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ORIGINAL ARTICLE

Vulnerable young people and post-16 educational aspirations during Covid-19

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Abstract

This study used a longitudinal, probability sample survey, Understanding Society Covid-19, to examine young people's post-16 educational aspirations at the height of the Covid-19 pandemic, with a particular emphasis on four vulnerable groups (namely, young carers; Black, Asian and Minority Ethnic young people; young people with long-term illness and disability; and people with internalising and externalising behavioural difficulties). The findings from this study showed young carers and young people with health conditions to be less likely to choose A levels, despite reporting roughly equal levels of school engagement and school-related support. The Covid-19 pandemic has laid bare the obstacles often faced by young carers and young people with pre-existing health conditions and behaviour difficulties. It is hoped that the findings will contribute to debates about social care and education and will have implications for public policy and action, especially as public services are under enormous strain and are less likely to reach those who need them most.

KEYWORDS
BAME, post-16 choices, vulnerable children, young carers

Key points

- Young carers and young people with poor health were less likely to choose A levels.
- Young people with behaviour difficulties fared less well regarding post-16 options.
- Girls were more aspirant than boys.
- BAME and mid adolescents were more likely than White and early adolescents to choose A levels.
- School concerns during Covid19 were roughly equally distributed across vulnerable groups in this study (i.e., young carers and those with poor health and behaviour difficulties).

INTRODUCTION

The Covid-19 pandemic has had widespread implications for young people's health and education. Large-scale societal disruptions, such as school closures, suspension of learning activities and loss of learning, have exacerbated pre-pandemic concerns about vulnerable children's learning and educational aspirations. The term 'educational aspirations' refers to young people's school goals and plans, with some being more realistic than others, often indicating the level of education they aspire to reach (Chow et al., 2021). Young people's educational aspirations set the path for realising their full potential, and are linked to conversations about social mobility because they predict future educational and socio-economic trajectories (Dobewall et al., 2019). Vulnerable young people often face significant

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obstacles to realising their potential and pursuing further education, and this was the case before and particularly during the Covid-19 pandemic, when the ramifications of underfunded education and social care (Crawford, 2020) were felt sharply by most of them. Young carers, young people with long-term illness and disability, adolescents with internalising/externalising behaviour difficulties, and Black, Asian and Minority Ethic (BAME) young people have often been referred to in policy circles as 'invisible' children (Vizard et al., 2019) whose needs are hidden.

Young carers, who provide informal care to a family member with long-term illness and disability, have felt the disruption caused by Covid-19 keenly (Blake-Holmes & McGowan, 2022). There are multiple reasons why they provide care, and these often reflect a lack of suitable formal arrangements and informal support available within their family and wider social networks (Joseph et al., 2020). Although it is difficult to be precise, between 2 and 8% of young people in economically advanced societies are estimated to be carers (Joseph et al., 2020), constituting an invisible workforce. Young carers are less likely to complete secondary school (Lloyd, 2013; Robison et al., 2017) and to aspire to university after leaving school (Redmond et al., 2022; Robison et al., 2017). Although caring may be associated with increased maturity, resilience and empathy, young carers experience social and academic difficulties at school and have poorer school outcomes than their counterparts without caring responsibilities, mostly due to feeling invisible, excluded and unacknowledged as carers by their peers (for example, Bjorgvinsdottir & Halldorsdottir, 2013); being absent from school for long periods and having reduced opportunities for learning at home in the form of parent learning support and extracurricular activities (Stamatopoulos, 2018); and lacking guidance regarding post-16 choices and further/higher education (Lloyd, 2013).

Poor mental and physical health also poses obstacles to learning and educational aspirations (Dobewall et al., 2019). Young people with long-term illness and disabilities often experience the burden of low expectations and are at greater risk than their typically developing peers for poor academic performance and aspirations (Chatzitheochari & Platt, 2019). They face obstacles due to the disability itself but also the limited support within the education system through reduced access to special educational needs/disability and social care services (Robinson, 2018). Equally, young people with behaviour difficulties have poor educational outcomes (Metsapelto et al., 2017). Difficulties with behavioural functioning are often characterised by internalising symptoms such as emotional problems, limited emotional control, anxiety and depression, and externalising problems such as aggression, hyperactivity, peer difficulties and oppositional disorders (Achenbach & Rescorla, 2001).

