-experienced applicants for example, medicine and architecture.

Discussion

The data suggest that care experienced applicants are not clustered in disadvantaged areas or disadvantaged (DEIS) schools. This finding is of interest, but requires further investigation of both the Irish situation – and international perspectives – as part of a fuller study of the dynamics influencing educational progress and outcomes for children in care. There is also a disproportionately high share of young people from non-EU countries among the care-experienced group. Again, this is a critical finding but requires further investigation. This phenomenon may be linked to previously-identified high aspirations among refugees (e.g. Stevenson and Willott, 2007) and migrants, which may mean they sometimes have a different educational trajectory to 'mainstream' young people in care. This points to the need for considered examination of the various educational trajectories experienced by that young people who have spent time in care.

We observed lower acceptance rates following an offer of a course by young people in care as compared to all eligible applicants. This raises important issues that require further investigation to find an explanation for this difference. Existing research has highlighted a number of barriers faced by people with care experience seeking to pursue further and higher education including not being fully prepared for further/higher education and a lack of institutional support (Dworsky, 2018; McNamara, 2017). While these issues may also be experienced by young people in the Irish context, further investigation of this issue is required to identify the barriers that prevent a greater proportion of care experienced young people from taking up offers.

The lower take up in STEM (science, technology, engineering, and maths) type courses by care-experienced applicants may be linked to poor attainment in STEM type subjects among care-experienced young people. Again, this is speculation, but is based on wider evidence of lower STEM attainment being correlated with educational disadvantage (Weir and Kavanagh, 2019; Banerjee, 2016). Progress to 'high professional' courses may also depend on levels of social confidence and social capital (e.g. Jæger and Holm, 2007), in addition to requiring higher levels of educational attainment, which combined may possibly be beyond the reach of most

care experienced young people. Other factors that may be relevant include access to opportunities to meet matriculation and subject requirements which may prevent students with care experience from pursuing such courses.

The above findings provide a glimpse into how selected aspects of the profiles of care-experienced HEAR applicants compare to those of eligible HEAR applicants for 2016 overall. These initial findings, while noteworthy, should be interpreted with caution. The data presented cannot be presumed to be representative of *all* care-experienced young people applying to the CAO to pursue higher education. There are almost certainly at least two additional groups of care leavers potentially applying to CAO not covered in the present sample:

- It is possible that a group of care-experienced applicants applying to the HEAR programme simply choose not to 'tick the [care experienced] box' as is entirely their prerogative;
- It is likely that there are care-experienced young people applying to the CAO via the 'mainstream' points route rather than via the HEAR programme.

In addition, it is worth noting that applicants to the HEAR programme are seeking to pursue courses in Higher Education institutions i.e. universities, colleges, and institutes of technology. Further Education and Training, i.e. education and training in settings positioned between post-primary level provision and Higher Education, may also be an option that young people with care-experience pursue. Further Education and Training appear to play an important role in the educational pathways of people with care experience according to emerging findings of the first author's PhD study (Brady, In preparation). Applications and offers to these courses are not captured in this data.

Finally, as noted earlier, while the above findings indicate what subject areas and course levels applicants accepted, they are not indicative of whether applicants actually *registered* for their accepted course, nor are they evidence of whether an applicant *completed* the course.

Conclusion

The issue of access to higher education for disadvantaged groups is being addressed in a number of ways in Ireland for example, via development of access initiatives such as the HEAR programme and the Disability Access Route to Education (DARE) programme, a 'third level alternative admissions scheme for school leavers whose disabilities have had a negative impact on their second level education' (www.accesscollege.ie/dare). As discussed already, care-experienced young people and adults have not been named as one of the six main target groups in the *National Access Plan for 2015-2019*, although it has recently been proposed that steps be taken to recognise the support needs of young people in care in accessing higher education (Higher Education Authority, 2018). However, this omission in the 2015-19 Access Plan arguably reflects the wider absence of data and focus on the educational progress of young people in care and care leavers nationally. Policy in relation to the education of children in care and care leavers clearly must be informed by data and evidence which is severely lacking in the Irish context (Darmody et al., 2013) especially when compared to the evidence available in many other countries.

The low rates of care-experienced young people pursuing post-secondary education has been highlighted in the international research literature, as have the potential multiple pathways into and through both further *and* higher education. The current paper has provided a glimpse of

the frustrated educational potential among care-experienced young people in Ireland as well as insight into the heterogeneous nature of this group of young people and the challenges they face. This is undoubtedly only one small part of a much bigger picture that needs to be assembled, examined, and addressed via future research and policy work. While the conclusions that can be drawn from this paper are necessarily tentative, we propose a number of key implications emerging from this study:

1. There is an urgent need to collect, and draw on, data related to the educational attainment and progress of both children in care and those who have left care. Access to – and commitment to gathering – such data is critical to the development of effective policy measures in this area by key state organisations including the Higher Education Authority, the Department of Education and Skills, and the Department of Children and Youth Affairs. It is imperative for policy makers to have access to evidence that allows certain critical questions to be answered, for example, how many young people from the care system register for, start, and complete their course;
2. It is critical that quantitative data that are collected on this issue are of good quality and provide the necessary detail in terms of attainment/progression. It is also essential that we complement quantitative data with insights from qualitative research on the lived-experiences of children and young people who have spent time in care. This data should capture pathways through both Higher *and* Further Education;
3. Explicit recognition of care-experienced children and young people in all relevant education policies at each education level is a necessary starting point if efforts to address issues affecting their educational progress and attainment are to be successful;
4. Finally, a coordinated, cross-departmental policy effort is required to begin to understand, promote, and enhance the educational experiences of care-experienced young people. Such an effort would necessarily involve the Department of Education and Skills, the Department of Children and Youth Affairs, and the Higher Education Authority among others.

As with all children, educational opportunity and attainment are critical to their overall wellbeing and progress to adulthood. This paper has highlighted the importance of policy attention in the area of the educational progress of young people in state care or who have grown up in state care. The recent review of the *National Plan for Equity of Access to Higher Education* recommended that children in care should henceforth be recognised as a target subgroup within this policy (Higher Education Authority, 2018). This is a welcome step in bringing more policy attention to bear on this issue. A vital next step is strengthening the overall data available to help map the educational progress of young people in care in Ireland. Drawing on a small existing data set, this paper has provided insights into one small part of the fuller picture in terms of appraising the overall educational progress of young people with care experience. It has also sought to highlight the need for a more comprehensive set of evidence that can underpin policy development in this area.

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