



The Role of Carers and Caseworkers in the Transition from School-to-Work for Young People in Care

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The role of carers and caseworkers in the transition from school-to-work for young people in care

“Give them hope, give them a sense of community, they can do something, change the world. I say to my kids, you can change the world. You can make a difference, even if it’s only a little difference”. (Carer #13)

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Doctor of Philosophy
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Abstract

Educational attainment and work outcomes for young people in state care are often poor, leaving them ill-prepared to live independently as adults (Biehal, Clayden, Stein, & Wade, 1994; Courtney, Dworsky, Lee, & Raap, 2010; Elze, Auslander, Stiffman, & McMillen, 2005; Jackson & Ajayi, 2007; Wade & Dixon, 2006). Most encounter obstacles to finding and sustaining employment in the early years after care (Cheung & Heath, 1994; Dworsky, 2005; Jackson & Cameron, 2012; Mendes, 2009) and have compromised employment pathways such as under-employment, low rates of pay and slow employment progress (Dixon, 2006; Goerge et al., 2002; Hook & Courtney, 2011). This thesis is concerned with the school-to-work transition for young people in care and how they develop ideas and plans about future work options. This process is also known as career development. Career development is a life-long process related to choosing an occupation and lifestyle (Brown & Brooks, 1990; Hartung, Porfeli, & Vondracek, 2005). It involves self-knowledge, knowledge of the world of work and true reasoning (Parsons, 1909; Patton & McMahon, 1999), and may be influenced by a range of individual and environmental factors (Lent, Brown, & Hackett, 1996). There is a general view of the centrality of career engagement to adult self-sufficiency and functioning (Astin, 1984), but little is known about the career development process for young people in care.

This longitudinal, mixed-method study explored the role of carers and caseworkers in the school-to-work-transition, or the career development process, for young people in care. Specifically, the study examined: (a) what carers and caseworkers do to assist young people in care to transition to work; (b) the factors that support the transition from school to work; and (c) the factors that impede the school to work transition. Data were drawn from three groups of participants: young people in care aged 13 years and

over; approved carers of young people in care; and child protection caseworkers. Research methods included a survey of young people in care and semi-structured interviews with the three participant groups. The survey found that the majority of young people respondents had ideas about future employment but few were engaged in the normative adolescent experience of casual or part time work. Placement type across the four main placement types of foster care, kinship care, residential care and independent living, made no difference to the young people's career aspirations, that is the jobs they would like to have, but there was an association between carer expectations and career aspirations. When the people who cared for young people had higher expectations of educational attainment, young people had higher career aspirations. Although the effect was weak, the young person's relationship with their caseworker was also associated with higher career aspirations. When a young person rated their relationship with their caseworker more positively, they had higher career aspirations. Survey results suggested that the majority of young people in care aspired to enterprising jobs, while around a fifth aspired to realistic and social jobs. Enterprising jobs include business, retail and hair dressing jobs, while realistic jobs are more manual, trades and outdoors in nature, and social jobs are people and helping oriented. The interviews showed that despite young people having ideas about future careers there was little casework focus for the career development of young people in care. Results suggested that those who did succeed to jobs or higher education had relationships from which they drew emotional and practical support, including encouragement, career advice and help with practical issues like resumes, transport and accommodation.

Four major themes shaping the school-to-work transition were identified: (1) acute case work; (2) lack of a future focus; (3) relationships; and (4) carer capacity. Within an *acute casework approach*, which was crisis-driven and prioritised issues of what were described as “primary need”, such as physical safety and accommodation; caseworker assistance to the career development process was limited. Service delivery to young people in care *lacked a future focus*, that is, an inattention to how young people in care would operate as adults post-eighteen years, which affected career-related planning and activities. Caseworkers were mostly concerned with getting young people to 18 years when their responsibilities were discharged, and were not focussed on how young people would live and support themselves as adults. *Relationships*, which provided emotional and tangible supports, were central to career development for young people in care and included relationships with carers, teachers, or extended family members. *Carer capacity*, namely carer competence, knowledge, demands and available resources, could influence career support for young people in care with some carers overwhelmed with the care of high numbers of children.

These findings were considered within the framework of social cognitive career theory, a relatively new career development theory. This theory emphasises the means by which individuals exercise personal agency in the career development process, as well as environmental factors, including context and experiences that enhance, or constrain, the process of goal setting and attainment (Lent, Brown, & Hackett, 1994, 1996, 2000). Therefore social cognitive career theory facilitated a study that explored both individual and environmental factors influencing the school-to-work process.

Based on the study, implications for out-of-home care policy and practice are outlined, namely: (a) assisting young people in care to employment should follow a future-focussed career development process; (b) young people in care need their inherent skills and talents and subsequent career interests fostered from an early age; and (c) carers and caseworkers need career development knowledge, resources and the capacity to support in care youth to achieve a career. Without career options, the futures faced by many young people in care will be impoverished. A *Moving to Adulthood* practice model is offered to address the policy, practice and training suggestions of this study.

This work has not previously been submitted for a degree or diploma in any university.
To the best of my knowledge and belief, the thesis contains no material previously
published or written by another person except where due reference is made in the thesis
itself.

Meegan Joan Crawford

13 October, 2014

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Dedication

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Publications and conference presentations by the candidate based on the study

Articles

Crawford, M., Tilbury, C., Creed, P. A., & Buys, N. (2011). The role of carers and caseworkers on the school-to-work transition for young people in care. *Australian Social Work*, 64 (4), 459-474. doi: 10.1080/0312407X.2010.537353 (Copy attached Appendix N)

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Conference presentations

Crawford, M. (2012). *The role of carers and caseworkers in the school-to-work transition for young people in care*. Queensland Child Protection Research Symposium, December 13, 2012: Brisbane.

Crawford, M. (2013). *The transition to work for young people in care*. Logan Youth Networking Forum, April 4, 2013: Logan.

Crawford, M. (2014). *Having the conversation-anchoring education and career options for young people in care*. Peakcare Queensland Inc. Education Forum, 9 October, 2014: Logan.

Chapter One: Setting the Context

The intent of this research was to investigate the role of carers and caseworkers in assisting young people in care to make the transition to further education and work. The study aimed to explore the assistance provided, and the supports and barriers which existed, when young people in care formulated career interests and made career goals. The majority of studies, which have explored education and employment outcomes for young people in care, have reported such outcomes without reference to normative career development processes. That is, there has been little mention of how young people developed career interests, goals and plans, and no reference to career theory, when researchers have explored education and employment outcomes and the programs that support such outcomes. This study used Social Cognitive Career Theory (Lent, Brown, & Hackett, 1994, 1996), a relatively recent theory of career development, to provide the understanding of career planning, to structure the study's design, and to map the experience of participants.

Career decision-making is not just about getting a job. It is based 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). There are a number of influences on the process of deciding upon, and planning for, future occupational choices. Individual characteristics such as developmental progress, gender, sex-role, cognitive ability and ethnicity, as well as contextual factors, such as socioeconomic status and family characteristics, have all been found to influence the career awareness, expectations and aspirations of young people (Hartung, Porfeli, & Vondracek, 2005; Patton & Creed, 2007). Research has also suggested that a young person's relationships with important people in his or her life, have a major impact upon career development (Ahrens et al., 2011; Driscoll, 2011;

Ketterson & Blustein, 1997; Schultheiss, 2007; Schultheiss, Palma, Predragovich, & Glasscock, 2002). The support offered within relationships can contribute to a sense of security and give young people the confidence and knowledge to explore career possibilities and make career decisions (Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; Ketterson & Blustein, 1997; Schultheiss, Kress, Manzi, & Glasscock, 2001).

Young people in care face a unique set of circumstances. The majority has experienced significant parental abuse and/or neglect, necessitating their entry to the child welfare system. Maltreatment experiences can result in a range of psychological issues such as unresolved trauma, attachment disorders, behavioural difficulties, depression and low self-worth (Daniel, Wassell, & Gilligan, 1999; Farruggia, Greenberger, Chen, & Heckhausen, 2006; Mersky & Topitzes, 2010; Rikhye et al., 2008). Once in the care system, young people may experience placement and school instability, high turnover of caseworkers, fractured family relationships, limited access to resources, and low levels of educational support and encouragement (Harker, Dobel-Ober, Berridge, & Sinclair, 2004; Jackson & Cameron, 2012; Zetlin, Weinberg, & Shea, 2006). It can therefore be assumed many young people in care will experience difficulty with career development which tends to require considerable understanding of self, a high level of preparation, thorough research and planning. Young people in the care system may not have the stability, resources, relationships and opportunities that other young people have that facilitate ideas, possibilities, networks and pathways for future work options.

At age eighteen years, child protection orders, and the legal responsibilities of the child welfare departments typically end, often leaving young people to support themselves. While the transition to adulthood can be an exciting time, full of

opportunities, it also poses many challenges that can test coping skills, exacerbate pre-existing difficulties, and disrupt developmental trajectories (Keller, Salazar, & Courtney, 2010). While not-in care peers may rely on parents for financial, accommodation and emotional support well into their twenties (Arnett, 2004; Schofield & Beek, 2009), or for as long as they are able (Taylor, Borlagdan, & Allan, 2012), such options do not generally exist for young people in care (Avery & Freundlich, 2009; Stein & Munro, 2008). As such, ageing out of foster care can be a challenging location from which to launch a successful and productive adulthood (Samuels & Pryce, 2008) .

A number of studies have revealed that young people with a history of state care are one of the most vulnerable and disadvantaged groups in society, and can face a multitude of poor adult outcomes (Biehal & Wade, 1999; Blome, 1997; Courtney & Dworsky, 2006; Hass & Graydon, 2009; Jackson & Cameron, 2012; Mendes, 2009a; Mendes, Johnson, & Moslehuddin, 2011; Osborn & Bromfield, 2007; Pecora et al., 2006). When compared to their not-in care peers, this group of young people face particular difficulties in accessing educational, housing, developmental and transitional opportunities, and have significantly reduced life chances (Berzin, Rhodes, & Curtis, 2011; Mendes, 2009b; Moslehuddin & Mendes, 2006). Employment pathways for young people discharged from the care system are particularly poor. Youth ageing out of foster care are more likely to be underemployed, have earnings below the poverty level, and progress more slowly in the labour market than other youth (Dixon, 2007; Goerge et al., 2002; Lenz-Rashid, 2006).

A range of adverse social, physical, psychological and emotional outcomes is associated with high rates of marginal employment, or unemployment. These include higher rates of homelessness, mobility, teenage parenting, offending, substance use, mental health problems, and limited social supports, all of which characterise the foster

care and leaving- care populations (Courtney, 2009; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Keller et al., 2010; Maunders, Liddell, Liddell, & Green, 1999; Stein, 1994; Svoboda, Shaw, Barth, & Bright, 2012; Wade & Dixon, 2006). Despite program and funding attempts to improve adult outcomes for young people in care (Hernandez & Naccarato, 2010; Stott, 2013; Tweddle, 2007), there is little known about the career decision-making and action process for this cohort of young people.

Statement of the Problem

When a child or young person enters state care, the government essentially assumes responsibility, in varying degrees, for their legal, social, psychological and biological needs (Bullock, Courtney, Parker, Sinclair, & Thoburn, 2006). Child welfare caseworkers generally assume responsibility for the coordination of placement, safety, education and health assistance, while approved carers provide the face-to-face daily aspects of looking after children and young people (Bullock et al., 2006). While work and adult outcomes for young people who have been in care are generally poor it is currently unclear what part carers and caseworkers are expected to take in preparing young people to function as adults, and in particular, it is not clear what role they play in the career development process for young people in care. Without this knowledge the ability to develop effective interventions is limited.

Research Aim

The aim of this study was to contribute to an understanding of the role of carers and caseworkers in the transition from school to further education and work for young people in care. Both play a significant and complementary role in the lives of young people in care and the study sought to examine what they currently do, and how they think, about their role in respect to career development. We cannot expect that work outcomes for young people in care will be positive without preparation, support and

encouragement. It was envisaged that the results of the study would inform out-of-home care policy and practice by identifying current approaches to career planning, and the supports and resources required by young people in care as they transitioned from school to work.

Overview of the Thesis

This first chapter provides an introduction to the topic of young people in care and the concept of future employment, and outlines the poor adult outcomes faced by many in this group. It orients the reader to what is not fully understood, that is, processes of career decision-making and goal setting for young people in care, for which there is virtually no research. It suggests that understanding career influences and the process of career development is important, if we are to effectively support young people to make successful school-to-work transitions. (Within this thesis the terms ‘school-to-work transition’ and ‘career development’ may be used interchangeably).

Chapter 2 of the thesis provides a comprehensive overview of the literature regarding education and employment outcomes and pathways for young people in care, in Australia and overseas. The chapter is divided into five sections and covers definitions, education pathways, policy initiatives, relational influences, and research outcomes regarding the transition to employment for young people in care. Career development theories which detail the processes through which people form career interests, make choices, and achieve varying levels of success in educational and occupational pursuits are outlined. In reviewing the literature the chapter provides the context, and justification, for the examination of the role carers and caseworkers, in the school-to-work transition for young people in care.

Chapter 3 outlines the study's research design and includes discussion of ontology, epistemology, methodology and methods. It examines the researcher's professional orientation and practice experience to articulate the 'knowing' and 'being' assumptions within the research process. In doing so it makes clear how, and why, the study was considered and operationalised. The chapter includes the purpose statement, the research question, sampling considerations, participant recruitment, the survey and semi-structured interview methods of data collection, ethical considerations, and data analysis and interpretation. This study was embedded in a broader Australian Research Council funded project, known as the Work and Youth WAY Project. Chapter 3 sets out how this study of carer and caseworker roles was crafted, and supported, by the broader WAY project.

Chapter 4 is divided into two sections and outlines the results of the enquiry. Section One outlines descriptive and correlate data obtained from the survey. This data was useful for providing description and context of career related activities. Section Two outlines the qualitative themes, derived from the semi-structured interviews with young people in care, carers and caseworkers, with particular emphasis on how the themes were formulated.