While BAME young people have overall higher rates of aspiration and progression to higher education than their White counterparts, BAME are less likely to enter 'high tariff' higher education institutions. Although there are significant differences between different ethnic groups within the BAME category, being BAME is associated with reduced access to higher education (Department for Education (DfE), 2017). During the Covid-19 pandemic, BAME young people and their families experienced increased health risks, limited access to resources and services, low-paid work or unemployment, and loss of household income (Platt & Warwick, 2020; Public Health England, 2020). These challenges are likely to have had an adverse impact on their plans about future education.

Research findings on gender differences in aspirations are rather mixed; a few studies have found that boys aspire to higher educational degrees (for example, Mendez & Crawford, 2002) and others have found aspirations to be higher among girls (for example, Salmela-Aro & Upadyaya, 2020), depending on the subject matter (for example, STEM (Science, Technology, Engineering and Mathematics)). There have also been studies demonstrating no gender differences at all (Watt et al., 2012). Also, mid-adolescents have been found to be more aspirational than pre-adolescents (Hartas, 2016) in that, as they move through education, they become more mature and knowledgeable about post-16 choices, which enables them to develop plans about future education.

Most Covid-19 studies have focused on mental health difficulties in vulnerable children, and those studies that have examined educational aspirations (for example, Saragosa et al., 2022) have used small samples that are not nationally representative. Also, studies on educational aspirations tend to focus on the effects of socio-economic and demographic factors, but only a few (such as Blake-Holmes & McGowan, 2022; Dobewall et al., 2019) have investigated the effects of adolescent mental and physical health on educational aspirations and learning experiences in vulnerable children. Although there is a growing body of evidence on the overall impact of Covid-19 on young people's education, we know little about post-16 educational choices at the height of the pandemic for vulnerable groups (such as young carers, BAME young people, and those with physical and mental health conditions). Although it is safe to assume that school closures and limited access to online learning, unleashed by Covid-19, have affected most young people's future education plans (Public Health England, 2020), we need a better understanding of how vulnerable groups in society thought about post-16 choices during the pandemic. This has implications for children's rights and policy action about how to foster educational aspirations during crises.

The aim of this study was to examine 10- to 16-year-olds' post-16 educational choices at the height of the pandemic (November 2020, when the second lockdown and new restriction measures were imposed in England), with a focus on young carers, young people with pre-existing mental and physical health conditions and behaviour difficulties, and BAME young people. To this end, associations were examined between young people's post-16 choices and

pre-existing mental and physical health conditions and behaviour difficulties; school engagement, concerns and support; and their demographic background.

The research questions were:

- What were the age, gender and ethnic differences in young people's post-16 education choices?
- Were young carers, minority ethnic and young people with pre-existing mental and physical health conditions less likely to choose A levels than their less vulnerable peers?
- What were the unique and cumulative contributions of mental and physical health conditions (before and during Covid-19), school engagement, concerns and support, caring responsibilities, and demographic background to 10- to 16-year-olds' post-16 choices?

METHODOLOGY

The study utilised data from Understanding Society Covid-19, a large, national, probability-based survey (youth panel) on the experiences and reactions of the UK population in relation to the Covid-19 pandemic. The sample was representative of the UK population, consisting of clustered, stratified samples of households in England, Scotland and Wales and an unclustered, systematic random sample in Northern Ireland. Areas with proportionately large minority ethnic populations were oversampled. Cohort members aged 10 to 16 who took part in waves 8 and/or 9 (between 2016 and 2019) were invited to complete a series of paper youth questionnaires at two timepoints during the height of the pandemic (that is, July 2020; and November 2020) (ISER, 2021). The pre-Covid-19 data were made available from the mainstage survey for households issued for interviews in 2019. There were 2862 youth questionnaires returned in the main study wave 9 (2017–19); 1411 in Covid-19 wave 4 (July 2020); and 1432 in Covid-19 wave 6 (November 2020). Longitudinal weights were applied to deal with missing data. The University of Essex Ethics Committee approved all data collection for the Understanding Society main study and innovation panel waves.

