

# The Aspirations of Young People in Care and Their Perspectives on Resilience

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## OVERVIEW

Young people from a public care background pose the highest risk of economical and social exclusion, are more likely to leave education without any qualifications and many are Not in Education, Employment or Training (NEET) post-education (Harker, 2009; Höjer, Johansson, Hill, Cameron & Jackson, 2008). There have been a number of research studies examining the factors that mediate these outcomes (see Appendix A for a summary in the literature review) and some studies have taken a particular interest in young people who have succeeded “against the odds” or shown resilience to the risk factors in their lives (Jackson, Ajayi & Quigley, 2005). Alongside this, the previous Labour government (Tony Blair 1997-2007; Gordon Brown 2007-2010) made it a high priority to close the gap between the outcomes of Children in Care (CiC) and that of all other children. Part of this agenda was to encourage young people from a care background to enter into further education pathways (for example, the Aim Higher project and recently From Care2Work: National Care Advisory Service (NCAS), 2010), for them to have higher hopes, dreams and aspirations for the future.

The literature review for this study revealed that there have been no studies that specifically look at the aspirations of CiC, as such it was felt that this would be a valuable addition to current knowledge. Furthermore, the literature on resilience tended to focus on risk and resilience factors identified in the lives of CiC and not on the lived experiences of the young people, hence it was felt that a valuable contribution to current knowledge would be to use a phenomenological methodology to seek the perspectives of young people in care on resilience. It was felt that by looking in detail at the aspirations and resilience of a group of young people in care, a more holistic perspective could be gained on why the outcomes of CiC are so poor. Consequently, the aims of the

first paper were to identify what aspirations young people in care hold, the factors that influenced them and the plans they have to achieve them, as well as what they felt was most important for the development of high aspirations. The aims of the second study were to elicit the positive and negative experiences of a group of young people in care, to determine what strategies these young people used to cope with difficult situations and to map out what factors these young people thought led to good educational and vocational outcomes versus poor outcomes for people who have tough lives.

Both studies used data collected from a semi-structured interview with 16 secondary aged and three post 16 young people in the care of one Local Authority. The interview had specific questions related to each of the aims from both studies. All the data collected was qualitative and the analysis used in paper one was thematic analysis, while paper two used Interpretive Phenomenological Analysis (IPA). The reason for using two different analyses was because the focus in paper one was to gather information to form a model that could be generalised to all CiC; as such it took a more reductionist approach. The second paper, on the other hand, was focussed on detailing the experiences and perceptions of resilience that young people in care had; as such it sought to show the rich tapestry of their experiences and not to reduce their experiences to the smallest common denominator.

The results from paper one showed that the young people did have high aspirations, which varied according to gender and age, and plans to achieve these goals. Most of the young people relied on themselves to develop their aspirations and achieve their goals, however, family, school friends and past personal experiences also played key roles. They felt that personal factors were most important in developing high aspirations, followed by social factors, while education and life events had minor roles.

The results of the second study showed that the young people identified supportive networks (peers and adults), education, positive personal qualities, advice and resources, positive experiences (e.g. achievements) and having their basic and emotional needs met as being protective factors that promote resilient outcomes. While poor interactions and relationships, unsupportive adults, experiences of entering care, loss, negative personal qualities, poor education, overwhelming emotions, memories and lack of control over thoughts, life events, and home experiences as being risk factors and promoting poor outcomes.

The results of both studies are relevant both on a theoretical level and a practical level. Theoretically, the first study has contributed to the lack of knowledge of how aspirations are formed in CiC. However, further study is needed before a model can be proposed. On a practical level, the results are useful in highlighting to those who work with CiC the areas that influence them in developing aspirations and the factors that are important in developing high aspirations so that support can be targeted in these areas. The second study has contributed to looking at resilience from the perspective of a young person in care, and while the findings are mostly consistent with current knowledge, the emphasis of the young people on ‘self’ helps us to understand the processes of how young people in care cope with and overcome difficulties – that is that they are relying on themselves and so on a practical level either support should focus on making them better equipped at dealing with their difficulties or it should go into creating a more supportive network across the domains and systems that the young people live in.

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