Chapter 5, the Discussion Chapter, discusses the meanings of the research findings, within a theoretical framework. It also includes the reflections on the research process. The chapter examines and explains the four key themes of the qualitative analysis, links the quantitative findings, draws conclusions, and presents a practice framework for moving young people to a quality adulthood. Issues raised for consideration within this practice framework include overarching changes to 'policy speak' and promoting positive expectations of transition to a quality adult life. The discussion references four key principles: quality care; relationships for wellbeing;

learning; and preparation for adulthood which all guide a number of practice suggestions. These practice suggestions include changes to carer delegations and recruitment, extension of the age of exit from the care system, broadening of family contact, provision of an adult passport of essential documents, and facilitation of the engagement in part time or casual work while an adolescent in care.

Chapter 6, The Conclusions Chapter, provides an overview of the thesis, articulates the original contribution to the field made by this study, outlines the study's limitations and examines possible areas for future research.

Chapter Conclusion

While some young people who leave care have successful adult outcomes, as a group, young people in care face significant challenges in adulthood. They are often under-employed, have low wages, and progress slowly in the increasingly competitive labour market. Many of the adult employment studies of young people in care report low rates of participation in higher education and employment. Some examine barriers to employment, but very few examine career development processes for young people in care. This study examined the current practices for career planning with young people who, at the study commencement, were still in the care system.

Chapter 2: Literature Review

This chapter reviews the literature relevant to the school-to-work transition for young people in care. The chapter is divided into five sections. Section One, *Young people in care*, provides a definition of ‘in care’ and details the scope of the in care population in Australia. Because educational attainment has an important bearing on future work prospects, Section Two, *Educational attainment, support and planning* presents research regarding educational experiences, program supports, and transition-from-care frameworks for children in care. Employment is often central to career development and Section Three, *Employment for young people in care*, examines studies concerning employment pathways and outcomes for young people in care. Career development is fundamental to this study and as such Section Four *Career Development* outlines career development theories and relevant studies. Section Five, *Role of Relationships*, explores research findings regarding the influence of relationships on career development, and the role of relationships for young people in care. Together, these five sections outline the broader research context, which sets the stage and provides the justification for this study of the role of carers and caseworkers in the school-to-work transition for young people in care.

The literature selected for this chapter comes from two broad categories, academic and professional. This includes peer reviewed journal publications, books, and grey literature, that is, information and reports produced by government, academics, and industry when commercial publication is not the priority. The literature includes the results of outcomes studies undertaken with young people in care, or care leavers. Comparative studies, which include both young people in care and their not-in care peers, are reviewed, where available. Evaluative studies are also offered to examine the nature and effectiveness of existing school-to-work supports for young people in care.

Section One: Young People in Care

The definition of ‘in care’.

The focus of this study is the school-to-work transition, or career development, of ‘young people in care’ in Australia. The term ‘young people in care’ refers to young people under the age of 18 years who have been removed from their parents’ care, and have been placed in the custody and/or guardianship of the state. Removal from parents occurs when children or young people have suffered, or have been at risk of suffering, significant harm to their physical, emotional and/or psychological wellbeing. This harm has resulted from parental abuse, neglect or incapacity. The authority to remove a child and place them in out-of-home care is derived from a child protection order made by a Children’s Court. Child protection orders can be of varying timeframes and types, and can grant guardianship and/or custody of the young person to the chief executive of the statutory child welfare agency. In Australia, authorities use the term ‘in care’ to describe young people subject to care and protection orders. The majority of these children are placed away from their parents in out-of-home care, mainly foster and kinship care, and also to a lesser extent residential care (Australian Institute of Health and Welfare [AIHW], 2012). In the UK, young people in public out-of-home care are referred to as ‘looked after children’, sometimes abbreviated to ‘LAC’ (Courtney & Thoburn, 2009). In the US, ‘foster youth’ is the term typically used to describe those removed from parental care, while ‘foster care’ refers to all types of publicly provided child welfare placements, including what in other countries is described as ‘group care’, ‘residential care’, ‘children’s homes’ or ‘institutional care’ (Courtney & Thoburn, 2009).

The scope of state care in Australia.

In order to safeguard against unnecessary state intrusion into family life, there have been legislative attempts to ensure that levels of statutory child welfare intervention do not exceed what is vital to protect children. Allegations of harm to children must meet certain thresholds before statutory agencies, that is, those with legislative authority, will intervene. Typically, there must be information to suggest that the child has suffered, or is at risk of suffering, significant harm and does not have a parent able and willing to protect them from that harm. Significant harm, which may take the form of physical, emotional and/or psychological harm, is regarded as more than minor harm, demonstrable in the child's body or functioning. When allegations do not meet such thresholds, but there are concerns about the child's wellbeing, there are attempts to assist families by diverting them to early intervention support services. Generally, such support services are delivered by non-government agencies, which contract directly with families. Even when significant harm is assessed by the statutory agency, attempts may be made to work, with parental agreement, to ensure the child's safety at home. Safety is enhanced through the provision of appropriate support services to the family such as helping parents meet the basic, health and educational needs of their children and addressing their own challenges to functioning.

Removing children from their parents in order to protect them from harm is generally seen as a last resort. When removal of a child is assessed as necessary an application for a care and protection order must be made. These orders affect a parent's legal authority in relation to their child. Parents faced with care and protection applications may receive legal representation and can, with their lawyer's assistance, express their objection to such orders. Magistrates, or their equivalent, have the authority to dismiss or grant the application for a child protection order.

Despite these minimal intrusion attempts and judicial oversights, there were 40,962 children subject to a care and protection order across Australia as at 30 June 2012 (AIHW, 2013). The majority of these children, that is, 39,621, were placed away from their parents, with 44 per cent in foster care, 47 per cent in relative/kinship care, 2 per cent in other types of home-based care, and 5 per cent in residential care (AIHW, 2013). This represents a rate of children in out-of-home care of 7.7 per 1,000 at 30 June 2012 (AIHW, 2013). While length of time in care may vary, most children in care have been in a placement for longer than a year, with around a third in a continuous placement for between two and five years, and 38 per cent for five years or more (AIHW, 2013). Relevant to this study is the fact that approximately 45 per cent, or almost 18,000 of these young people are aged over 10 years (AIHW, 2013), and thus nearing the stage of exploring career interests and goals (Sharf, 2010). As the statistics reveal, the population of children in care is a sizeable population of young people. Alarming, this population has more than doubled over the past decade (AIHW, 2009), and the number of children admitted to orders in Australia has remained consistently higher than the number of children discharged from orders (AIHW, 2013). Like their not-in care peers, these young people need the opportunity to engage in career development processes and progress successfully to paid work and/or meaningful activity. Without career interests, goals and plans, this group is at considerable risk of marginalisation and social exclusion, as adults.

Section one summary.

Young people in care are children under the age of eighteen years, who have been removed from their parent's care due to child abuse and/or neglect. Young people in care are subject to a child protection order, made by a court. There are currently 40,962 children and young people subject to a child protection order and thus 'in care'

in Australia. From this population, 39,621 are placed in out-of-home care, primarily in foster care and kinship care. Despite minimal intrusion attempts and a process of judicial oversight, the numbers of young people entering care has grown dramatically, and has more than doubled over the last decade. Approximately 45 per cent of this population is over the age of 10 years, and is thus nearing the adolescent phase in which most people begin their process of career development.

Section Two: Educational Attainment, Support and Planning

High school completion.

Education is generally recognised as an important determinant of young people's wellbeing, life opportunities and participation in the community (Cashmore & Paxman, 2007; McClung & Gayle, 2010). Educational facilities offer academic and social benefits and are places where children generally learn about the world, make friends, experience difference, enjoy success, and build networks and resilience. Education is recognised as a gateway to employment and nearly all career paths (Robertson & Reynolds, 2010). Every step up the educational ladder leads to better adult outcomes including employment options, earnings, and enhanced health and resilience (Gilligan, 2007; Jackson, 2006; Jackson & Cameron, 2011; Naccarato, Brophy, & Courtney, 2010).

In Australia, the completion of Year 12 has increasingly become the norm for young Australians, with 78 per cent of adults aged 20 to 24 years surveyed in 2010 indicating they had completed Year 12 (Australian Bureau of Statistics [ABS], 2011). For young people in care there is often a different experience. Young people in care generally perform poorly in literacy and numeracy tests with research showing that young people in care were the poorest performing students apart from Aboriginal students (Townsend, 2012). Research has also indicated that young people in care are

much less likely to continue within mainstream education beyond the period of compulsion (CREATE, 2006; Jackson & Cameron, 2011). Cashmore and Paxman (1996) found that a quarter of young people in care in one Australian state left school before completing Year 10, and only one third completed secondary school. Another Australian state-based study reported that, of their sample, 57 per cent had completed Year 10 or less, and only 21 per cent were completing, or had completed, Year 12 (Mauders et al., 1999). Similarly a later study conducted in a southern Australian state found that just 13 per cent of young people in care completed Year 12 (Raman, Inder, & Forbes, 2005). The *Care-system Impacts on Academic Outcomes* project found that 36.7 per cent of children in out-of-home care had functional limitations affecting their capacity to attend, or participate, at school (Wise, Pollock, Mitchell, Argus, & Farquhar, 2010). Furthermore, 45.1 per cent of children aged 15 years, and above, were not attending school (Wise et al., 2010).

Research from the United States has shown similar outcomes for high school completion. Wolanin (2005) found 50 per cent of foster youth, as compared to 70 per cent of non-foster peers, completed high school. The *Midwest Study*, a longitudinal study also undertaken in the United States, found that at age 23 or 24 years, young people with a history of care were over three times as likely *not* to have a high school diploma, when compared to their not in care peers (Courtney, Dworsky, Lee, & Raap, 2010). At age 25 or 26 years, 19.9 per cent of *Midwest Study* participants, did not have a high school diploma (Courtney et al., 2011). These findings were similar to the results of Blome's (1997) earlier study conducted in the 1980s, which found that foster youth dropped out of high school at a much higher rate, and were significantly less likely to have completed, or received, a high school diploma.

The United Kingdom's research message is similar. The *Leaving Care* and *Living out of Care* studies of care leavers reported that 90 per cent and 54 per cent respectively, had no qualifications when they left school (Stein, 1994). More recent UK data has indicated that while 75 per cent of all children in Year 11 achieved at least five General Certificates of Secondary Education, only 26 per cent of young people in care achieved the same result (Department for Education, 2010).

What the research consistently shows therefore is that young people in care are more likely to struggle academically and less likely than their peers to complete high school.

Explanations for low educational attainment.

As a group, young people in care are not homogenous, that is, they enter care for different reasons, at different points in their childhood, and leave or re-enter after varying periods of time and thus experiences in care are all different (Biehal, Clayden, Stein, & Wade, 1994; Forrester, 2008; Mendes et al., 2011). A significant number enter care after the age of 10 years, with several years of schooling experience already behind them (Welbourne & Leeson, 2012). Difficulties with school may begin before entry to the care system, or may begin during the time spent in care (Welbourne & Leeson, 2012). Low educational achievement may therefore be attributed to a number of individual and systemic explanations.

There is a suggestion that the brain development of children who have suffered abuse and trauma, may affect their cognitive ability (De Bellis, Hooper, & Sapia, 2005; Greenough & Black, 1992). According to Greenough and Black (1992) the brain requires a pre-determined set of experiences and stimuli to develop properly, such as different sights, sounds, smells, nurturing and predictable care. Without these environmental inputs, for example in the case of neglect, there may be changes in the

brain that result in cognitive deficits, visual impairment, or language difficulties (Greenough & Black, 1992). Brain synapse development may also be reliant on environmental experiences, with research suggesting that high levels of stress or fear, as often experienced in abusive homes, may cause structural changes in the brain (Glaser, 2003). Such children may suffer chronic activation of fear responses, causing overreaction to triggers that other children find non-threatening (Child Welfare Information Gateway, 2009). These responses are not conducive to the calm state necessary for learning (Child Welfare Information Gateway, 2009). An Australian longitudinal study found that at entry to the care system over half the children had high levels of psychological need affecting mood, behaviour and relational capacity, and significant problems with attention, social interaction, anxiety and aggression (Fernandez, 2009). Findings from a survey to children and young people in out-of-home care in a state in Australia found that almost 20 per cent had some form of disability, including Attention Deficit Hyperactivity Disorder, autism spectrum disorder, Aspergers syndrome, intellectual impairment and learning disorders (Commission for Children and Young People and Child Guardian, 2012)

Research by Altshuler (1997) has suggested that young people in care had weaker cognitive abilities, and lower classroom performance, compared to non-maltreated children, which lead to lower academic achievement. As a group, young people in care had rated lower on reading and maths abilities when compared to their peers, and had poor academic results (AIHW, 2011; Iversen, Hetland, Havik, & Stormark, 2010; Wise et al., 2010; Zetlin, Weinberg, & Kimm, 2004). Consistent with these results Wise et al., (2010) found that a high proportion, that is, almost twenty-four percent, of children in out-of-home care had repeated a grade at school. Studies have also indicated that children who entered care at a later age often struggled to make up

prior academic deficits and tended to have entrenched behavioural problems (Harker, Dobel-Ober, Berridge et al., 2004; McClung & Gayle, 2010).

In addition to cognitive and behavioural issues, researchers have examined the level of encouragement and expectation conveyed to young people in care regarding their academic success (Cheung, Lwin, & Jenkins, 2012; Crawford & Tilbury, 2007; Farruggia et al., 2006; Jackson & Cameron, 2012; Stadler, 2007). Martin & Jackson (2002) reported that negative stereotypes and low expectations of children in care among professionals and care providers were major obstacles to the educational success of young people in care. School could be seen by caseworkers as a place to spend time in the day, rather than a place where knowledge was acquired and progress made for future wellbeing (Crawford & Tilbury, 2007). Expectations of academic excellence were rarely conveyed to young people in the care system (Stadler, 2007). With this view, an additional problem to the pursuit of education could then be the lack of an advocate who knew a particular child's strengths and weaknesses, and a subsequent lack of educational support (Harker, Dobel-Ober, Lawrence, Berridge, & Sinclair, 2003; Stadler, 2007).