Measures

There were four sets of measures in this study. These included: mental and physical health before and during the Covid-19 pandemic (that is, the Strengths and Difficulties Questionnaire (SDQ)/emotional problems and behavioural difficulties, general health, life-long illness and disability); demographic background (that is, gender, ethnicity, age) and caring responsibilities; school engagement, concerns and support (that is, homework frequency, concerns about school, school-related support); and post-16 choices (that is, planning to do A levels or another pathway).

Health conditions before and during the Covid-19 pandemic

The SDQ (self-completed youth questionnaire) was used to obtain mental health measures. SDQ data were collected before the Covid-19 pandemic (2017–19), and at the height of the pandemic in July 2020 and November 2020. The SDQ examined emotional and behavioural difficulties in adolescents: it contains 25 items covering five subscales (five items for each subscale): emotional problems, conduct problems, hyperactivity, peer relationship problems and prosocial behaviours. The response to each item was recorded using three options: not true (0), somewhat true (1) and certainly true (2). The scores for each subscale, ranging from 0 to 10, were calculated by summing up the scores for its constituent items. A higher score indicates higher levels of difficulties for the first four subscales, whereas a higher score indicates better mental health for the prosocial subscale. The total difficulties subscale summed up conduct problems, hyperactivity and peer relationship problems to provide a total difficulties score that ranges from 0 to 40.

The SDQ has been used to predict mental health difficulties in children and adolescents. The optimal cut-off score of 5 and higher on the Emotional Problems subscale and a cut-off score of 16 and higher in Total Difficulties predict mental health difficulties (anxiety and depression) at clinical levels (Bryant et al., 2020). Both the Emotional Problems and Total Difficulties subscales were used to differentiate between internalising and externalising behaviour difficulties. Pre-pandemic, 20% and 26% of 10- to 16-year-olds reported emotional and behavioural difficulties, respectively, at clinical levels. During the pandemic, 18% in July 2020 and 21% in November 2020 reported emotional problems at clinical levels. Also, 22% in July 2020 and 25% in November 2020 reported behavioural difficulties at clinical levels.

General Health is a self-rating item ('How would you rate your health?') in the pre-Covid survey (2017–19) with ratings of excellent, very good or poor. The variable was recoded into two groups due to small cell sizes (73% reported good health and 27% poor health).

Life-long Illness and Disability also is a self-rated item ('Do you have a life-long illness and disability?') with 85% reporting 'No' and 15% 'Yes'.

Regarding the question as to whether 10- to 16-year-olds have caring responsibilities, 19% reported 'Yes' and 81% 'No'.

School engagement, concerns and support

With regard to homework frequency, young people were asked 'During an average week in term time, on how many evenings do you do any homework?' in November 2020. This variable was recoded into three groups to avoid small cell sizes; 45% reported 1–2 evenings; 24%

reported 2–3 evenings; and 31% reported 4–5 evenings during an average week.

With regard to school concerns, the 10- to 16-year-olds were asked in November 2020 about how concerned they were about school due to the risk of catching Covid-19; following new rules; things being different/uncertain; needing to work to catch up; and tests failing to show their capabilities, with the scale ranging from 'not at all concerned' to being 'extremely concerned'. The 5 items were summed up and the new variable's values ranged between 4 to 20 (M = 7.3, SD = 12.1).

Concerning school-related support, young people were asked whether they were supported by teachers, paid tutors, parents and friends in November 2020, with responses ranging through 'not relevant', 'not supported', 'a little' and 'a lot'. Regarding support provided by teachers, 2% reported 'not relevant', 4% 'no support', 42% 'a little' and 51% 'a lot'; for paid tutors, 4% reported 'not relevant', 80% 'no support', 6% 'a little' and 10% 'a lot'; for family, 2% reported 'not relevant', 3% 'no support', 31% 'a little' and 63% 'a lot'; and for friends, 7% reported 'not relevant', 11% 'no support', 48% 'a little' and 34% 'a lot'.The four variables were summed up and the new variable values ranged from 1 to 16 (M = 10.4, SD = 5.1).

