The Role of Carers and Caseworkers in the School-to-work Transition of Young People in Care

Abstract

How young people in state care decide upon future careers, and the support offered for this process by carers and child protection caseworkers, has received little research attention. This qualitative study sought the views of young people in care, foster and kinship carers, and child protection caseworkers about career development for in care youth. We found young people were thinking about career options but encountered a safety driven, acute casework approach, which sidelined education and work planning. Career development was not viewed as a caseworker responsibility, and, by default, was primarily developed by carers. The study highlights the need for a greater focus on the transition to adulthood, and the inclusion of career development in policy and practice development.

Key words: out-of-home care, work, career development, child protection, transition

Research regarding the educational attainment and employment outcomes of young people with a history of state care indicates a number of deficits for this group. Poorer educational achievement, marginal employment, underemployment, earnings below the poverty level and high rates of reliance on income support have been found in Australian and US studies of care leavers (Cashmore & Paxman, 2006; Dworsky, 2005; Goerge et al., 2002; Moslehuddin & Mendes, 2006; Raman, Inder, & Forbes, 2005). Similar results are found in Britain in the experiences of “looked after” young people, with just six per cent of care leavers continuing on to higher education (Jackson & Ajayi, 2007), high drop-out rates from employment training, limited qualifications, and higher rates of unemployment (Stein, 1994; Wade & Dixon, 2006).

A range of adverse social, physical, psychological and emotional outcomes also is associated with lower educational attainment for young people in care and care leavers. This includes higher rates of homelessness, mobility, teenage parenting, offending, substance use, physical and mental health problems, and limited social supports (Cashmore, Paxman, & Townsend, 2007; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Maunders, Liddell, Liddell, & Green, 1999; Stein & Munro, 2008). Samuels and Pryce (2008) succinctly summarise this situation in stating: “aging out of foster care is a challenging location from which to launch a successful and productive adulthood” (p. 1199).

Workforce participation is only one aspect of adult well-being. Life satisfaction and citizenship can be achieved by such things as being a good parent, making a contribution to the community, or being involved in supportive family or social networks. Employment does however provide multiple benefits, including a sense of identity, feelings of inclusion and self worth, life structure, access to income and social networks. It is an important gateway to healthy adult functioning. Therefore,

the education and career development of young people in care demands attention in order to mitigate the risk of social exclusion faced by this group, and to improve their adult outcomes.

Choosing a career is predicated on the development of self-identity, an understanding of the world of work, and the ability to plan, explore and decide on future educational, occupational and life choices (Patton & Creed, 2001). Career aspirations (“an individual’s expressed career related goals or choices”; Rojewski, 2005, p. 132) and expectations (i.e., careers or occupations that the person assumes might be realistic; Armstrong & Crombie, 2000), are pivotal concepts in most career theories (Patton & Creed, 2007). These theories acknowledge that individual, social and ecological systems affect career aspirations (McMahon & Patton, 1995; Patton & McMahon, 1999, 2006); but, despite this, there has been little career development research with the multiply disadvantaged group of young people in care. In Australia, several studies have examined employment outcomes for young people leaving care. These have used surveys and interviews with young people after they have left care, case file analyses, and legislation, policy and practice analyses (Cashmore & Mendes, 2008; Cashmore & Paxman, 1996, 2006; London, 2004; Maunders et al., 1999; Moslehuddin & Mendes, 2006; Owen et al., 2000; Raman et al., 2005). However, there has been little research on the process of career development and decision making for young people currently in care.

Research on adolescent career development suggests that there is a range of influences on the process of deciding upon and planning for future occupational choices. Developmental progress, gender, sex-role, ethnicity and contextual factors such as socioeconomic status, cognitive ability, levels of self esteem and family characteristics, have all been found to influence the career awareness, aspirations and

expectations of young people (Hartung, Porfeli, & Vondracek, 2005; Patton & Creed, 2007). Research also suggests, specifically, that a young person's relationships with important people in his or her life have a major effect upon career development (Schultheiss, Palma, & Manzi, 2005). Support offered in relationships, such as emotional, social, esteem, information and tangible assistance, can contribute to a sense of security, giving young people the confidence to explore career possibilities and make career decisions (Ketterson & Blustein, 1997; Schultheiss, Kress, Manzi, & Glasscock, 2001). Thus, the present study focuses specifically on the function of relationships in career development.