The nature and structure of the care experience may also affect educational success. Placement instability, often experienced by young people in care, could result in multiple disruptions in schooling (Malmgren & Meisel, 2002). These disruptions could lead to a lack of continuity, impede the development of social relations, and slow academic achievement (Courtney, Roderick, Smithgall, Gladden, & Nagaok, 2004; Havlicek, 2011). The instability could directly result in difficulty accumulating school credits, falling behind in academic skill areas, placement in classes already taken, and delay in transfer of school records (Zetlin et al., 2004). Moreover, multiple placements could interrupt the special education placement process, and consequently, disabilities

might not be diagnosed, and services might not be provided (Trout, Hagaman, Casey, Reid, & Epstein, 2008). The limited financial resources of schools, school enrolment problems, role uncertainty among stakeholders, and poor inter-agency communication and co-ordination, could be additional systems issues which impacted on educational attainment (Altshuler, 2003; Francis, 2000; Noonan et al., 2012; Sullivan, Jones, & Mathiesen, 2010; Zetlin, Weinberg, & Kimm, 2003). In light of such issues, Hernandez & Naccarato (2010) have suggested that the “child welfare system has traditionally focussed on the areas of safety and permanence, leaving education as an afterthought, rather than a targeted outcome for all foster care alumni” (p.759).

Higher education.

Higher education is a stepping stone to better paying jobs, with degree holders in the US earning around 61 to 70 per cent more, than those with only a high school diploma (Pennington, 2004). In addition to higher earning potential, improved health, civic participation, self-worth and confidence are correlated with higher education success (Baum & Ma, 2007; Casey Family Programs, 2008). Statistics regarding higher education pathways for young people in care suggest that very few progress from school to higher learning institutions. In the United Kingdom, around six per cent of young people in care went on to higher education, as compared to 39 per cent of the general population (Jackson & Ajayi, 2007). The YIPPEE project – Young People in Public Care Pathways to Education in Europe, which explored educational completion across five European countries with different welfare regimes, that is, England, Denmark, Sweden, Hungary and Spain also found that young people in care were around five times less likely to access higher education than not in care peers (Cameron, Jackson, Hauari, & Hollingworth, 2011). In the US, Wolanin (2005) estimated that approximately 20 per cent of former foster youth who graduated from high school

attended college, compared with 60 per cent of high school graduates generally. The *Midwest Study* findings at age 26 years revealed that while 40 per cent of former foster youth with a high school diploma had completed at least one year of a college degree, only eight per cent of participants had a post-secondary degree from a two, or four year, school (Courtney et al., 2011). This *Midwest Study* has also revealed that not-in care peers were almost six times more likely to have a post-secondary degree (46% vs. 8%), and nine times more likely to have a degree from a four-year school than their in care counterparts (36% vs. 4%), at age 26 years (Courtney et al., 2011).

Explanations for low higher education attendance.

Why do young people in care have such low higher education attendance? Clearly lack of Year 12 completion and poor academic results limit higher education opportunities, however a number of other explanations have been postulated. Explanations for low attendance rates include foster youth not having access to information about post-secondary educational options; not knowing about college admissions requirements, financial aid availability, or campus support programs; and not receiving encouragement to pursue higher education (Cameron et al., 2011; Dworsky & Perez, 2010; Jackson, Ajayi, & Quigley, 2005; Jurczynszyn & Tilbury, 2012). It has also been suggested that young people in care have lacked career guidance, were given poor advice, and were under pressure to opt for short-cycle occupational training rather than long term higher education in order to become economically independent as soon as possible (Jackson & Cameron, 2011).

For those young people who entered higher education institutions, significant barriers prevented many from graduating, with research showing higher college drop-out rates for foster care alumni, when compared to their non-foster peers (Day, Dworsky, Fogarty, & Damashek, 2011). Administrative data from Michigan State

University found that foster youth were significantly more likely to drop out before the end of their first year (21% vs. 13%) and prior to degree completion (34% vs. 18%), than their low-income, non-foster care peers (Day et al., 2011). Estimates of the numbers of foster youth who graduated from college in the US ranged from between one per cent and eleven per cent, depending on the age at which educational attainment was measured (Emerson, 2006; Pecora et al., 2003; Wolanin, 2005). Dworsky and Perez (2010) drew on their own research, and a number of other studies, and outlined explanations for low graduation levels. These explanations included: (a) lack of preparation for college level work (Emerson, 2006); (b) lack of family support such as emotional and financial support (Emerson, 2006; Wolanin, 2005); (c) precarious finances (Merdinger, Hines, Osterling, & Wyatt, 2005) and a lack of knowledge of available financial aid (Davis, 2006); (d) higher rates of mental and behavioural problems than their non-foster peers (McMillen et al., 2005; Shin, 2005); (e) inadequate post-secondary institutional responses to the unique needs of young people transitioning from care (Emerson, 2006); (f) unstable housing and/or a lack of housing in vacation times; and (g) a sense of being alone, not belonging and having no-one to value, support and believe in them. In line with these findings, *The Midwest Study: Outcomes at 26 years* report revealed reasons for dropping out of post-secondary education included: pregnancy; child care responsibilities; the need to work; inability to afford tuition fees; family emergency; the difficulty of academic work and the perception that classes required were not useful (Courtney et al., 2011).

Support for the school-to-work transition.

In recognition of the poor education, higher education, and employment outcomes of foster youth, there have been attempts by Australian and international education and child welfare authorities, to improve school retention rates and academic

performance for young people in care. For example, in the Australian state of Queensland, all young people in care should have an Education Support Plan developed collaboratively by the Department of Communities, Child Safety and Disability Services, Education Queensland, and the young person. The aim of the education support plan is to identify factors that may impact on the educational experience of young people in care, and develop written goals for the school year, and the strategies and supports to meet these goals (Queensland Government, 2005). Other Australian states, including South Australia, Tasmania and Victoria, have developed Individual Education Plans, and similar initiatives exist in the United Kingdom with support to 'looked after learners' provided via Personal Education Plans. Research in the United States, regarding the Casey Family Programs, has shown that educational advocacy, that is, the integration of social work and education case management, which education plans should facilitate, greatly improved high school completion rates for young people in care (Pecora et al., 2003).

In the US, there have been a number of legislative, policy and program responses to increase the participation of former foster youth in higher education. Scholarships, grants, tuition waivers, and education and training vouchers, have all attempted to address the barriers to higher education. A study by Day et al., (2011) suggested however that even with these financial supports, there was still a significant gap in college retention and graduation, between students who were in foster care, and their peers who were not. Explanations for this continued gap included, the lack of strong connections to caring adults, and the known financial, academic, psychological, accommodation and social barriers to post-secondary education, such as those outlined above (Day et al., 2011). To address these issues campus support programs that provided financial, academic, social, emotional and housing support have been

developed, and aim for higher college retention and graduation rates. The outcomes of these programs are unknown to date (Day et al., 2011; Dworsky & Perez, 2010), but a thesis by Davis (2011) used administrative data to evaluate employment outcomes for 170 foster youth who aged out of care by the 31st December, 2006 in Sacramento County, California. This evaluative study revealed that participation in formal support programs available in California, that is, the Independent Living Program, Transitional Housing Program, and employment services did not significantly improve employment outcomes for young people leaving care (Davis, 2011).

The *Going to University From Care* report, the first UK study of its kind, made forty-three recommendations to increase the university participation and completion rates of foster care alumni (Jackson et al., 2005). The study examined the experiences of 129 care leavers, who continued to higher education, and recommended: provision of enrolment in schools where a high proportion of students went to university; formally contracted and individually tailored financial packages; foster care placements for the duration of higher education and/or university accommodation for the first year; a personal advisor for the duration of the university course; and university-based systems that incorporated awareness of the needs of young people in care (Jackson et al., 2005). The *Going to University From Care* recommendations have been credited with improving outcomes for children in out-of-home care over the years from 1998-2010 (Cameron et al., 2011). The 2011 YIPPEE-Young People in Public Care Pathways to Education in Europe project report indicated however, that educational opportunities for young people in care have not expanded in line with those of young people in the general population (Cameron et al., 2011).

As a further effort to improve adult outcomes for young people in care a specialist employment program was developed in the UK. In July 2009, the English

Department for Children, Schools and Families (renamed the Department for Education after the change of government in May 2010) launched *FromCare2Work*, a national program to encourage and support organisations across the country to provide employment opportunities for young people leaving care. The program linked participating local authorities to a national network of employers from the private, public and third sectors. The employers in turn offered a range of appropriate career opportunities including, advice, training, work experience, job mentoring, apprenticeships and employment, as part of a supported career development pathway. Outcomes of the program from 2009 to 2011 included over 400 local and national companies offering opportunities, 1096 work experience placements and 356 apprenticeships (National Advisory Service, 2012). Key learnings from the project included the need to raise career aspirations of young people, the need to provide financial support to care leavers, the importance of a national program to prepare care leavers for apprenticeships, the necessity of a partnership approach to the provision of employment opportunities, and the importance of including young people in the evaluation of employment assistance (National Advisory Service, 2012).

Adult outcomes have also been a priority for US authorities. From July 2011, US states were required to provide the federal government with information about the independent living services they provided to youth in foster care (Dworsky & Havlicek, 2010). This was required as part of the National Youth in Transition Database. The National Youth in Transition Database was mandated by the *Foster Care Independence Act of 1999*. Among the categories of services about which they were required to report were career preparation, employment programs, and vocational training. To date, information about such service delivery has come from a small number of studies (Courtney, Dworsky, Cusick, et al., 2007; Courtney et al., 2005; Courtney et al., 2001;

Courtney, Terao, & Bost, 2004; Pecora et al., 2006; Pecora et al., 2003; Singer, 2006). A recent analysis of the services provided under the *Foster Care Independence Act of 1999* has suggested that despite the federal legislation, services offered to young people ageing out of the foster care system, vary between states, and young people continue to experience negative adult outcomes (Carlos, 2012).

As stated earlier, few employment programs that specifically targeted foster youth making the transition to adulthood, have been formally evaluated (Bilson, Price, & Stanley, 2011; Institute for Educational Leadership, 2008). One program that has been evaluated, with the use of administrative data, is the US Community Assistance Program located in Cook County, Illinois. This program provided job placement services to emancipating foster youth, typically aged between 18 and 20 years (Dworsky & Havlicek, 2010). As clients of the program, young people participated in four weeks of classroom-based employment training, and then spent time at an off-site educational simulation centre, known as *Pretend Town*. *Pretend Town* provided an opportunity for youth to practise working. Following employment training, foster youth were placed in a subsidised job for a maximum of two months, where they worked 20 hours per week. Staff then monitored the placement, provided weekly supervision, and problem-solved as needed. The goal was to be hired as an unsubsidised employee when the subsidised placement ends.

The evaluation included 298 participants, two thirds of whom had a disability, including mental health problems, learning difficulties, language impairments and autism. Only 38 per cent had a high school diploma and there were high levels of numeracy and reading deficits. High levels of placement instability were noted. Evaluation of the program revealed low levels of engagement with the training opportunities, with the most attended workshops being orientation, computer literacy,

and job club, in which young people learned about particular jobs. The evaluation also revealed low rates of employment following the subsidised job placements. While 40 per cent of young people expressed an interest in customer service or hospitality jobs, the most common placements involved custodial, maintenance work, clerical work, data entry, and reception. As such, the types of subsidised jobs in which foster youth were placed did not reflect their stated preferences. Whether participation in this employment training and job placement program was associated with better labour market outcomes is, as yet, unknown. The evaluators have suggested further research in the form of qualitative interviews, and an impact evaluation, to review the reasons for low engagement and employment of the program's participants (Dworsky & Havlicek, 2010).

A more recent US evaluation examined education and employment outcomes of 1058 transition-age adolescents of foster care served by transition programs in five major US cities (Barnow et al., 2013). The five programs varied in their service provision, but job preparation, transportation, child care, education support, services and life skills were the most common services provided to youth across these programs. Four outcomes were tracked: (a) completion of GED or diploma; (b) post-secondary enrolment full-time (or part-time if also employed part-time); (c) employment in a paid job including apprenticeship and the military; and (d) any positive outcome (one or more of the first three). Nearly half of participants (45%) obtained at least one positive outcome, with employment the most common outcome. Over one-third of participants (35%) obtained employment, 23 per cent obtained a GED or diploma, and 17 per cent enrolled in post-secondary education. Findings suggested that length of stay in the program was one of the most important factors in youth obtaining employment, a GED/diploma, postsecondary education or any one of these positive outcomes. Results

also identified how vital it was for programs working with youth in care to provide job preparation skills, and connect youth with income support services as these two types of services were found to significantly improve the likelihood of youth achieving any positive outcome. Overall, findings showed that providing services for a longer period of time, providing services to mitigate the problems associated with dropping out of high school, managing substance abuse problems, providing supplemental income for concrete needs such as food and housing, and providing job preparation services were at the core of achieving positive education and employment outcomes. The authors suggested it was most important to first address a youth's basic needs, and only after these basic needs were met could a youth then focus on education and employment preparation skills (Barnow et al., 2013).

Transition from care planning.

Australian and international authorities have recognised that young people in care need preparation for adulthood as part of their child protection casework. Most child welfare authorities have incorporated the issues of employment, training and higher education (one of the stepping stones to employment) in transition-from-care plans. These plans, which start at around 15 years of age, aim to assist young people to move to independence, on discharge from the care system. Typically they include preparation activities and identification of post-care supports, which focus on accommodation, finances, education, employment, health, and personal and family networks (Mendes, 2009a).