Regarding post-16 choices, young people were asked 'What would you most like to do when you are 16?', to which 74% reported doing A levels and 25% reported taking another post-16 pathway (that is, training/apprenticeship, getting a job).

Analytic plan

Initial analyses examined group differences via independent t-tests regarding school concerns and school-related support between (i) young carers and young people without caring responsibilities; and (ii) young people with and without long-term illness and disability. Cross tabs were run to examine the relationship between homework engagement and being (i) a carer, (ii) a young person with long-term illness and disability, and (iii) a young person with externalising behaviour difficulties.

A weighted multiple regression analysis was run to account for covariates (a binary logistic regression for binary post-16 choices). The regression model was established using entry method with all covariates (that is, mental and physical health; school engagement, concerns and support; demographic variables; and being a carer) being entered into models at the same time. Diagnostic tests were run and most assumptions of multiple regression were met (such as normality of residuals, no multicollinearity). In logistic regressions, b represents the change in the logit (that is, the natural logarithm of the odds of the outcome occurring) of the outcome variable associated with one unit of change in the predictor (the odds ratios for the predictor variables were examined). To calculate the percentage change in the odds, the formula 100 × (Odds Ratio − 1) was used.

The Nagelkerke pseudo-r^2 was used as an effect size measure for all models, indicating the portion of variance in the outcome variable explained by the predictor variables cumulatively (in the full model). The Nagelkerke pseudo-r^2 for post-16 choices (November 2020) was 0.238, indicating that around 24% of variance in post-16 choices at the height of the pandemic was accounted for in the full model. Also, the Hosmer–Lemeshow test for the model X^2 (13) = 1.2, $p < 0.757$ was not statistically significant, which means that the observed probabilities matched the predicted probabilities.

RESULTS

Differences between carers and non-carers and young people with and without long-term illness and disability, those with and without behaviour difficulties, and BAME young people were examined for school concerns and school-related support. The results showed no statistically significant differences between carers and non-carers; $t(814) = 1.36$; $p = 0.172$, M = 8.19, SD = 10.3 for carers and M = 6.63, SD = 12.8 for non-carers for school concerns; and for school-related support $t(814) = 1.23$, $p = 0.217$, M = 10.34, SD = 5.8 for carers and M = 10.81, SD = 3.5 for non-carers. Likewise, no statistically significant differences were found between young people with and without long-term illness and disability; $t(814) = 0.59$, $p = 0.554$, M = 6.28, SD =13.7 for disabled and M = 6.99, SD = 12.2 for non-disabled young people for school concerns; and $t(834) = 1.77$, $p = 0.07$, M = 10.17, SD = 5.1 for disabled and M = 10.86, SD = 3.8 for non-disabled young people for school-related support. Similarly, no statistically significant differences were found for school-related support between White and BAME young people; $t(817) = 0.46$, $p = 0.32$, M = 10.8, SD = 3.4 and M = 10.6, SD = 4.2, respectively; and those with and without externalising behaviour difficulties; $t(802) = 1.34$; $p = 0.26$, M = 10.9, SD = 3.1 and M = 10.6, SD = 4.4, respectively. Finally, no statistically significant differences were found for school concerns; for White and BAME young people, $t(817) = 0.56$, $p = 0.12$, M = 11.8, SD = 3.4 and M = 9.6, SD = 3.2, respectively; and young people with and without externalising behaviour difficulties; $t(802) = 1.02$; $p = 0.304$, M = 7.6, SD =11.7 and M = 6.6, SD = 12.8, respectively.