The study uses social cognitive career theory (SCCT; Lent, Brown, & Hackett, 1994; 2000), a career model based on Bandura's (1986) personal agency theory, as a framework to understand the processes through which people form interests, make choices and achieve success in educational and occupational pursuits. According to SCCT an individual's career interests and goals are shaped by a number of environmental and cognitive variables. Person inputs (e.g. gender, ethnicity, health) and background circumstances (e.g. finances, relationships and barriers) together influence an individual's learning experiences. These learning experiences in turn affect three cognitive-person influences as being central to career development: 1) self efficacy (people's judgements of their capabilities to organise and execute courses of action; Bandura, 1986, p. 391); 2) outcome expectations (people's judgements of the likely consequences of attempting a task; Bandura, 1986); and 3) goals (people's intention to engage in a certain activity or to affect a particular outcome; Bandura, 1986). Put simply, self-efficacy involves the question "can I do this?", outcome expectations reflect "if I do this, what will happen?", and goals are "this is my plan" (Lent et al., 1994, p. 36). The theory further proposes that person, environment and

behaviour variables affect one another through complex, reciprocal linkages; indicating that career development is influenced by both objective and perceived environmental factors (Lent et al., 1994; 2000). Objective factors may include the level of finances available or the quality of education received. Perceived factors are how individuals make sense of and respond to what their environment provides. This helps explain how some people achieve great success, despite the environmental odds against them, and how others fail despite seemingly having every environmental advantage (Lent *et al.*, 2000).

Aim of the Study

The aim of this study was to explore the role of carers and caseworkers, in lieu of parents, on the career development process for young people in care. Rather than care-leavers offering a retrospective view of their career development experience, the study sought to understand the issues for young people who were still in care, and how they go about making education and career related decisions.

Method

Participants

Participants in the study were (a) young people in care or recent care-leavers, (b) carers and (c) caseworkers.

Sixty five young people (43 girls and 22 boys), participated in interviews at Time 1 (mid 2008), 50 participated at Time 2 (early to mid 2009) , and 25 at Time 3 (late 2009) . The study reports on data from the interviews of the 25 young people who were interviewed at all three times and draws on responses from questions directed at Time 3. This group included 18 girls and seven boys. The youngest participant was aged 14 years, and the oldest was 19. By Time 3, all young people had been in care

for longer than a year, with seven in care for one to three years, five in care for three to five years, six in care for five to 10 years, and seven in care for longer than 10 years. At the study's end, placement types included eight foster care, seven kinship care, seven independent, one residential and two at home with a parent.

Twenty-seven carers were interviewed on one occasion. These were 20 women and seven men, the majority of whom were aged over 55 years (7 aged between 30 and 50 years, 14 aged between 50 years and 65 years, and 6 aged more than 65 years). The carers were caring for adolescents, but not necessarily the young people who participated in the study. All had been carers for more than three years, with six having up to 10 years experience, 13 having 10 to 20 years experience, and seven having more than 20 years. Twenty-one of the carers identified themselves as full time carers, who were not otherwise engaged in paid employment.

Fourteen caseworkers were also interviewed, again on one occasion. Included in this sample were two senior practitioners (experienced workers who provided casework direction), one support officer (typically a less qualified worker who provided practical assistance to young people), and 11 caseworkers (who had case responsibility for children) from the statutory child protection agency. There were 13 women and one man; most were aged less than 40 years (6 were aged 20 to 30 years, 4 were aged 30 to 40 years, 1 was aged 40 to 50 years, and 3 were over 50 years). The 11 who were working as caseworkers had less than five years experience; the senior practitioners and support worker all had more than 15 years experience.

Procedure

The study was part of a larger mixed-method, longitudinal project exploring career development for young people in care. The young people in the current study participated in semi-structured interviews at three points in time across 2008 and

2009. We considered that the timing of the interviews (approximately 6 months apart) was sufficient to allow young people to make progress in their career development. No specific interventions were implemented, but the young people were exposed to the normal career development activities at school and in the community (e.g., careers displays, work experience), and had the opportunity for discussion of aspirations with others, and for self-reflection. Carers and caseworkers contributed their views by participating in one semi-structured interview conducted in 2008 or 2009.