Recent Australian research revealed that despite legislative or policy requirements to implement transition-from-care plans, many young people were missing out on these planning processes, or received the planning very late in their transition process (Commission for Children and Young People and Child Guardian, 2012;

Johnson et al., 2010; McDowall, 2008; Owen et al., 2000; Raman et al., 2005). The Johnson et al., (2010) *Pathways from Out-of-home Care* report, which focussed on housing outcomes for young people in care, found that only one-quarter (26 %) of their sample of young people aged 18 to 25 years, with a history of being in care, could recall having a leaving care plan. McDowall's (2008) *CREATE Report Card: Transitioning from Care* study interviewed a total of 164 young people and found that 58 per cent of the young people in the study sample who had left care "reported they did not have such a plan" (p.43). Additionally the study revealed nearly two-thirds of those still in care, but approaching discharge "did not know of the existence of any leaving care plan" (McDowall, 2008, p.43). McDowall's larger follow-up study in 2009 collected data from a sample of 471 young people, 275 in care and 196 who had left care. This study indicated that only 36.4 per cent of the participants revealed they had a plan, or that one was currently being developed (McDowall, 2009b). In 2010, Australia's CREATE Foundation, the national advocacy organisation for young people in care, ran a, *What's the Plan? Campaign*, to improve the rate of leaving care plans. An evaluation of the campaign, which involved the survey of 605 young people, revealed that the campaign had not increased the completion of leaving care plans. Only 31.7 per cent of eligible young people had a leaving care plan (McDowall, 2011).

Under Australia's *National Framework for Protecting Australia's Children 2009-2012*, the Australian federal government released, in July 2010, draft national standards to improve the lives of children in care. This was the first time an Australian national government had become involved, and provided leadership, in child protection, which is a responsibility of the States and Territories. Under these draft standards, a commitment was given to 14 standards, which included providing all young people in

care with appropriate health assessment and ongoing health related services, individual education plans, suitable carers, and transition-from-care planning from age 15 years.

Because child protection is a state responsibility in Australia, there have been significant policy and practice differences among the states and territories regarding transition-from-care, and support for future adult functioning (Mendes, 2009a; Mendes et al., 2011). Most Australian jurisdictions, such as the Northern Territory, New South Wales, South Australia, Tasmania, Victoria and Western Australia, have the ability to offer financial supports post 18 years, and have budgets to meet the needs of care-leavers. With the exception of Victoria, which can offer financial support up to the age of 21 years, all those previously listed can provide support to 25 years (McDowall, 2009a). Others, such as Queensland and the Australian Capital Territory, focus more on the preparation for the transition-from-care, and have no delegated post-care budgets (Mendes, 2009a). Whether these differences in budgetary timeframes change under the umbrella of national standards remains to be seen.

Internationally, there is growing awareness of the needs of care leavers with the UK introducing the *Children Leaving Care Act 2000* in late 2001, and the US passing the *Foster Care Independence Act* in 1999 (Mendes, 2009a; Mendes et al., 2011). Such pieces of legislation, which ensure that formal supports such as housing, finances and pathway plans are available beyond 18 years and up to 21 years, reflect the need for governments to have a role in assisting young people leaving care to make a successful transition to independent adult life (Bilson et al., 2011; Department for Education & Skills, 2006).

Transition-from-care: Support to future employment.

McDowall's (2009b) survey of all Australian child welfare authorities identified the formal supports available for future employment of young people in care. Survey

responses regarding newly formed partnerships to assist young people transitioning from care, revealed a clear priority across jurisdictions on the securing of housing for young people leaving care. Young people's access and maintenance of education and employment received particular attention in the Australian Capital Territory, Queensland, and South Australia, with new initiatives including future-oriented workshops for care leavers accessing public housing (Australian Capital Territory), a Department of Employment and Industrial Relations pilot program (Queensland), and fee waivers and quarantining of positions for Technical and Further Education studies (South Australia). Survey responses regarding leaving care plans revealed that such plans typically included accommodation, employment and income support, access to education and training, exploration of identity, life skills (including financial management), health issues (including nutrition, risks of alcohol, drugs, and unsafe sex), emotional and behavioural development, and legal rights. While it may be implicit in the access to education and training sections, none of the jurisdictions outlined career-related planning, career development, or career guidance supports, specifically. Rather, the kinds of support mentioned for employment included purchase of uniforms, tools, safety equipment, and relocation expenses. Support for education included payment of tuition fees, purchase of textbooks, computers, materials, and driving lessons (McDowall, 2009b).

Since McDowall's 2009 survey, the Victorian government has announced \$16.9 million in funding for the *Springboard* program (Australian Institute of Family Studies [AIFS], 2012). This program seeks to improve education and employment access for young people aged 16 to 25 years, leaving residential care. The program will offer one-on-one intensive support to help young people engage in education and training, and gain the skills needed to secure long-term employment. The Victorian government

expects that by 2015 this investment will have assisted about 900 young people to achieve their educational and employment goals, with the aim of securing future success and independence. Additionally, the Australian Institute of Family Studies has been funded to conduct a four-year longitudinal study on young people's experiences as they transition from state care (AIFS, 2012).

In the US, federal policy has focussed on preparing foster youth for independent living since the 1980s. Within this independence preparation, employment has been paramount. The *Independent Living Initiative of 1986* and *Foster Care Independence Act of 1999* both provided funds to states for services intended to prepare youth for employment, and the *Fostering Connections to Success and Increasing Adoptions Act of 2008* (Fostering Connections Act) included employment as one of the activities that young people must engage in to be eligible to remain in foster care past age 18 years (Hook & Courtney, 2011b). In addition, workforce policy directed towards 'at risk' youth has focused specifically on foster youth. The *Youth Services and Job Corp* programs funded through the *Workforce Investment Act* both included foster youth as a targeted population (Hook & Courtney, 2011b).

Section two summary.

Educational attainment and progress for young people in care is typically poor. These young people often experience low educational attainment, fail to complete Year 12, and tend not to enter, or succeed, in higher education. In an attempt to address these issues there have been a number of policies and programs designed to support the educational process. These include education support plans, and university focussed programs, such as fee waivers, access to support, and assistance with accommodation. Little is known of the success of these programs in helping young people transition to employment. Dworksy & Havliceck's (2010) evaluative study suggested that even

young people who participated in formal support programs did not have improved employment outcomes, while an evaluation conducted by Barnow and colleagues (2013) suggested that positive employment outcomes were correlated with longer access to support programs and provision of job preparation and income support.

Transition-from-care frameworks and planning processes, designed to assist young people as they leave care and enter adulthood, are inconsistently applied to young people in care. Many young people transition to adulthood with no plan in place. Despite the child welfare system having a policy mandate to support future employment, career planning and development processes, are seemingly often overlooked.

Section Three: Employment for Young People in Care

Research Regarding Employment of Care Leavers.

There are few studies regarding the employment of young people in care (Goerge et al., 2002), and almost no studies regarding the career decision-making process for this group (Creed et al., 2011). The major US, UK and Australian studies regarding employment of care leavers are reviewed in this section.

US studies.

Courtney, Pilivian, Grogan-Kaylor and Nesmith (2001).

Courtney, Pilivian, Grogan-Kaylor and Nesmith reported findings regarding the adult experiences of 141 young adults, who left care in Wisconsin (US) in 1995 and 1996 (Courtney et al., 2001). This qualitative study revealed that at 12 to 18 months after the child welfare system had relinquished responsibility for these young people, only about three-fifths of the sample was employed. Those employed were, on average, earning less than a full time worker would be paid at the minimum wage. Perhaps associated with the low employment rates was the fact that only 55 per cent had

completed high school, while nine per cent had entered college. Associated with low levels of employment for these young people were problems with housing stability, access to medical care (which requires insurance in the US) and moderate rates of welfare reliance, that is, 32 per cent had received public assistance (Courtney et al., 2001).

The researchers reported that a significant proportion of foster youths had a difficult time making a transition to self-sufficiency. They suggested further research regarding the variables that differentiate those who do well, from those who do not, and further examination of what assists foster youth to achieve independence. In discussion of the need for additional and innovative services for young people leaving care the researchers recommended concrete assistance rather than merely information, particularly in locating housing and employment; the necessity to re-establish ties with family; the importance of continuing social and medical services as received during the out-of-home care period; and the need for a transitional safety net, or account, that provides young people with the right to periods of shelter and sustenance when faced with unemployment or housing dislocation (Courtney et al., 2001).

Northwest Foster Care Alumni Study (2006).

Employment outcomes of adults formerly placed in foster care received further research attention through the *Northwest Foster Care Alumni Study* (Pecora et al., 2006). The study sought to evaluate how youth had been affected by foster care. It examined adult education, employment, and finance achievements of 659 young adults aged 20-33 years, who had spent 12 months, or more, in a foster placement during the 10 years prior to the implementation of the *Foster Care Independence Act of 1999*. Case record analysis and interviews with a sub-sample suggested that 84.2 per cent of foster care alumni had access to employment training or job location services, and 56.9

per cent reported they were somewhat, or very prepared, for independent living. The employment rate among the alumni who were eligible for work was 80.1%, which was substantially lower than the national average of 95% for ages 20 to 34 years, during the year 2000 (Pecora et al., 2006). Despite the access to job training, many of the sample were experiencing difficulty finding jobs that paid living wages. One-third lived in households that were at, or below, the poverty line, which was three times the national poverty rate. Over 50 per cent reported receiving cash public assistance any time after the age of 18 years. Approximately one in six alumni were receiving welfare assistance, or general assistance at the time of their interview. This rate was five times higher than the general population rate, in the year 2000 (Pecora et al., 2006).

The researchers suggested that extending foster care services to age 21 years, strengthening housing programs and optimising the provision of resources, such as life skills and asset accumulation strategies like debit accounts, upon leaving care would reduce the number of undesirable employment and financial outcomes (Pecora et al., 2006).

The Midwest Study (2004-ongoing).

Following the *Northwest Foster Care Alumni Study*, researcher Courtney led an ongoing longitudinal, and comparative study, known as the *Midwest Study* (Courtney & Dworsky, 2006; Courtney et al., 2011; Courtney, Dworsky, Cusick, et al., 2007; Courtney et al., 2010; Courtney, Dworsky, & Pollack, 2007; Courtney et al., 2005; Courtney, Terao, et al., 2004; Hook & Courtney, 2010; Naccarato et al., 2010). This study examined adult outcomes of former foster youth. The study included baseline interviews with 732 foster youth, who were 17 or 18 years old between May 2002 and March 2003. Follow-up interviews then occurred when participants were 19 years old, 21 years old, 23 years or 24 years old, and 26 years old. The study was able to compare

foster youth to a nationally representative sample of not-in care peers, who had participated in the *National Longitudinal Study of Adolescent Health* (referred to as the *Add Health* study). Data was obtained across a number of domains, including but not limited to, demographic characteristics, living arrangements, relationship with family of origin, social support, education, employment, income, economic hardships, health, criminal behaviour, parenting, and future orientation.

The findings of the *Midwest Evaluation* have indicated that unemployment, underemployment, and earnings that are below the poverty line were common for young people transitioning from care (Hook & Courtney, 2010). At age 19 years, respondents reported their employment was often sporadic and seldom provided them with financial security. Only 40 per cent of the young adults in the *Midwest Study* were employed at the time of interviewing, considerably less than the 58.2 per cent of the 19-year-olds in the *Add Health* sample (Courtney & Dworsky, 2005). The researchers suggested that allowing foster youth the option of remaining under the care and supervision of the child welfare system past the age of 18 years offered significant advantages to them as they made the transition to adulthood (Dworsky & Courtney, 2010). Young adults still in care post 18 years had received more independent living services to help them with the transition to adulthood than those who had left care. They had progressed further in their education. They more likely had access to health and mental health services. Females who remained in care were less likely to become pregnant than those who had left. Remaining in care was also associated with a decreased risk of economic hardship and criminal justice system involvement (Courtney & Dworsky, 2005).

At age 21 years nearly all of the young adults in the *Midwest Study* reported that they had held a job, and 70 per cent reported that they had worked at some point since their last interview. However, only half were currently employed, compared with 64

per cent of their *Add Health* peers. Examination of income revealed that median earnings among those who had been employed were just \$5,450, compared with \$9,120 among their *Add Health* peers. In general, the foster care group was more likely to experience financial hardship (Courtney, Dworsky, Cusick et al., 2007).

At age 23 years or 24 years, 84 per cent of the *Midwest Study* participants reported that they had held a job since leaving foster care, but only 48 per cent were currently employed. This percentage was significantly lower than the 76 per cent of the comparison group who currently had a job. Almost three-quarters of the young adults in the *Midwest Study* reported some income from employment during the past year, but their median earnings were just \$8,000. By comparison, 92 per cent of their peers in the *Add Health* study had some income from employment, and their median earnings were \$18,300. Similar to the results found at age 19 and 21 years, almost half of the young adults in the *Midwest Study* reported experiencing at least one of five material hardships (Courtney et al., 2010).

At age 26 years, only 46 per cent of the *Midwest Study* participants were currently employed. This rose to 48 per cent if the 31 young men who were incarcerated at the time they were interviewed were excluded. Another 25 per cent were not currently employed but had worked during the past year. By comparison, 80 per cent of the *Add Health Study* participants currently had a job. When *Midwest Study* participants did have any income from employment, they had earned significantly less than their *Add Health Study* peers. Median income for the *Midwest Study* participants was \$8 950, and for the *Add Health* participants the median income was \$27, 310. Thus the difference in median annual earnings between the groups was more than \$18,000. Forty-five per cent of the *Midwest Study* participants reported experiencing at least one

of five material hardships during the past year compared with fewer than one-fifth of their Add Health Study peers (Courtney et al., 2011).

This landmark study is important as it is the only large-scale longitudinal examination of the transition to adulthood for foster youth and has made clear the discrepancies in adult outcomes for young people who have left care. The study will continue to inform further research and quality assurance mechanisms regarding wellbeing and adult outcomes for young people leaving care.