Significant differences regarding homework frequency were found between young people with and without long-term illness and disability and those with and without externalising behaviour difficulties; X^2 (2) = 13.55, $p = 0.01$; and X^2 (2) = 9.6, $p = 0.008$, respectively. Among young people with long-term illness and disability, 55% reported doing homework 1–2 evenings, 14% 3 evenings and 32% 4–5 evenings on an average week. Young people with behaviour difficulties reported doing homework 1–2 evenings (28%), 3 evenings

(24%) and 4–5 evenings (19%). Although no differences were found, X^2 (2) = 2.87, 0.238, between carers and non-carers regarding homework frequency, 46% of carers reported doing homework 1–2 evenings; 28% 3 evenings and 26% 4–5 evenings on an average week. Likewise, no statistically significant differences were found between White and BAME young people regarding homework frequency, with 39% BAME young people doing homework 1-–2 evenings, 27% 3 evenings and 34% 4–5 evenings. Among White young people, 46% reported 1–2 evenings, 24% 3 evenings and 30% 4–5 evenings.

Compared to 10- to 12-year-olds, 13- to 16-year-olds were 45% more likely to aspire to do A levels as a post-16 pathway. Girls were nearly five times and BAME young people were nearly two times more likely to choose A levels as their post-16 option. Young people with long-term illness and disability and young carers were 21% and 62%, respectively, less likely to aspire to do A levels. Likewise, young people with externalising behavioural difficulties pre-pandemic and at the height of the pandemic (November 2020) were 60% and 19%, respectively, less likely to aspire to do A levels. Interestingly, pre-existing poor general health and internalising behavioural difficulties pre-pandemic and at the two timepoints during the pandemic (July 2020 and November 2020) were not found to be associated with post-16 choices. Finally, no significant associations were found between post-16 options and measures of school engagement, school concerns and school-related support (see Table 1).

Taken together, young carers, young people with long-term illness and disability and adolescents with pre-existing behavioural difficulties were less likely to choose A levels as a post-16 option. In contrast, girls, mid-adolescents and BAME young people were far more likely than their counterparts to consider A levels. The homework frequency was roughly the same across carers and non-carers and BAME and White people, although young people with long-term illness and disability and young people with behaviour difficulties engaged with homework less frequently than their counterparts without any health conditions. School concerns and school-related support were roughly equally reported across carers and non-carers, BAME and White young people, young people with and without long-term illness and disability, and with and without behaviour difficulties. Although they were not differentiated across measures of school concerns and school-related support, young carers and young people with long-term illness and disability and those with externalising behavioural difficulties were less likely to aspire to pursue A levels at the height of the pandemic. In contrast, self-reported internalising behaviour difficulties, either pre-pandemic or in July 2020 and November 2020, were not found to be associated with post-16 choices.

TABLE 1 Post-16 choices for 10- to 16-year-olds.

	B	SE	Ex(B)
Demographic background			
Age (10–12 = base category)	0.376	0.231	1.45*
Sex (male = base category)	1.56	0.271	4.799**
Ethnicity (White = base category)	0.668	0.336	1.956**
Being a carer (no = base category)	−0.950	0.331	0.387**
Pre-Covid-19 conditions			
SDQ – Total Difficulties	−0.902	0.350	0.406*
SDQ – Emotional Problems	0.414	0.407	1.51
General Health	−0.185	0.269	0.831
Illness and Disability	−0.227	0.314	0.797*
During Covid-19 conditions			
SDQ – Total Difficulties, July 2020	0.259	0.400	1.29
SDQ – Total Difficulties, Nov. 2020	−0.200	312	0.819*
SDQ – Emotional Problems, July 2020	−0.015	0.348	0.986
SDQ – Emotional Problems, Nov. 2020	0.255	0.363	1.29
School engagement and support			
Homework	0.052	0.148	1.053
School concerns	0.023	0.009	1.021
School support	0.030	0.027	1.03

Note: N = 987–1125.

Abbreviation: B, standardised beta; Ex(B), exponate B; SDQ, strengths and difficulties questionnaire; SE, standard error.

*$p < 0.1$; **$p < 0.01$.

DISCUSSION

The aim of this study was to examine post-16 options in vulnerable 10- to 16-year-olds at the height of the Covid-19 pandemic. Being a young carer, being a young person with long-term illness and disability, and having elevated externalising behaviour difficulties were associated with a reduced likelihood of pursuing A levels. BAME young people and girls were more likely than White young people and boys to consider A levels. Also, compared to 10- to 12-year-olds, 13- to 16-year-olds were more likely to aspire to do A levels as a post-16 pathway.