All participants were recruited with the assistance of the statutory child protection agency, which provided addresses for young people in care, addresses and telephone contact details for carers, and approval for caseworkers to participate in the study. Participants were provided with information and consent forms, which were returned prior to their interview. Interviews typically took one hour to complete and were audio-taped for later verbatim transcription. The young people received a \$20 payment for participation in each interview; the carers and caseworkers had their names placed in a draw for a \$100 shopping voucher prize. The study was conducted under the auspices of Griffith University's human research ethics committee, and with the approval of the statutory child protection agency.

A phenomenological research methodology was utilised; that is, a research approach which is interpretive and accepts the subjective (Denzin & Lincoln, 1998). Interviewers were conscious not to lead participant replies, and to fully explore participants' responses with the semi-structured interview method. Coding of the verbatim interview transcriptions, using techniques from interpretative phenomenological analysis, was assisted by the use of NVIVO8 qualitative research software. The analysis focused on understanding lived experience and how participants themselves made sense of their experiences. It was therefore concerned

with the meanings that those experiences held for the participants (Smith & Osborn, 2004). As such, coding stayed true to the text and meanings used by participants. Interviews were coded into broad themes, and later sub-themes, to draw conclusions and messages. Rigor of analysis was achieved through the use of three researchers, independently analysing a sample of the data to develop the broad themes.

Results

The results of the study are ordered by the perspectives of each group of participants in turn.

Young People's Perspectives

Young people in care were asked about their career goals, who or what influenced their developing ideas about future work, what caseworkers and carers had done to assist them to develop a career, and generally about the barriers and supports they perceived as hindering or helping them make a successful transition from school to work. All but one of the 25 young people interviewed had a focus on their adulthood and had ideas regarding future work and career. The majority of participants (17/25) aspired to careers in the helping professions, with nursing, teaching and defence force positions dominating. Jobs in law, policing, aged care, and youth work were also identified as possible future careers. Other occupational interests included hospitality and food related jobs such as cooking and butchery, hairdressing, business, science and technology.

Influences. The question regarding major influences was purposely broad with the potential to capture information regarding a wide range of individual and structural factors. Relationships (or lack of) with other people, and experiences, emerged as the most significant influences. The majority of young people in this study identified

three groups of meaningful relationships in their career development process: carer families, family of origin and school-based relationships. For those who had not developed supportive relationships with others, the concept of self-reliance was dominant.

Carers. Carers and the extended carer family were described as the major positive influence on career development. Young people were conscious of carers' participation in the workforce, and reflected on these as role models for themselves. Carer employment also opened up discussion about employment generally, which led to a better understanding regarding career options and pathways, and what was expected of them at school and in a job. Those in a home environment where education was valued were able also to connect education with employment outcomes. Carers were also the main facilitators of casual employment, providing encouragement, leads, and practical support, such as driving them to and from their place of work.

Family of origin. The relationship with parents, and the influence of parents on career development, was rarely introduced by young people. When they did mention parents, often they saw them as models to avoid. They did not want to be like their parents, rather they expressed the desire to do well academically, have stability in their housing and relationships, be successful materially, and do well in their jobs. *Like pretty much no one's finished anything or accomplished anything and I want to be able to prove that on both sides of the family that there are some of us that can actually finish something, accomplish it and be good at it (young woman aged 17 years with teaching aspirations).*

Young people identified that siblings, aunts and uncles, and grandparents, principally grandmothers, had positively influenced their career development. Some

young people saw their siblings and extended family members involved in training and higher education, and participating in the workforce, and sought advice from them regarding career options and pathways. Others observed the consequences of sibling disadvantage, such as disengagement from school, early parenting, and long periods of unemployment, which motivated them to plan and focus on a future career. Grandmothers influenced by providing ongoing relationships in which they modelled workforce participation, gave encouragement or examples of success and set expectations. *I think my grandma... Well she's a workaholic. She's successful. She's the only successful person in my family that I can actually look up to (young man aged 18 years with business aspirations).*

School-based relationships. Young people also described teachers, principals and guidance officers as influential. They facilitated career exploration by providing information on education and career pathways, by arranging work experience, and by creating supportive and constructive relationships with the young people. Friendly relationships with peers, in which messages of getting a good education were conveyed, also exerted influence on education and future career options. ... *'cause like they [my best friend and my new friends] care kind of thing and they want me to get a good education (young woman aged 15 years with horse trainer aspirations).*