Hook and Courtney (2010, 2011b), using data from the *Midwest Study* outlined the variables associated with employment and wages including: (a) human capital, that is, stock of education and skills; (b) social capital, that is, personal relationships which facilitate access to employment; and (c) personal capital, explained as the behavioural characteristics that influence motivation and capacity to work. The youth's employment was analysed at all four waves of data collection, using the stable characteristics observed at the first interview as predictors. Stable characteristics included the number of placements while in care and educational attainment. The analysis of the stable characteristics revealed the following: (a) black youth were about half as likely to be employed as white youth; (b) higher reading levels were associated with a higher likelihood of employment; (c) foster youth who had been neglected were about 40 per cent *more* likely to be employed than foster youth who had not been neglected (neglected youth may have had fewer social supports, more distant relationships and fewer people they could rely on, necessitating employment); (d) youth living in residential care were 60 per cent less likely to be employed than those living in family foster care at the point of transition (family foster carers may connect youth to networks that facilitate employment, and those placed in residential care may have greater emotional and behavioural problems); (e) youth living with relatives were 30 per

cent less likely to be employed than youth living in a family foster home (youth living with family may be financially supported to a greater extent); and (f) the more placements a youth experienced prior to exit, the lower their wages (placement instability may be more common for young people with emotional and behavioural problems, and instability undermines the development of social connections that can assist employment). Analysis of the variable characteristics revealed: (a) as employed youth aged they earned higher wages; (b) educational attainment was strongly associated with employment and wages; (c) having a child increased the likelihood of young men's employment, but decreased young women's employment; (d) young people engaged in property offences were 25 per cent less likely to be employed, and earned lower wages (property crime may serve as an alternative source of income for some youth); and (e) the number of years in care from age 18 to 21 years increased wages by 2.8 per cent which equated to 8.4 per cent higher wages for youth who remained in care until age 21 years.

These findings serve as a platform for policy and practice recommendations regarding educational attainment, characteristics of out-of-home care placements, rates of incarceration, teenage pregnancy and work experience, racial disparities, and delivery of career related services. The researchers have called for greater collaboration between child welfare services and other institutions that address the needs of young people in care, to improve corporate parenting, that is a whole-of-government response (Hook & Courtney, 2010, 2011a).

Naccarato, Brophy, and Courtney (2010) also used data from the *Midwest Study* (Baseline and Wave 3) to test several hypothesis: (a) greater educational attainment at baseline would be associated with better employment outcomes at age 21 years; (b) mental health or substance abuse problems at baseline would be associated with poorer

employment outcomes at age 21; and (c) receipt of employment-related assistance would be associated with better employment outcomes at age 21 years. The study found: (a) youth who identified as black were significantly more likely to have lower yearly earnings when compared to youth who identified as white; (b) youth with a mental health diagnosis earned less annually than those without such a diagnosis; (c) youth who identified with an alcohol or drug diagnosis had higher incomes (perhaps the need to pay for drugs or alcohol motivated young people to seek and maintain employment); and d) all levels of education were positively associated with yearly earnings.

In the *Midwest Study* young people were asked about independent living services. These included a broad range of employment assistance such as career counselling, employment or vocational services, resume writing classes, assistance with identifying employers, help with job applications, help developing interview skills, help with job placement/referral, use of a career resource library, assistance with work permits, explanation of workforce values, internships, summer employment programs and mentoring (Courtney, Dworsky, Cusick, et al., 2007). Naccarato et al. (2010) used the list of independent living services in their analyses and found that all, except mentoring, were significant predictors of employment outcomes. Unfortunately the majority of foster youth interviewed at Wave 3, did not receive these supports. Sixty-eight per cent of youth reported receiving no help, one per cent had an internship, and around 10 per cent received the other listed employment services (Naccarato et al., 2010). This study shows that employment outcomes could be improved if state authorities put the right resources and supports in place.

Lenz-Rashid (2006).

Lenz-Rashid's quasi-experimental study, which used a cohort, cross-sectional design, examined the baseline information and outcomes of homeless young adults with, and without, a history of foster care (Lenz-Rashid, 2006). All these youth had participated in an employment-training program. The study sample of 251 was drawn from a Job Ready Certification program conducted at a San Francisco youth service. All participants were living in a homeless or transitional shelter, were aged between 18 and 24 years, graduated from the three week long employment training course between January 1999 and January 2003, and had completed at least the eighth grade while participating in the training.

Two research questions framed the study: (a) Were there initial demographic and life experience differences between homeless youth with a history of foster care and those without?; and (b) Were there different outcomes for each group of young people after employment preparation training, while controlling for initial characteristics? Control variables included age, gender, ethnicity, sexual orientation, length of time homeless, educational attainment, employment history, mental health issues, and substance abuse background. The two main outcome variables were, employment status, and hourly wage after securing employment. The sample included 104 young people with a history of foster care placement, and 147 youth never placed in foster care. This history of care was based on participants' self-reports.

Significant differences were found between the two groups on age (the non-foster care group were older), race/ethnicity (more African-American youth in the foster care group, and more Caucasian youth in the non-foster care group), and mental health and substance abuse issues (the foster care youth had higher rates). There were no significant differences between the two groups in terms of employment status, post-

training. Further analysis revealed that as the youth got older their wages increased, and the wages earned were considered a living wage in the City of San Francisco. Race was found to have no effect on employment status and hourly wage. Mental health and substance abuse were found to influence employment attainment and hourly wage. Those without mental health issues were significantly more likely to obtain employment within three months of completing the employment training than those with mental health issues (65% vs. 54% respectively). Participants who had no mental health issues, and participants with no substance use, had higher hourly wages than their peers.

Drawing on the findings of her own studies and other research in the area, particularly Courtney, Terao, & Bost (2004), Lenz-Rashid reinforced the need to build an employment history as an adolescent, and the need to maintain employment after leaving the support of carers. Furthermore, Lenz-Rashid recommended comprehensive employment readiness programs, foster parent training in employment preparation, and agreements and collaboration with local employers, volunteer agencies and career networking groups to build employment options for young people in care. Lenz-Rashid further recommended young people develop job retention skills via job coaching and job mentoring, and receive housing assistance, specialist mental health intervention, and developmentally appropriate substance abuse treatment services. Pertinent to this thesis, Lenz-Rashid concluded that it was largely unknown what methods, theoretical frameworks and/or curricula were used to prepare this at-risk population of youth for employment. This doctoral study aims to examine precisely these issues in the Australian context as it focuses on how carers and caseworkers can assist the school to work transition.

Dworsky (2005).

Dworsky's (2005) large-scale study of 8,511 former foster youth used administrative data to examine the self-sufficiency of young people discharged from out-of-home care in Wisconsin (US), between 1992 and 1998. The administrative data were based on three sources: (a) the human services reporting system used by the state to track the progress of children in out-of-home care; (b) the client assistance and re-employment support system; and (c) the unemployment insurance wage reporting system. The study's sample was aged at least 16 years when discharged from the care system, and was followed from the quarter in which they were discharged, through to the final quarter of the year 2000. Findings revealed that most of the sample experienced one, or more, periods with no employment during the first two years after their discharge from out-of-home care, and their earnings when they were employed, were very low. Even eight years post-discharge, earnings were still below the poverty line. Additionally, a significant percentage received welfare assistance, including cash and food stamps during those first two post-discharge years (Dworsky, 2005).

Dworsky continues to research this topic as a senior researcher for the Chapin Centre. She has assisted the analysis of the *Midwest Study* data to make recommendations regarding extension of formal support beyond 18 years (Dworsky & Courtney, 2010) and has suggested that such support increases the likelihood of college attendance, increases earnings and delays pregnancy (Courtney, Dworsky, & Pollack, 2007).

Goerge, Bilaver, Joo Lee, Needell, Brookhart, & Jackman (2002).

The Goerge et al. (2002) study which also examined employment outcomes for youth aging out of foster care, had findings consistent with those reported above. This comparative study obtained administrative data regarding young people who: (a) had

exited care at or around their eighteenth birthday (n=4213); (b) were returned to their parent's care prior to their eighteenth birthday (n=5415); and (c) were low-income youth (n=247, 295). The study addressed three primary research questions: (a) What are the patterns of employment and the amount of earnings of youth aging out of foster care?; (b) How do these employment patterns compare with those of other youth of similar ages in low-income families?; and (c) What are the socio- demographic characteristics and foster care services that are related to the patterns of employment?

The study used samples from three US states, that is, California, Illinois and South Carolina, all of which maintained longitudinal administrative data on foster children, as well as data regarding welfare assistance and wage reporting. The sample numbers included above were the totals across the three states. Like Dworsky's (2005) study, George et al., (2002) used data from the Unemployment Insurance Wage Reporting system. This system included most jobs, but excluded jobs where the employer was not paying unemployment insurance. The study also used Aid to Families with Dependent Children /Temporary Assistance for Needy Families data from the income maintenance program eligibility and tracking system used in all three states. The sample was tracked over a 13-quarter time period in the mid-1990s.

The summary of findings revealed: (a) youth ageing out of foster care were underemployed; (b) youth who did work began to do so early; (c) youth ageing out of foster care had mean earnings below the poverty level; and (d) youth ageing out of foster care progressed more slowly in the labour market than other youth (Goerge et al., 2002). These findings suggested that the experience of work, while still in the care system, was associated with rates of post-care employment and thus, there should be efforts to engage young people in different forms of work (Goerge et al., 2002).

Stewart, Kum, Barth, & Duncan (2014).

This comparative and longitudinal study used linked child welfare, public assistance, and unemployment insurance data from three US states, California, Minnesota and North Carolina, to investigate employment and earnings outcomes across 48 quarters, for care leavers, low-income youth, and a national comparison group, up to age 30 years. The study also assessed the significance of age, race, gender, urbanicity, maltreatment type, discharge placement type, spells in care, total length of stay in care, employment prior to age 18, unemployment rate, and number of quarters employed. Data for the national comparison estimates came from the National Longitudinal Survey of Youth 1997, that is, the national probability sample of approximately 9000 youth born in the years 1980 to 1984.

The main study findings suggested that youth who aged out of foster care had lower rates of employment, earnings, and employment stability compared to their peers at age 24 years in all three states, and through age 30 years in North Carolina. Consistent with previous research, rates of employment at 24 years were 6 per cent to 12 per cent lower across states than low-income youth, and 27 per cent to 31 per cent lower than the national comparison group. Indicating the care leaver experience for the late twenties, the study showed that the rate of employment worsened considerably for age-out youth by age 30 years, and was 15 per cent lower than the low-income group.

Not surprisingly given the lower rates of employment, earnings were lower and employment was less stable over time for age-out youth compared to their peers. The national comparison group earned more than double the wage of age-out youth and \$120 to \$290 per month more than the low-income group, at age 24 years. Earnings increased for all groups over time; however, by age 30 years earnings for age-out youth remained below that of the low-income group. In terms of employment stability, a

much lower percentage of care leavers had four consecutive quarters of employment compared to the national comparison group, and somewhat lower compared to the low-income group. In addition, at age 30 years, age-out youth had worked, on average, only 30 per cent of the quarters in that year.

In regard to the second research question concerning significant factors that impacted on employment and earnings outcomes, a number of predictors were identified. Like prior studies (Hook & Courtney, 2010), African American youth had significantly poorer employment and earnings outcomes compared to White youth. Females worked more than males, yet earned less than males. In North Carolina and Minnesota, staying in care after age 18 years was associated with greater employment stability. Having work experience prior to age 18 years was strongly associated with more positive employment outcomes both at age 24 years in all three states and at age 30 years in North Carolina.

Given the findings that care leavers youth continued to struggle even up to age 30 years, the authors suggested that former foster youth needed assistance well into adulthood. Research has shown that non-foster youth continue to receive financial and emotional support from their parents into the late twenties, support which is not typically available, but should be available, to care leavers (Stewart, Kum, Barth, & Duncan, 2014).

United Kingdom studies.

United Kingdom researchers have also studied the employment pathways of young people with a care background. Findings from the UK have been similar to the US studies which indicated low rates of educational attainment, and high rates of unemployment and marginal employment (Cheung & Heath, 1994; Dixon, 2006, 2007; Stein, 1994; Wade & Dixon, 2006).

Cheung and Heath (1994).

Cheung and Heath's (1994) study used data from the *National Child Development Study*, a longitudinal survey of children born in Great Britain in 1958. This study is ongoing and has monitored the physical, educational, and social development of the sample at age seven years, eleven years, sixteen years, twenty-three years, thirty-three years, forty-two years, forty-six years and fifty years. The study included 17,414 babies at birth, and has experienced considerable attrition, for example at age 33 years 11,363 of the initial 17,414 participated.

At the time of Cheung and Heath's employment analysis only five follow-up sweeps had been completed, that is, to age 33 years. Their employment research focused predominantly on information obtained when the participants were aged 23 years. At age 23 years participants were asked about any time spent in care, their highest qualification, and their job in 1981. Information regarding jobs held in 1991, at age 33 years, was also obtained. Results from the in care group were then compared with participants who had never been in care.

The study found low educational attainment among respondents who had experienced care. Of the people who had been in care, 42.5 per cent had no qualifications, compared with only 15.6 per cent of their not-in care peers. When participants who had been in care secured qualifications, they tended to be lower level ones. Only 1.1 per cent of the in care group obtained a degree, as compared to 10.3 per cent of their peers. In 1981, 45 per cent of the respondents who had been in care were unemployed, but only 26 per cent of respondents who had never been in care were without paid jobs. In 1991, the respondents who had been in care continued to be much more likely to be unemployed (10.1% vs. 3.6%), were more likely to be in semi-or unskilled manual work (21.5% vs. 15.7%), and were less likely to be in managerial

work (8.4% vs. 14%) than their peers who had never been in care (Cheung & Heath, 1994).

As part of their study, the researchers defined five categories for the in care group based on the age of entry, and exit, from the system, that is, their duration of time spent in care. The categories were: (a) children who both entered and left care before the age of one year; (b) children who both entered and left care before the age of seven years (other than those in category a); (c) children who both entered and left care at or before the age of 11 years (other than those in categories (a) or (b)); (d) children who both entered and left after 11 years; and (e) children who entered at, or before 11 years, but left after 11 years.