Young carers' post-16 choices

Our results are consistent with previous research showing that young carers' educational outcomes and aspirations are poor (DfE, 2017; Saragosa et al., 2022). During the pandemic, the challenges young carers typically experience were magnified, impacting on their health, learning and educational well-being (Blake-Holmes & McGowan, 2022; King, 2021). Young carers' coping mechanisms were challenged through intensive caring responsibilities, due to a combination of school closures, Covid-related illness in the family, closure of social care services (Carers UK, 2020) and home schooling of

younger siblings (King, 2021). The suspension of face-to-face learning and respite care meant that young carers were under tremendous strain. Over a third of young carers provided more care during the pandemic than before, on average an additional 10 hours per week, and without the usual levels of support from other family members or external agencies (Carers UK, 2020; Phillips et al., 2020).

The intensification of caring responsibilities during the pandemic, along with the entrenched marginalisation many young carers have routinely experienced, has resulted in their voices going unheard and their needs unrecognised (Joseph et al., 2020). Caregiver responsibilities can lead to less time to study, missing school, arriving to school late or leaving early, and taking time off from school to meet caring demands (Saragosa et al., 2022). Not aspiring to pursue A levels may be a realistic choice, driven by the challenges young carers face rather than a lack of aspiration per se. The findings argue for a better provision of formalised care to reduce the need for young people to take on the carer role in the first place, and for support in the form of life skills and career paths advice, especially during health crises.

Post-16 choices in young people with health conditions

Long-term illness and disability and pre-existing externalising behaviour difficulties were found to be associated with a reduced likelihood to pursue A levels. This is consistent with other studies showing that externalising behaviour difficulties have an adverse impact on school outcomes and aspirations (for example, Achenbach & Rescorla, 2001; Metsapelto et al., 2017). Metsapelto et al. (2017) found that higher levels of externalising problem behaviours lowered levels of educational aspiration through reading difficulties which propel disengagement from school. It appears that young people who reported elevated behavioural difficulties pre-pandemic were more likely than those reporting similar difficulties in November 2020 to not aspire to pursue A levels. A possible explanation is that in November 2020, in the midst of the second lockdown and new restrictions, self-reported behavioural difficulties were more likely to be a normal response to an unfolding crisis, rather than a long-term mental health difficulty entrenched before the pandemic.

It is interesting to note that although no differences in self-reported school concerns and school-related support were found between young people with health conditions and their healthier counterparts, those with long-term illness and disability and elevated behaviour difficulties did fewer hours of homework in an average week and were less likely to aspire to do A levels. This resonates with studies that have examined perceived levels of education support in children with externalising behaviour difficulties, and have found it is not simply the availability of support but rather the ways in which young people interpret and respond to support that influence educational outcomes (Ginevra et al., 2022). Although school-related support made no significant contribution to young people's post-16 choices, it is not only about giving or receiving help but rather acts that meet young people's needs and help them to 'develop a new understanding of their social reality and identity' that seem to carry weight (Ng & Sorensen, 2008, p. 247), especially for vulnerable young people.

The findings from this study differentiated between internalising and externalising difficulties, with the latter found to be associated with post-16 choices. Internalising behaviour difficulties (such as emotional problems), elevated before and during the pandemic, were not found to correlate with post-16 options. This is consistent with previous studies in that internalising behaviour difficulties such as depression were not found to relate to life-course trajectories in education in a Swedish study (Landstedt et al., 2016), and a few associations were found between secondary school graduation and health records (Uiters et al., 2014). This shows that health difficulties such as depression were less likely to relate to trajectories in education. A study from New Zealand showed that social problems but not emotional difficulties were associated with poor educational attainment and reduced higher education options (Dobewall et al., 2019). The realisation that, at the height of the pandemic, young people were not alone in feeling stress, social isolation and uncertainty about the future may have helped them to get a new perspective on their emotions and, possibly, become more resilient.