Self-reliance. A disruption to relationships with others led many to be self-guided in determining career goals. Approximately 20% of the young people did not identify other people from whom they had obtained information, encouragement, support or guidance. They presented a strong theme of self-reliance. They felt they had got “this far” on their own without assistance, and likewise they would be responsible for their futures. Their experience of adults was that they were inaccessible and unreliable. Forced early independence led these young people to believe that they needed to plan

their education and employment pathways on their own. *Who would assist you in getting the apprenticeship? I'm not too sure really. I think I'd just be on my own legs with that one (young man aged 17 years with chef aspirations).*

Experiences. Negative pre-care or in-care experiences often influenced young people to want to “do better”. Chaotic, unsafe, and emotionally and environmentally deprived pre-care family life, and in-care experiences of limited finances and resources, were significant motivators for future career. Young people identified employment as an avenue to material wealth and stability. *[In the context of discussing saving money from a job]. And I think another reason why I want to get just one house; I don't want to skip into this house, that house or that house. I think, two, four, five, six; this is the eighth house I'm living in. So it's been like nearly every two years we've moved and I'm over that so I just want to get a house (young man aged 16 years, working in abattoir).*

Work-related experiences, such as work experience and careers expositions, tended also to influence the choice of career path. *Because in the last week of term about three weeks ago I did three days at XXX Primary School working with the little preps. It just made me more interested in being a teacher (young woman aged 17 years with teaching aspirations).*

Most young people participated in work experience of one week's duration through their senior schooling curriculum. However, few of the young people in care had part-time jobs. The media and the internet also provided access to valuable information about various jobs. It also seems likely that care experiences led them to think about jobs in the social welfare field, towards “helping” or “service” occupations. *...I've had my plans and working with children in care. Working through drug problems and stuff, things like life skills. Work with them to try and get through the problems that I've already been through with the Department, kind of*

thing, if I'm a youth worker or something (young woman aged 17 years with youth worker aspirations).

How Young People viewed the Role of Caseworkers. Many young people did not have an ongoing relationship with a caseworker, and even when they did, it was clear to the young people that exploration of career interests and career guidance was not a priority for the caseworker. Nineteen of the 25 young people advised that caseworkers did “nothing” to assist their development of ideas regarding work. When careers were discussed, the discussions were generally superficial and limited. Caseworkers did not take a proactive role regarding future pathways, and some young people even thought that they had a negative effect on their thinking about educational pathways and career choices. *Do you think your schooling needs have been considered and met?*

Well not when it came to basically everybody treating me like a psychiatric and not seeing me as a normal human being with feelings and everything (young man aged 16 with IT aspirations).

The young people identified many factors that affected their relationships with caseworkers, and which subsequently impeded discussion about their transition from school to work, including high staff turnover (*Like they changed so often that they just had no idea of what we wanted or anything like that [young man aged 18 years with business aspirations]*), lack of caseworker availability, caseworker focus on placement issues, brevity of contact, lack of referrals to training options, inadequate provision of learning resources such as laptops, lack of funds for tutoring, and a sense that younger children in the system were a priority. *It seems that kids in care that really matter the most are the young ones. They don't really care about the ones that are in high school (young woman aged 17 years with teaching aspirations).*

Six young people identified positive assistance from their caseworkers regarding their education and career pathways. Funding for tutoring and training courses and assistance with an application for a one-off government payment dominated the descriptions of caseworker assistance. Typically, funding requests were initiated by the young people themselves, and funding could be approved with little discussion of future career interests or goals.

How Young People viewed the Role of Carers. Young people detailed a range of carer experiences, with the quality of care differing markedly between placements. In relation to the support offered specifically for the career development process, two different possibilities emerged. In the first, there was comprehensive care, in which carers considered the educational and transitional requirements of young people, and provided a range of practical and emotional supports for the process. In the second, carers provided rudimentary care, in which basic care requirements were met, but there was little focus on education, work or the future.

Carers emerged as the primary influence for young people's career development, providing practical and emotional supports and career role modelling.

Comprehensive care, which acknowledges that young people need to make the transition to adulthood with an education and with work options, included such practical supports as ensuring school attendance (and scrutinising absences on report cards), assistance with homework, help with subject selection, provision of required texts, assistance with resumes, and research about higher education entry requirements. Carers also provided transport to casual jobs, work experience, and extra-curricular activities or careers expos. They attended Education Support Plan meetings and Technical and Further Education college interviews, attended parent

teacher interviews and school excursions, paid for training courses, and organised tutoring.