Respondents who were briefly in care before the age of one year were not significantly disadvantaged, and their educational attainment was close to the national average. For all of the other subgroups, except those who entered at, or before 11 years, and left after 11 years, occupational attainments were associated with their educational qualifications. All had suffered educationally, but fared no worse once they entered the labour market. That is, their occupational attainments were low, but were no lower than their similarly poorly qualified peers who had never been in care. The final group, which included those who had been in care for longer periods, appeared to suffer recurring penalties at each stage of their career. In an attempt to explain this, the effects of social origin were explored using father's class, education and social circumstance, with the findings suggesting that the legacy of care cannot be explained purely as a legacy of poverty (Cheung & Heath, 1994).

The researchers suggested further examination of causal factors. They raised questions such as: (a) Was it the experience of long-term care that led to these recurring penalties, or was it factors which led them into care in the first place that produced these

lasting difficulties?; and (b) Can long-term care compensate for the initial disadvantages that led young people into care?

Stein (1994).

Stein (1994) explored the education and career trajectories of young people aged 16-19 years who were 'looked after' in the UK by drawing on three UK studies conducted between 1981 and 1992. These three studies included *Prepared for Living?*, a four year study (1990-1994) of leaving care schemes. The study included a sample of 183 young people. Information was collected by social worker-completed questionnaires reporting on young people. The second study, *Living Out of Care* (Stein, 1990), was a three-year evaluation of the Leeds' Leaving Care Scheme. Conducted between February 1986 and February 1989, the study was based on quantitative data collected from 65 young people. Interviews were then carried out with 32 young people, their project workers and their social workers, on three occasions. The third study, *Leaving Care*, was a qualitative, follow-up study based upon semi-structured interviews with young people aged 16-19 years, who left care in 1982. These young people were interviewed on four occasions, between 1982 and 1985.

Stein (1994) noted high rates of unemployment across all the studies. He reported that for the 183 young people in the *Prepared for Living?* study, 36.5 per cent were unemployed within a few months of moving to independence, or being legally discharged from care. The *Living Out of Care* study showed higher rates of unemployment, with 60 per cent unemployed by the end of the study. Stein noted that only 20 per cent were employed, leaving the majority on, or near, the poverty line. The *Leaving Care* study showed very similar results. By the second interview, nearly 60 per cent were unemployed, and at the third interview, only 16.6 per cent were employed. At the fourth and final interview, 80 per cent were unemployed. Stein (1994) noted the

group's lack of qualifications and suggested that young people who had been in care were poorly equipped for a contracting labour-market.

Drawing on the three studies, Stein (1994) suggested that the common career trajectory for the great majority of care leavers was as follows: leave school at 16 years without qualifications, employment training, and unemployment. To address this disadvantage, he suggested that child welfare authorities should prioritise educational attainment and ensure stability of placement, to facilitate this educational development. Carers should also be encouraged to maintain positive links with schools. Young people in out-of-home care should be encouraged, expected, and supported to achieve at school. Teachers should have greater knowledge of the care process, and greater sensitivity when delivering family-focussed curricula. Such curricula, which had students explore family backgrounds and traditions, tended to be problematic for young people in out-of-home care. Financial assistance should be provided to young people post-care for further education, employment and training, and career advice should be an essential part of care planning (Stein, 1994).

Dixon, Wade and colleagues (2006), and Dixon (2007).

During 2001 to 2003, a study was undertaken with young people leaving care in seven English local authorities under the *Children Leaving Care Act 2000* (Dixon, Wade, Byford, Weatherly, & Lee, 2006). The aim of the study was to explore the extent of participation and factors associated with career outcomes. The research sought to answer four questions: (a) What factors in young people's past experience of care, or in their lives after leaving, tend to be protective or create risks for a successful transition?; (b) In what ways does the support offered by leaving care services, other professionals, families or friends help young people to achieve more positive outcomes?; (c) What do services cost and what factors are related to high or low costs of

care?; and (d) In what ways is leaving care work changing, in response to new legislative challenges and with what effects? Participants were aged 16 years and over and left care after October 2001.

Baseline interviews were conducted with 106 young people approximately two months after leaving care, and were repeated nine to ten months later with 101 young people. Questions at baseline focussed on young people's care experiences, transitional support arrangements, and initial post-care outcomes. Follow-up interviews centred on subsequent progress in key life areas such as: housing; education and training; health and wellbeing; offending and substance use; support available from family, friends and carers; and the use of professional support services. The sample was considered representative of the general care leaver population. Information was also sought from the young people's leaving-care workers. The study comprised three strands of enquiry, which ran parallel throughout the study timeframe: (a) case information on the experience and outcomes of leaving care (this involved conducting interviews with young people and their leaving care workers at Time 1 and Time 2); (b) service use and cost information associated with leaving care (information was gathered from young people and their leaving care workers at Time 1 to pilot test the schedule, and at Time 2 for use in the analysis); and (c) policy and practice information (this involved a review of relevant documentation and interviews with leaving care workers, team managers and service managers in late 2002). Thus, a range of quantitative and qualitative methods was employed to collect and analyse the data.

The study's results were consistent with the earlier Cheung and Heath (1994) study, and the US studies. It found, in relation to unemployment, that 43 per cent of the sample was unemployed at baseline, and 44 per cent was unemployed at follow up, that is, approximately ten months later (Dixon et al., 2006). While 21 per cent were in full-

time education, and six per cent were in training, only 10 per cent of the sample was in full-time work a year on from care (Dixon et al., 2006). The authors noted this was consistent with studies of care leavers in Northern Ireland (Pinkerton & McCrea, 1999), Scotland (Dixon & Stein, 2005), and England (Broad, 2003). In line with the findings from Naccarato et al. (2010), young people leaving foster care were more likely to be employed at baseline, and appeared less likely to become unemployed over time, when compared to young people from alternative placement types, such as residential care (Dixon et al., 2006). In addition, there was some evidence that where young people were employed they were in marginal, insecure, temporary, casual or 'cash in hand' employment (Dixon, 2007; Dixon et al., 2006). When career paths were examined, there was strong evidence that those with complex needs were less likely to do well in their early career paths (Dixon et al., 2006). Young people with mental health, or emotional and behavioural difficulties, were more than twice as likely as other young people to have poor career outcomes at follow-up (Dixon et al., 2006).

Only a small proportion of young people had received specific support to find or maintain a career from past foster carers or residential workers (7%), or family (10%), but those young people who had been supported, were more likely to achieve good outcomes (Dixon et al., 2006). There was also some indication that where young people perceived that they had a stronger friendship network, this was associated with a good career outcome. Around one half of the young people (51%) with a strong friendship network had a good career outcome, compared to less than one third (29%) of those without (Dixon et al., 2006). This may reflect a tendency for entry into the world of work to be associated with a broadening of young people's social networks (Dixon et al., 2006).

Wade and Dixon (2006) drew on the 2001-2003 study of 106 care leavers, in their publication regarding housing and employment outcomes for young people leaving care. In their examination of early career patterns for young people in care, they noted that at baseline interviews, 35 per cent of young people were in education placements, but that this had reduced to 23 per cent at follow up (Wade & Dixon, 2006). They suggested that young people dropped out of education and training placements due to financial difficulties, by being placed on courses unsuited to their abilities or interests, and due to personal and emotional difficulties, or lack of support and encouragement (Wade & Dixon, 2006). They argued that employment outcomes for young people in care may be influenced by the accelerated nature of their transition to adulthood; that is, having to leave home and at an earlier age than young people in the wider population, and their shouldering of such responsibilities of managing a household, finding a place in the labour market and parenting at an earlier age than is common for their peers (Wade & Dixon, 2006).

Dixon (2007) later used the 2001-2003 data to report the obstacles to participation in education, employment and training for young people leaving care. Pre-care, in-care, and post-care experiences were considered in the context of career development. While the 2001-2003 study did not focus directly on pre-care experiences, Dixon drew on other research (Stein, 2004) to describe factors that may predispose young people in care to poor career outcomes. Included were early loss or trauma, poor parenting, family problems, and low incomes. The 2001-2003 study found that a number of features of the care experience were associated with poor outcomes after care (Dixon, 2007). Risk behaviour, that is, substance misuse and offending, placement and education disruption, and the age at leaving care, were all found to have a particular impact on early career outcomes (Dixon, 2007). Those involved in

offending were more likely to continue to offend after care, fared worse in education attainment and career outcomes, and were more likely to not be engaged in education, employment or training. Poor career outcomes were also associated with substance misuse and placement instability. The majority of young people had experienced several moves, with 37 per cent moving four or more times during their last care episode.

Those who were doing well in terms of career outcomes were more likely to have had fewer placement moves, and were more likely to have had foster care placements, as opposed to other placement types. According to Dixon (2007), the more positive outcomes for the foster care group reflected the trend towards higher participation in post-16 education, and the practice of placing more troubled teenagers in residential care.

Dixon (2007) also examined education disengagement, and reported that within the sample of 106, 62 per cent had been excluded, and 71 per cent reported truancy. Those who experienced truancy and exclusion were less likely to be engaged in education and employment a year after care. Age at which young people left care was the most significant factor of the care experience, in relation to participation in education and employment (Dixon, 2007). Almost three quarters (73%) of those leaving aged 18 years or over, were active in education, employment and training, compared to a third of those who left aged 16 years (33%), or 17 years (31%) (Dixon, 2007). As mirrored by the Chapin Hall researchers (Courtney, Dworsky, & Pollack, 2007; Courtney et al., 2005), those who left care earlier had a higher risk of non-participation, and staying in care facilitated involvement in education and training.

In the examination of post-care circumstances that influenced career outcomes, Dixon (2007) noted the poor educational attainment, housing instability, personal

difficulties and local barriers, such as lack of transport and childcare services, often encountered by care-leavers. Additionally, structural barriers, such as the need for qualifications to compete in the labour market, and the low rates of pay granted to young people (which reflect the norm of remaining in the family home and receiving parental support until the early twenties), presented challenges for this already disadvantaged group. Dixon (2007) summarised that many care leavers faced employment disadvantage as a legacy of their earlier experiences, and post-care circumstances.

Like her US counterparts, Dixon (2007) made a number of policy and practice recommendations to improve adult outcomes for young people in care. These included: reductions in placement moves and education disruptions; increased focus on education and career planning; more intensive and structured support to those with complex needs; provision of consistent and focussed support; work skills development; employability schemes (schemes where care-leavers are guaranteed interviews and jobs); supported work experience placements; staying in care longer; and provision of post-care housing (Dixon, 2007).

Bilson, Price and Stanley (2010).

The study by Bilson, Price and Stanley (2010) aimed to map the progress of Local Authorities in North West England in providing sustainable employment opportunities for care leavers. Using a constructivist participatory methodology the study aimed to develop new ways to act by generating new understandings. Methods included a review of employment schemes for care leavers, a survey of local authorities in North West Region, and workshops with workforce partners. The study found a number of approaches to assisting young people in care to employment. These included: (a) preparation for employment schemes; (b) work experience schemes; (c)

work placements/traineeships; (d) apprenticeships; and (e) mentoring. While the variety of these schemes indicated a holistic understanding of the transitional needs of young people, the authors noted that few of the initiatives had been evaluated.

Analysis of the planning approaches taken by the twenty-two local authorities revealed a disparity in strategic planning. While some of the authorities had a policy or plan related to employment opportunities for care leavers, others did not, highlighting the need for strategic planning for a comprehensive service. Funding arrangements also impacted on the employment needs of young people being met. Short-term funding and separate budgets for departments and services created barriers to the development of employment initiatives for young people in care. Poor inter-agency collaboration and the need to coordinate multiple services was a further barrier to young people accessing employment. Instead of employment being seen as the responsibility of multiple service providers, one survey respondent noted that the issue of employment opportunities was seen exclusively as a job for leaving care teams.

In recommending a way forward the authors suggested that early intervention that flagged the issue of employment and aimed to raise careers aspirations was important. Also important was greater collaboration between children's and adult's services and the provision of continuity of support. Workshop participants identified that maintaining young people's key relationships could contribute to their success in training and employment and that it was more effective to have one identified practitioner to co-ordinate all the support for each young person. Practical support in the work setting was also identified as a need. Young people needed help with accommodation, life skills, literacy, and work readiness skills and themselves identified the need for a wage to cover living expenses. Employers who understood the

background and needs of young people in care could better assist them to accommodate the discipline required of a work placement.

At a systems level the researchers suggested the engagement of a regional employment coordinator for young people in care, that is, someone who could develop work opportunities and links across agencies, and who could broker with private sector employers and trade unions. Positive discrimination and ring-fenced opportunities had the potential to ensure that young people in care were provided with high quality employment opportunities and suggestions were made regarding young people in care being offered apprenticeship positions that were supernumerary to required staff levels.

Australian studies.

Cashmore and Paxman (1996, 2006, 2007).

Cashmore and Paxman's (1996) seminal study involved a longitudinal analysis of young people in care in the Australian state of New South Wales. The objectives of the study were: (a) to examine the circumstances, experiences and difficulties of young people leaving wardship at the time of leaving care, and, subsequently; (b) to document their perceptions of the events and experiences of being in care; (c) to evaluate the service needs of young people leaving care and the extent to which these needs were met by the statutory authority (Department) and non-departmental services and; (d) to examine the relationship between outcomes and young people's individual characteristics, family histories and experiences in care (Cashmore and Paxman, 1996). The study included a sample of 47 young care leavers aged 16 to 18 years, two comparison groups of 20 young people, and a group of 39 caseworkers. The first comparison group was 20 young people who had left home early, and were typically living in refuges or supported accommodation. The second group of 20 youth were advantaged young people, who had remained at home.

The study was comprised of four parts. First, it involved a prospective longitudinal interview study of the 47 young people leaving care. Three interviews were conducted with the participants, with the first interview occurring just before they were discharged from care (n=47), and the second (n=47), and third (n=45), approximately three months, and 12 months, after discharge. Semi-structured interviews included qualitative and quantitative questions about living arrangements, education and employment history, contact with their birth family, availability of financial and emotional support and their physical and emotional wellbeing. Secondly, the study included one interview with the comparison group participants. Thirdly, a review was undertaken of the departmental files of all the young people leaving care within the one year 1992-1993 period. This allowed for comparison of young people leaving care who were able to be interviewed with those who were not. Fourthly, interviews were conducted with the caseworkers who were dealing with the leaving care interview group at the time of their discharge.