Post-16 choices across different ethnic, gender and age groups

Minority ethnic young people were nearly twice as likely as their White counterparts to consider A levels as a post-16 option. Although there is no aspiration poverty, even at the height of a health crisis, BAME young people experience obstacles to entering higher education institutions which goes against conversations about aspirations as setting the path for future education trajectories in a culturally diverse society (Arday, 2021). Gender analyses also revealed that girls were five times more likely than boys to aspire to do A levels. This follows university graduation trends, suggesting that girls see more value in considering A levels and higher education, and the pandemic did not seem to dampen their desire to pursue A levels. Consistently with previous research (Hartas, 2016), mid-adolescents were more likely to think about future education and make plans about post-16 choices, which suggests that 10- to 12-year-olds may need support to develop a long-term perspective regarding their future education goals. Compared to children who are about to enter secondary education,

mid-adolescents working on their GCSEs are bound to show a different orientation to possibilities and plans about their future education.

Strengths and limitations

A strength of this study is its examination of vulnerable young people's post-16 options through the lenses of pre-existing mental and physical health conditions, ethnicity and gender by using nationally representative samples collected before and during Covid-19. The findings helped us to better understand whether a health crisis and the social restrictions it imposed affected vulnerable young people's aspirations regarding post-16 choices. Although there is a growing body of research (for example, Joseph et al., 2020; Vizard et al., 2019) on how disadvantaged groups and 'invisible' children fared before and during the pandemic, their needs still remain unrecognised, as we know little about associations between health disparities and post-16 aspirations and their underpinning social determinants such as poverty, stigmatisation and marginalisation. Disadvantaged and vulnerable young people are often marginalised, discriminated against and resource-poor and, thus, likely to fare less well during crises (Joseph et al., 2020). Existing inequalities have been exacerbated by the pandemic, and future research is needed to test and develop models of vulnerability within the parameters of health crises.

There are many limitations to this study. The measures used are self-reported and thus they may not capture a more nuanced picture of school concerns and school-related support, as well as educational aspirations. The measure of educational aspirations consisted of one item (post-16 choices) only. Also, the ethnicity measure was not as fine-tuned as its original measure due to small cell sizes which did not allow the disaggregation of ethnic minority adolescents into more detailed subgroups. Moreover, it is important to state that this study examined associations and not causal relationships between aspects of vulnerability in children and their post-16 choices. Finally, a key limitation lies in the nature Covid-19 research, which evolves quickly, and thus the effects of Covid-19 on vulnerable young people's post-16 choices will be continuing to unfold for the foreseeable future.

CONCLUSION

The Covid-19 pandemic represents a significant challenge for our generation with far-reaching implications for young people's life chances due to loss of learning and educational opportunities, especially for vulnerable groups who have complex needs and do not fare well educationally. Although widening participation policies in England have progressed over the years, their focus has been primarily on young people from low-income households, mature students, and some ethnic minority groups. Young carers and young people with long-term illness and disability and those with elevated behaviour difficulties are often 'hidden' from such initiatives. For young people with caring responsibilities, those with poor mental and physical health and BAME young people, support is often understood in the form of policy initiatives and interventions to raise aspirations per se without accounting for the structural inequalities (Arday, 2021) that irrevocably shape their lives, especially in times of crisis when public services do not reach those who need them most. Concrete policy initiatives and outreach activities, such as university visits, taster days, master classes, study skills workshops, mentoring and summer schools, aim at raising awareness about higher education as a post-16 choice for young people from disadvantaged or under-represented groups (Barkat, 2019). However, young carers and young people with poor health and disabilities are less likely to benefit from these outreach activities during and after Covid-19, due to practical obstacles to accessing these activities (Penington, 2020). The Covid-19 crisis has offered a critical opportunity to re-examine post-16 choices and widening participation support with the view to provide a flexible response to meet the needs of young carers and people with health conditions.

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CONFLICT OF INTEREST STATEMENT

There are no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data are available from the UK Data Archive.

ETHICS STATEMENT

Ethics approval was granted by the University of Essex Ethics Committee for the Covid-19 web and telephone surveys (ETH1920-1271).

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