Emotional support, which was highly valued by young people, included messages of encouragement, such as *you are smart enough, you can be whatever you want if you put your mind to it, you need to do well at school to succeed, you need to complete Year 12*, and messages to *aim high* (young woman aged 14 years with chef aspirations). Within the emotional support category, carer advocacy was highly regarded by young people, who provided examples of carers assisting with academic and peer problems at school and taking the time to talk with teachers. They were also valued in relation to casual jobs, where there were issues with co-workers or supervisors. Young people also appreciated the availability of carers... *They were always there. If I needed help with my homework or whatever, they would help me* (young man aged 18 years with business aspirations), their flexibility and determination to provide opportunities... *but if I want to, then like they'll do everything in their power to like let me have a chance at it. Like, anything that we want to do, we just tell our Nan and our Nan like she will figure out a way for us to do it* (young woman aged 14 years with nursing aspirations).

Some young people talked of the different approaches taken by carers and parents... *Like if I wasn't with them now I probably wouldn't be the same kid I am today... I wouldn't have had that encouragement and that* (young man aged 16 years with army aspirations), and from another... *they've never let me give up. They've never said no, you can't do that. Or no, you don't have the brains to do that. They've just been really supportive. They've been there when I've needed help, and stuff like that* (young woman aged 16 years with army nurse aspirations).

Not all carer experiences were positive, however, with some young people, those

who had had multiple placements, able to identify carers who were more helpful than others. Some care was rudimentary - limited to food and shelter, rather than emotional support or guidance. Factors that affected carers' ability to provide educational support and career guidance included advanced age, and thus a lack of current knowledge of school and employment systems and environments, lack of transport and technology, and lack of priority for homework or provision of a suitable home learning environment. Young people also detailed the following issues as affecting the career development process: carer expectations that teenage young people should assist in the care of younger children rather than undertake education or work-related activities; carer inability to attend school functions due to the demands of younger or high needs children; lack of carer interest in career options; and a focus on day-to-day care rather than preparation for the future. Young people, who had been placed in residential care, or in placements with youth work rosters, were particularly critical of the lack of career planning assistance. *Yes, basically they are good with helping you gather life skills but they're not so good when it comes to helping you with stuff about school or you know, stuff like that, getting a job or whatever (young woman aged 16 years with midwife aspirations).*

Caseworker Perspectives

Caseworkers were asked to discuss their knowledge of policies and programs aimed at supporting young people's transition from school to work and the activities they undertake to assist young people to make decisions regarding further education and work. All the caseworkers advised that career development was not included in their caseworker training and admitted having limited knowledge of services that could assist young people's career development. Some articulated the belief that this was a school responsibility and that they would not take an active role in the process,

even when the young person's needs were not being met. *Do you see that there's much job preparation done prior to the age of 18?* Caseworker: *Well no, this is only my personal experience, not through me there isn't. With this, and I'll go back to this young man again, the school has promised, I've been going to meetings at that school for almost two years now, and at each meeting they've said that they will have him prepared. But here we are, two, three months out of him finishing school, and they haven't done anything. Not to my knowledge they haven't.*

In discussing their level of involvement in career development with young people, caseworkers indicated that time with clients was limited and working relationships were hard to achieve. This was largely due to the reactive nature of their work, and the regulatory focus of the bureaucracy which necessitates completion of paperwork. Policies to assist workers to focus on young people's education and ideas for work, such as Education Support Plans, were not working as intended. Our estimates were that only half of the young people had them, and that in many cases they were tokenistic and included plans that were never followed through. *The biggest place it (ESP) falls down is that it's of varying quality and the process can be anything between excellent and poor, depending on the school...(Caseworker)*

Caseworker responses regarding the activities they undertake to assist young people to transition from school to work revealed that there was a problem-based approach to clients. The casework emphasis was on emotional and psychological needs. Perhaps as a reflection of case worker training (six of the 14 workers had psychology qualifications, including degrees with majors in psychology), caseworkers identified young people's psychological issues as the barriers to successful school-to-work transitions and the reasons they do not undertake career focussed activities. Psychological issues identified included unresolved trauma, intellectual and behavioural deficits, attachment disorders, mental health problems, dehumanisation,

complex needs, drug use, and the inability to comply with authority. Caseworkers could identify that broader structural factors, including lack of post-care supports (accommodation, social support and money), other casework priorities, unclear funding guidelines, poor communication with other government departments, inadequate education resources and lack of caseworker information regarding career options, were inhibiting young people's futures. But there were no "solutions" that could be implemented easily, and thus no casework approach to these matters. *The whole issue to me is the transition from care, and support of young people to exit the system or get vocational employment or even their own personal development, is always one of those things that is very, in terms of it being a well-being issue, it's of tremendous importance to people but in terms of the deliverable stuff, it always gets trumped by other things (Caseworker).*