A follow up study, four or five years after discharge from care, engaged 41 of the original cohort in a fourth interview when they were aged in their early twenties (Cashmore & Paxman, 2006b). Notably, these studies found that at the first interview, three months before they left care, mostly at 18 years of age, nearly two-thirds (64%) of these young people were studying or working, and 36 per cent were unemployed (Cashmore & Paxman, 2007). Three months after leaving care, 45 per cent were studying (or about to begin a new course), 19 per cent were working, and 26 per cent were unemployed (Cashmore & Paxman, 2007). Twelve months after they left care, few were still at school, and more of them were unemployed than studying or working (Cashmore & Paxman, 2007). Four to five years after leaving care 26.8 per cent were in full-time employment, 22 per cent were parenting, 24.4 per cent were in part-time or

casual employment, 4 per cent were studying full-time or part-time, and 22 per cent were unemployed. Forty-four per cent were either unemployed or not in the labour force, compared to 23 per cent of 20-24 year olds in the general population (Cashmore & Paxman, 2006b).

Those in part-time or casual work were mostly employed at fairly low levels, which meant that some were also on unemployment benefits. In total, only one in four young people were either in full-time work, full-time study or both part-time work and study, compared with over 70 per cent of 20-24 year-olds in the general population (71% in 1997 and 77% in 2002) (Australian Institute of Health and Welfare, 2003, as cited in Cashmore & Paxman, 2007).

The study four or five years following discharge from the care system asked young people about their work aspirations. When asked what sort of work they would like to do in the future, these young people named a wide range of occupations including youth work, child care, legal work, teaching, computing and electronics, building and project management, pilot, chef, business or clerical work, farm work, horticulture and veterinary work. Young people were well aware that they needed to develop their work skills and experience, and in most cases, to go on to do further studies either at TAFE or at university to achieve this. The authors noted that these aspirations, and the recognition of what they needed to do to attain these, were not very different from those of other young people their age. What differed was their access to the resources and other pre-requisites (Cashmore & Paxman, 2007).

Cashmore and Paxman (2007) were able to identify significant predictors of after-care outcomes. In care factors that predicted how well young people were doing post-discharge, included stability of placement (Cashmore & Paxman, 2007). Young people who had had one placement lasting for 75 per cent of their time in care were

more likely to have completed more years of schooling, to report better progress at school, and were more likely to have someone they could call on for support (Cashmore & Paxman, 2006b). Four to five years after leaving care 'felt security' was a more significant predictor of longer term positive outcomes than stability (Cashmore & Paxman, 2006a). Other leaving care factors included age at discharge. Those discharged under the age of 18 years were faring worse. Young people who could remain with their carers after discharge had more positive outcomes. After-care factors associated with more positive outcomes included stability of housing, availability of financial help, social and emotional support and higher rates of hopefulness.

The authors made a number of policy and practice recommendations to improve after-care outcomes including promotion of stability, continuity of relationships, and support post-discharge, particularly financial assistance (Cashmore & Paxman, 2006b).

Maunder, Liddell, Liddell, & Green (1999).

Maunder, Liddell, Liddell, and Green (1999) also explored the experience of care leavers in research conducted between February and September 1996. The objectives of this study were to: (a) provide an overview of Australian Government youth policy relating to young people leaving care; (b) provide an overview of care and protection exit arrangements; (c) identify the circumstances and needs of young people making the transition from state care; and (d) identify initiatives to improve transition from care support and minimise risks of homelessness.

This study interviewed 48 young people, aged 17-25 years, from five Australian states and the Northern Territory who had left care, although five young people had been in voluntary care and thus not subject to a court order. Additionally data were obtained from almost 200 people through 19 focus groups, and 24 individual service

provider interviews. A review of Australian and international research, and Australian national and state legislation and policy, was also undertaken.

The study revealed a focus on entry into care, and lack of attention to exit. Leaving care was often a low priority and poorly resourced. Little was done to prepare young people for life after care. Young people were frequently discharged under the age of 18 years and before they were ready. Transition from care planning was ad hoc and did not always include the securing of post-care accommodation. It was noted that young people in care frequently exited into services designed for homeless young people, relied on the goodwill of friends or relatives, or ended up in crisis night shelters or the streets. Interviews with young people revealed that 64 per cent were either unemployed or on sickness or supporting parents benefits. Based on these findings, the researchers recommended, amongst other points, an extension of support to age 25 years, access to Commonwealth welfare benefits, greater casework focus on transition-from-care, provision of basic personal items and furniture for independent living, and provision for educational and literacy needs (Maunder et al., 1999).

Work and Youth WAY Project (2007-2009).

The *Work and Youth WAY Project*, in which this study was located, explored education and career development processes of young people in care (Buys, Tilbury, Creed, & Crawford, 2011; Crawford, Tilbury, Creed, & Buys, 2011; Creed et al., 2011; Tilbury, Creed, Buys, & Crawford, 2011; Tilbury, Creed, Buys, Crawford, & Osmond, 2012). Conducted between the end of 2007 and late 2009, the project used a mixed-method, longitudinal study design. It surveyed young people in care twice (T1 n=266, T2 n=130), surveyed a comparison group of young people not-in care twice (T1 n=378, T2 n=165), and interviewed carers (n=27), caseworkers (n=24) and guidance officers (n=19) on one occasion. Young people in care who had completed the initial survey

were invited to participate in an interview, and 65 young people in care were interviewed once, 50 were interviewed a year later, and 25 were interviewed for a third time, approximately six months after the second interview.

The aims of the study were to: (a) understand how young people in care developed ideas about future work and careers, including the social and cognitive variables that influence career decision making; (b) investigate current practices for preparing youth in care for their transition to work or further education and the factors that supported or impeded the transition; (c) identify variables that predicted successful transitions; and (d) develop intervention strategies to improve education and work outcomes.

Results of the study revealed that when compared to their not-in care peers, in care youth reported less school engagement, more school instability, and had lower occupational aspirations (Creed et al., 2011). Mostly these young people aspired to social occupations rather than investigative and artistic occupations (Creed et al., 2011). Typically such jobs are less prestigious, pay less, involve simpler tasks, require less training, less ability, and are ultimately less satisfying (Creed et al., 2011). Young people in care were also found to engage in less career planning (Creed et al., 2011). This was associated with lower career aspirations, less confidence, and poorer expectations for the future (Creed et al., 2011).

The qualitative component of this project found that practices for preparing young people for employment were ad hoc, and that there was a great deal of variance in the amount of support offered to education and training (Buys, Tilbury, Creed, & Crawford, 2011; Tilbury, Creed, Buys, & Crawford, 2011). Career planning, exploration of education, and career pathways were found to be not featuring in the casework role (Crawford, Tilbury, Creed, & Buys, 2011). Transition from care supports

were inconsistent, came late in the transition process and appeared to focus primarily on the provision of practical assistance for independent living, that is, it was not relationship based (Tilbury et al., 2011). The authors identified implications for practice including the benefits of an ecological framework and the integration of career planning with educational experiences, including building vocational counselling and career exploration into Education Support Plans and providing vocational training opportunities while still at school (Buys et al., 2011).

Mendes and colleagues (2004-2011).

Mendes (2009b), and Mendes, Johnson, and Moslehuddin (2011) reviewed the research regarding employment rates, educational attainment, factors that contributed to poor employment, and existing national and international programs aimed at young people in care. They suggested that the poor employment outcomes for care leavers could be attributed to a range of pre-care, in-care and post-care experiences, including abuse, placement instability, and a later lack of social support networks. They argued that the state as corporate parent has failed to provide the ongoing financial, social and emotional support and nurturing offered by most families of origin, and that many young people in care have approach adulthood with challenging emotional and psychological issues and the prospect of housing instability (Mendes, 2009b; Mendes et al., 2011).

Mendes (2009b) suggested that career advice should be provided within the leaving care planning and review process, in order to facilitate an early assessment of strengths and aspirations. Drawing on the work of Allen (2003), Wade & Dixon (2006) and Wade & Munro (2008), Mendes recommended care leavers receive ongoing vocational assistance to explore career options, develop career plans and goals, and access employment opportunities. Together with colleagues Johnson and Moslehuddin

(Mendes et al., 2011) Mendes has advocated for a social investment model of support for care leavers, in order to help overcome the disadvantages faced by care leavers and to promote their inclusion in mainstream social, economic and communal life.

Section three summary.

This section has presented findings from US, UK and Australian studies of the employment outcomes of young people in care and care-leavers. According to these studies such young people have had higher rates of unemployment, underemployment, low earnings and financial hardship, than their not in care peers. Those with low reading abilities, incomplete schooling, complex needs, early care leaving, or a history of placement instability were particularly disadvantaged. As a group, young people in care had low rates of participation in job-readiness or job training programs, engaged in less career planning, and aspired to less prestigious jobs, than their not-in care peers. Overall they were ill prepared for adult self-sufficiency. A number of recommendations to improve employment outcomes, and in turn, adult outcomes for young people in care have been made by researchers in this field. These include: having young people leave care at a later age with greater transitional support; reduction in placement moves; completion of schooling; post-care housing support; and participation in career advice, jobs, and job training or employment schemes.

Section Four: Career Development Research

Career development theory has had a relatively short history and the term *career* is still variously defined (Patton & McMahon, 1999). Career is understood as an individual's vocation or occupation, including paid and unpaid roles and leisure activities (Patton & McMahon, 1999). Super (1976) defined career as "the sequence of major positions occupied by a person throughout his pre-occupational, occupational and post-occupational life; includes work related roles such as those of student, employee,

and pensioner, together with complementary vocational, familial and civil roles” (p. 20). Career development is described as being, for most people, a lifelong process of getting to choose, choosing, and typically continuing, to make choices from among the many occupations available in our society (Brown & Brooks, 1990).

No single theory fully explains career development, but a number of theories contribute to the understanding of the career development process (Patton & McMahon, 2006). This section provides an overview of the more influential career development research and associated theories, which inform understandings of the career development process. The chapter then reviews social cognitive career theory, used as the theoretical base for this study.

Trait and factor theories: Focus on content.

Parsons (1909), was one of the first to provide a conceptual framework for career decision making and stated,

“In the wise choice of a vocation there are three broad factors: (a) a clear understanding of yourself, your aptitudes, abilities, interests, ambitions, resources, limitations, and their causes; (b) a knowledge of the requirements, conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work; and (c) true reasoning on the relations of these two groups of facts” (p. 5).

These three elements of career selection, self- knowledge, knowledge of the world of work, and true reasoning, continue to provide a basis for an understanding of career development (Patton & McMahon, 1999).

From Parson’s (1909) beginnings, trait-and-factor theories evolved. These theories focussed on the content of career choice, including characteristics of the individual and workplace (Patton & McMahon, 1999). These characteristics helped

explain why individuals were interested in particular career paths. Holland's *Theory of Vocational Choice*, initially proposed in 1959, was conceptualised as a trait-and-factor theory (Holland, 1966). This theory illustrated a person-environment perspective, and assumed that vocational interests were one aspect of personality (Holland, 1992). The theory categorised people into one of six broad types of personality: realistic; investigative; artistic; social; enterprising or conventional (Holland, 1992). As such, Holland's type theory is commonly referred to as the RAISEC model. The model claimed that individuals seek out work environments that are compatible with their talents, attitudes and values. For example, a person who was practical, athletic, concrete, systematic, and liked the outdoors, might be interested in, amongst other occupations, carpentry or engineering. Since its original inception, Holland has refined the theory to include reference to an individual's heredity, the interactions they have with their environment, and an individual's context (Holland, 1992).

Developmental theories: Focus on process.

Developmental approaches to career development followed trait-and-factor studies. Ginzberg, Ginsburg, Axelrad and Herma (1951) postulated that career choice was determined by a developmental path, rather than a matching process. Starting in pre-teen, and ending in young adulthood (this was later revised to acknowledge that career development is a lifelong process) individuals pass through three stages, that is, the fantasy, tentative and realistic stages (Ginzberg et al., 1951). The tentative stage has four sub-stages of: (a) interest; (b) capacity; (c) value; and (d) transitions (Ginzberg et al. 1951). The realistic stage is divided into sub-stages of: (a) exploration; (b) crystallization; and (c) specification (Ginzberg et al. 1951).

In the first stage, the fantasy stage, occupational preferences expressed by the young person generally reflect a lack of realism, and may mirror an adult known to the

child (Ginzberg et al., 1951). In the second stage, the tentative stage, a maturational process occurs, with young people basing career choice on their interests and abilities (interest sub-stage) which they weigh against their capacities (capacity sub-stage) (Ginzberg et al., 1951). A growing awareness of individual work values, and the need to order them, shapes the value sub-stage (Ginzberg, 1984). During the transition sub-stage of the tentative stage, occupational choice becomes less of a subjective process based on interests, capacities and values, and more an exploratory process based on realistic considerations, such as the amount of study required, and the likely income (Ginzberg, 1984). In the final stage, the realistic stage, young people begin to implement their tentative occupational choices and evaluate feedback on their vocational behaviour (exploration sub-stage). Following this exploration sub-stage, crystallisation occurs when the young person makes a commitment to a particular occupation. The process of career development is completed with the sub-stage of specification, during which individuals make decisions about how to implement their occupational choice, for example making a decision on the type of organisation for which they will work (Ginzberg, 1984).