Carer Perspectives

Carers, like caseworkers, were asked to respond to questions about their knowledge of existing policies and programs aimed at supporting young people's transition from school to work. Additionally they were asked about the activities they undertake to assist young people to make decisions regarding further education and work. In responding to these questions, carers articulated an awareness of Education Support Plans as the procedure that supports young people to achieve academically and to move to work. Carers also focussed on system issues that influence their own approach to the career development process for young people.

Carers expressed high levels of frustration regarding the statutory child protection agency, and identified that administrative and bureaucratic processes were inhibiting them in assisting young people's transitions from school to work. Failure of the agency to provide written consents for school and extra-curricular activities, birth

certificates, tax file numbers, funding for training or higher education, and referrals to adult supports such as income and accommodation services, had a significant effect on the capacity of young people to move forward and plan for a future career. System issues identified by carers as having a negative effect on young people's career aspirations included: placement instability, infrequent and "mechanical" contact with caseworkers, inexperienced caseworkers, and incomplete Education Support Plans. Limited transition-from-care processes, and a casework focus on the provision of whitegoods for independent accommodation, rather than other transitional supports, such as higher education or work training, were other systems issues creating negative effects.

Carers could identify themselves as one of the primary influences for young people's career development. This identification was based on such factors as their provision of school resources, advocacy, career ideas, subject selection advice, encouragement and a sense of belonging, and as the facilitators of school attendance, work experience, increased self esteem and life skills. Carers did, however, feel inhibited and unsupported in the career development process, with delegation for significant decisions lying with caseworkers who were largely unavailable for future planning. *I think the department leaves it all up to us (Carer).*

Discussion

This study obtained the views of young people in care, along with the views of caseworkers and carers, to examine how young people in care were preparing for the school-to-work transition. Social cognitive career theory provided the framework for understanding this preparation. This theory identifies three key variables to career development that need to be examined (career self-efficacy, career outcome expectations and career goals). It proposes that contextual or environmental factors

including adult support and role models, family relationships and resources interact with these variables to shape career development. Relationships and care experiences were the major environmental factors identified as important for this group of participants in making career choices. Positive aspects of relationships that young people felt aided their career development were emotional support (someone to rely upon), encouragement to achieve and practical support.

This group of young people described minimal parental influence on their career exploration and development. Consequently, as young people in care, they were reliant on their own resources, or became reliant on delegated adults, such as carers and caseworkers, to assist them in their development of career interests and plans. Young people valued assistance with career planning, particularly financial support from caseworkers and encouragement and practical support from carers, but we found there were few systematic processes, resources, skilled personnel and programs to promote career development for young people in care. The casework approach that is used provides little focus on this life-shaping process as it lacks a future focus and can actually generate barriers to young people participating in activities that may shape career interests. Caseworkers were not influential. From young people's descriptions, the general casework approach had an acute, or triage-like (to borrow from the medical field) focus, with caseworkers focusing on safety and psychological functioning, rather than taking a broader approach to the meeting of needs. This approach was largely disliked by young people, who felt unknown and neglected by their caseworkers. Their desire was for a more stable, reliable and committed caseworker who took an interest in them and in their future well-being.

It should be noted that the caseworker participants were interested in assisting young people with the school to work transition, evidenced by volunteering to

participate in the study. However, they tended to have a “backward glance” characterised by a psychological focus that downplayed structural barriers, and was more likely to respond to problems rather than initiate building upon strengths. With limited knowledge of career development processes, caseworkers had few ideas about how they could facilitate education and work outcomes. Casework was short term, and while it involved recognition of the traumatic consequences of maltreatment by referral to therapeutic services, it tended to overlook strengths and future planning. This limits the capacity to focus on life outcomes for young people.

Carers were more influential, often having an interest in promoting thinking about future jobs. However they lacked knowledge and skills, and faced bureaucratic barriers to promoting career development. Carers acknowledged that they must provide the type of relational environment that contributes to effective career progress, but are challenged to do this in the absence of statutory support. They need tools to authorise and assist them to promote career development, and they need support and consistency from the responsible agencies, which needs to be reflected in an orientation to this by the caseworkers in the agencies. Some of the barriers faced by carers could be reduced if carers were able to approve things like young people’s participation in school excursions and extra-curricular activities. Carers could also assist young people to apply for such essentials as tax file numbers and birth certificates.

Many of the young people in care focused on occupations that were helping, caring or protection-based. Such goals are likely to come from the young people’s context, where they are exposed to such career role models. Career role models can be quite influential, not only in choosing a final career, but they can affect the types of learning experiences chosen, and can influence relevant self-efficacy and outcome

expectations (Lent et al., 2000). Young people in care are typically exposed to helpers, such as caseworkers, police and medical personnel. Yet placement and school instability and limited participation in extra-curricular activities and casual work, constrain exposure to other forms of career modelling.

According to SCCT the perception of beneficial environmental factors (e.g. ample support) facilitates the process of translating one's interests into goals and goals into actions (Lent et al., 2000). Thus environmental factors and other influences on young people can shape their sources of self efficacy and outcome expectations. Typically these influences include levels of encouragement, financial support, and exposure to career role models. Young people in this study articulated the value of these factors in their discussions of their carer families, extended family members and their school-based relationships. To positively influence young people's learning experiences and in turn increase their judgements of their capabilities (i.e. self efficacy) and their beliefs about consequences or rewards (i.e. outcome expectations) there needs to be an increased focus on what these young people value in their career development process. This study suggests that young people in care benefit from the vicarious learning and social persuasion they receive when placed with employed carers, or carers with a history of workforce participation. The study also reinforces the importance of young people in care having family contact that is broader than contact with parents, and includes extended family members. Young people saw extended family as sources of both self efficacy and outcome expectations, which in turn influence career interests and goals. The influence of school-based relationships adds further support to the need to maintain school stability for young people in care.

Other possibilities for increasing the self efficacy and outcome expectations of young people in care include wider occupational exposure to ensure that they do not

foreclose on jobs which are chosen without exploring a wider range of occupations. Young people can receive such occupational exposure through work experience, participation in extra curricular activities and casual employment. In addition, young people would benefit from early career guidance to help hone their interests, set goals and plan courses of action. Included in such career guidance could be assistance with education and employment pathways and related subject and training selections, and work skills development. Work skills development could focus on resume writing, completion of job applications, interview skills, and understanding workplace culture and etiquette. Such interventions would be complemented by provision of ongoing financial, housing, advocacy, post-secondary educational support and relationship security, beyond eighteen years.

Conclusion

Since the mid 1970s, the problems faced by young people leaving care have received increasing publicity and recognition (Stein & Carey, 1986). More than a decade ago, the poor educational achievements and work outcomes for young people leaving care were reported in two significant Australian studies (Cashmore & Paxman, 1996; Maunders et al., 1999), in which clear recommendations were provided to improve young people's transitions to independence and to bolster adult outcomes (Maunders et al., 1999). Few of these recommendations appear to have been implemented, with this study finding that an acute casework approach largely ignores the educational and career development needs of young people in care. Instead of focussing on the future and helping young people to prepare for adulthood, caseworkers have a backward looking approach and a focus on psychological or behavioural needs that sidelines their capacity to assist with career planning. Caseworkers argue that time with clients is limited, working relationships with young

people are hard to achieve, and their knowledge of career development supports are inadequate. Carers, who were identified by themselves and young people as being the primary career development influence, are supporting the career development process without statutory support and largely by default. Additionally, carers are expressing high levels of frustration and listing a number of bureaucratic barriers to successful school-to-work transitions. Education Support Plans, introduced to support educational achievement and the transition to work, are not being used at all, or are utilised ineffectively.

If caseworkers are overwhelmed with crisis work or their role cannot encompass career development, if carers lack the requisite knowledge and resources, or if young people do not have any trusting or supportive adult relationships, then what is to be done? Specific career-related interventions, such as referral to career advisors, higher education scholarships, career mentoring and specialised career information and skills development forums are warranted. These must start in the early years of high school. Career development is fundamentally a forward-looking process; it requires self-understanding, exploration of options and planning to achieve goals. Therefore, systems of care that promote better employment outcomes must also become more future-oriented. The repertoire of career development support must be broadened in the child protection system and should be tailored to promote positive relationships and varied work-related experiences for young people in care.

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