Overshadowing the work of Ginzberg et al., (1951), was the significant work of Super (1953, 1957, 1980, 1990, 1992, 1994) who outlined a life-span, life-space approach to career development. Super's approach drew on aspects of career development "taken from developmental, differential, social, personality and phenomenological psychology and held together by self-concept and learning theory" (Super, 1990, p. 199). Super located the individual, or self, in a broad context and used the terms *life-span* and *life-space* to represent the content and process of career development. He described five vocational development stages, termed *growth*, *exploration*, *establishment*, *maintenance* and *decline or disengagement*, which

corresponded with the life stages of childhood, adolescence, adulthood, middle adulthood, and old age, which he plotted on a 'life-career rainbow' and later an 'archway model'. Additionally, Super (1980, 1990, 1992) located these stages within the context of situational and personal determinants. Thus, he considered the impact of such factors as social policy, employment practices, the labour market and economy, as well as personal intelligence, aptitudes, values and personality.

The first of the vocational development stages, the *growth* stage, is characterised by the exploration by children of the world around them (Super, Savickas, & Super, 1996). During the growth stage, individuals attend school, develop work habits, gain more control over their lives, and become future-oriented (Super et al., 1996). They may identify with role models and begin to develop interests and an awareness of their abilities (Patton & McMahon, 1999; Super et al., 1996). Fantasy and play help them to develop concepts of themselves in adult roles (Patton & McMahon, 1999; Super et al., 1996).

In the *exploratory* stage, career choices are narrowed and vocational identity develops. The stage involves three career developmental tasks: (a) crystallization; (b) specification; and (c) implementation. Crystallization is the cognitive process of forming a vocational goal, on the basis of vocational information and awareness of interests and values. Specification involves the selection of a specific career. Implementation involves training for the selected vocation and beginning employment (Patton & McMahon, 1999).

The next three stages of *establishment*, *maintenance* and *decline* can be described simply. In the stage of *establishment* the individual is employed, and stabilises and consolidates themselves, in their career. Some individuals will seek promotion or higher levels of responsibility in this stage. The next stage, *maintenance*,

is characterised by “preserving the place one has made in the world of work” (Super, 1992, p. 44). Tasks in this stage include holding on, keeping up, and innovating (Patton & McMahon, 1999). The final stage, *decline* or *disengagement* is associated with planning for retirement, possible reduction of workload, and eventual retirement (Patton & McMahon, 1999; Super, 1992).

While the concept of *life-span* provided the process dimension of Super’s model, the concept of *life-space* provided the context of the theory (Patton & McMahon, 1999). Super acknowledged that the work role may be only one of a number of roles held by an individual. He believed that “to understand an individual’s career, it is important to know and appreciate the web of roles that embeds that individual and her, or his, career concerns” (Super et al., 1996 p. 129). This broader concept of career is seen in current day career resources, including web-based career development supports, such as the Australian *myfuture* website (Australian Government, 2012). This website prompts individuals to consider not only paid work, but leisure activities, and desired lifestyle (Australian Government, 2012).

Learning and cognition theories: Focus on content and process.

Super’s (1990) acknowledgement that ‘personal determinants’ and ‘situational determinants’ influenced the developmental process of career decision making, as well as Holland’s (1992) acknowledgement that career choice was influenced by development and context, led to theories that focussed on the content of both the individual and the context and the nature of the interactions within, and between these variables (Patton & McMahon, 1999). One of the first theories to address both the content and process of career decision making was Krumboltz’s *Learning Theory of Career Decision Making* (Krumboltz, 1979; Krumboltz, Mitchell, & Jones, 1976). This theory was based on Bandura’s (1977) social learning theory, and suggested that

individuals learn about themselves, their preferences, and the world of work, through direct and indirect experiences (Patton & McMahon, 1999).

In Krumboltz's theory, four categories of factors influence the career decision-making process: (a) genetic endowment and special abilities (for example, gender, ethnicity, appearance, and ability or disability); (b) environmental conditions and events (for example, training and job opportunities, social policy and labour laws, family factors, the education system, community influences); (c) learning experiences (for example, direct learning experiences and associative learning experiences); and (d) task approach skills (for example work habits, performance standards, cognitive processes and emotional responses). As a result of the interaction of the above four categories, four outcomes or generalisations become evident (Mitchell & Krumboltz, 1996).

The first of these generalisations is beliefs about self, used to describe an individual's own reality. The second outcome is worldview generalisations, often derived from positive or negative learning experiences, which are the conclusions people have about how things are, and how they might be in the future. The third outcome is task approach skills, in which individuals formulate specific skills to use in relation to career decision-making. These stem from the examination of self-beliefs and the world of work. The fourth outcome is action, which includes engaging in activities like training, or applying for jobs, that lead to career entry (Patton & McMahon, 1999).

Social cognitive career theory.

Developed around 1980, and first known as career self-efficacy theory, social cognitive career theory was derived primarily from Bandura's (1977) social learning theory, and his 1986, revised social cognitive theory (Lent, Brown, & Hackett, 1996; Patton & McMahon, 1999; Sharf, 2010). Described as a complex and extensively researched theory of career choice and performance (Lindley, 2005), it focuses on the

strengths of individual's beliefs that they can successfully accomplish something (Sharf, 2010).

Created by Lent, Brown and Hackett (1994), the theory emphasised the means by which individuals exercise personal agency in the career development process, as well as environmental factors, including context and experiences, that enhance or constrain. "In recognition of the mutual, interacting influences among persons, their behaviour and environments, the theory subscribed to Bandura's (1986) triadic reciprocal, or fully bi-directional, model of causality" (Lent et al., 1996, p. 379). "In this scheme: (a) personal attributes, such as internal cognitive and affective states, and physical attributes; (b) external environmental factors; and (c) overt behaviour (as distinct from internal and physical qualities of the person) all operate as interlocking mechanisms that affect one another bi-directionally" (Lent et al., 1996, p. 379). People are seen as active agents in, or shapers of, their career development, but career development is not seen as just a cognitive-volitional enterprise (Lent et al., 1996). The theory recognises that there are often potent external and internal barriers to choice, change, and growth, and that people differ in their abilities and achievement histories (Lent et al., 1996).

Social cognitive career theory attempted to "explain certain experiential and learning related processes that underpin other theoretical approaches to career development, for instance, how types develop in Holland's scheme, how learning experiences influence interests in Krumboltz's theory, or what factors are responsible for differential role salience in Super's theory" (Lent, et al., 1996, p. 376). Thus social cognitive career theory was intended to offer a unifying framework for career development, in which career choice behaviours are shaped by person inputs, context and learning experiences (Lent et al., 1994, 1996).

Person inputs include predispositions, gender, ethnicity, disability and health status (Lent, Brown, & Hackett, 2000). How individuals construe themselves and make sense of what their environment provides, affords the potential for personal agency in one's career development (Lent et al., 2000). These cognitive-person variables contribute to *self-efficacy* (beliefs about capabilities to organise, and execute, courses of action), which in turn promote favourable *outcome expectations* (expected consequences of *actions*), and both, individually and jointly, reinforce and foster career *interests* (liking) and career *goals* (intentions to engage in a certain activity) (Lent et al., 2000; Rogers & Creed, 2011). Career behaviours or actions, such as career planning and career exploration, are then actualised (Rogers & Creed, 2011). Lent et al., (1996) described *self-efficacy*, *outcome expectations* and *goals* as the “building blocks” of career development (p. 380).

According to the theory, an individual's context is influenced both by objective and perceived environmental factors. The qualities of one's educational experience, and the availability of financial support, are examples of objective factors. Perceived environmental factors relate to how individuals interpret their environment and themselves. These perceptions, described simply as how individuals make sense of, and respond to what their environment provides, help explain how some people achieve great success despite the environmental odds against them, or how others fail despite seemingly having every environmental advantage (Lent et al., 2000).

Social cognitive career theory divided contextual influences into two distinct groups, distal and proximal. They were so named for their relative proximity to the career choice-making process (Lent et al., 2000). The first category, the distal or background contextual factors, affect learning experiences through which career *self-efficacy* and *outcome expectations*, outlined above, are developed. Examples of distal

factors include the types of career role models to which one is exposed, and the encouragement, or discouragement, one receives for engaging in particular academic, or extracurricular activities (Lent et al., 2000). The second category, proximal contextual variables, is particularly important during active phases of educational or career decision-making and can shape career choice behaviours. Examples of proximal influences include the adequacy of supports (for example, financial support) and the existence of barriers (for example, lack of accommodation). These proximal contextual influences facilitate, or impede, the development and pursuit of an individual's career path, as they have a direct influence on goals and actions, and can also influence the relationship between goals and actions. Specifically, proximal contextual factors may moderate the relations of: (a) interests to goals; and (b) goals to actions (Lent et al., 2000). The theory suggested that people were less likely to translate their career interests into goals, and their goals into actions, when they perceived their efforts to be impeded by adverse contextual factors, like inadequate support systems (Lent et al., 2000). Conversely, the perception of beneficial contextual factors, like financial assistance, facilitated the process of translating one's interests into goals and goals into actions (Lent et al., 2000).

In regard to learning experiences, social cognitive career theory shares similarities with Krumboltz's (1979) social learning position. There is an emphasis on the influence that direct and vicarious learning experiences have on shaping occupational interests, values and choices. Social cognitive career theory examined, in greater detail however, the intervening mechanisms through which past experience affects future behaviour, what factors produced past learning outcomes, and how people are able to regulate their own behaviour (Lent et al., 1996).

As mentioned above, self-efficacy beliefs are acquired, and modified, via four primary sources of information or types of learning experience: (a) personal performance accomplishments; (b) vicarious learning; (c) social persuasion; and (d) physiological states and reactions. Personal attainments are typically seen as the most potent, or compelling, informational source (Lent et al., 1996). Self-efficacy is raised with experiences of success, while repeated failures lower self-efficacy (Lent et al., 1996). Outcome expectations, the personal beliefs about the consequences of performing particular behaviours, are also acquired through learning experiences. Outcome expectations for particular career actions derive from: (a) people's recollection of the outcomes (such as rewards) they received for similar past actions; (b) observation of the outcomes produced by other people; (c) attention to self-generated outcomes (such as self-approval); and (d) the reactions of others, and sensitivity to physical cues (such as sense of wellbeing). Figure 1 sets out the person, contextual, and experiential factors affecting career-related choice behaviour.

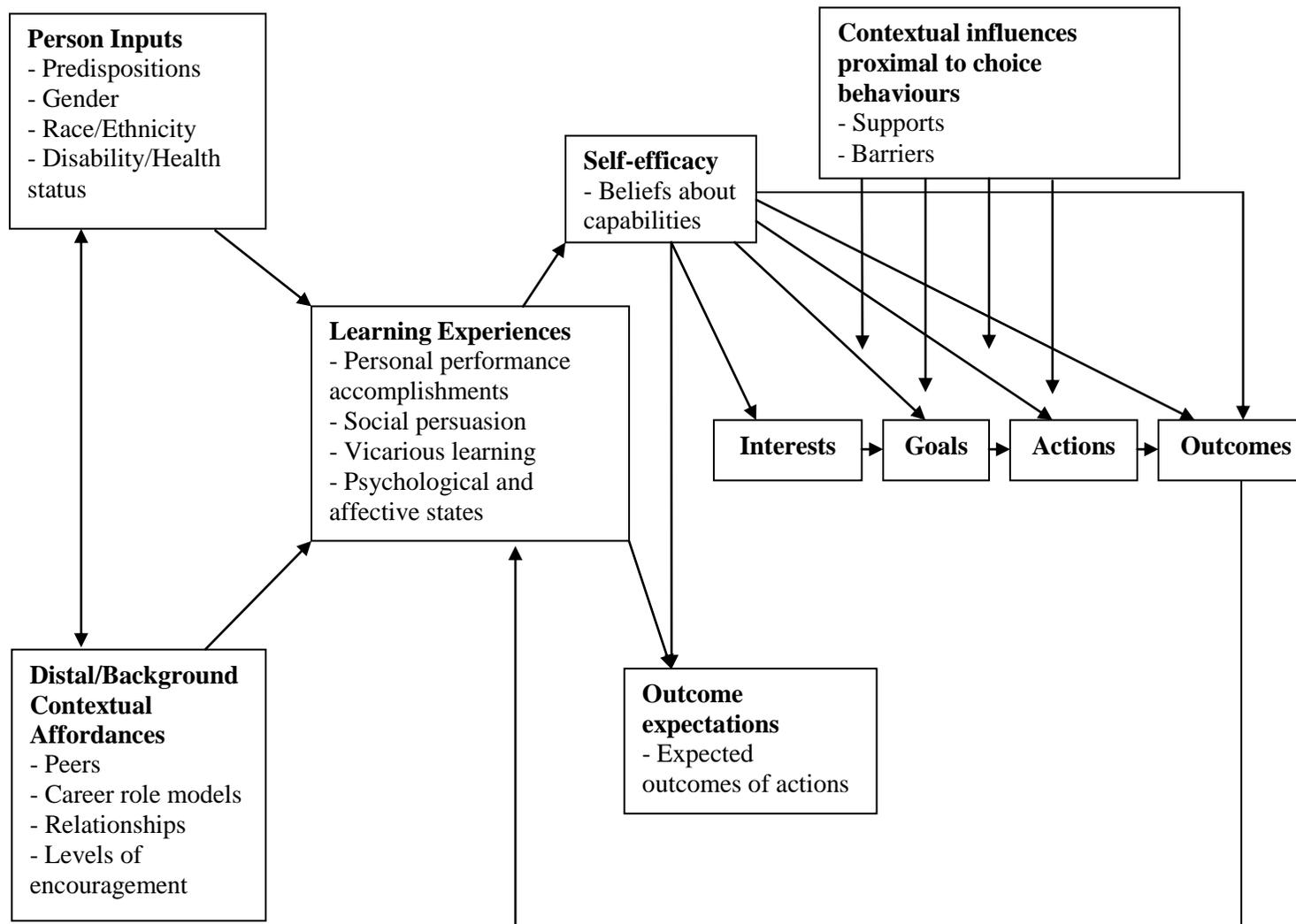


Figure 1. Model of social cognitive influences on career choice behaviour (Lent et al., 2000)

Section four summary.

Career development as a process is still variously described but is generally acknowledged as broader than paid work. For most people career development is a lifelong process, usually starting in adolescence, of getting to choose, choosing, and typically continuing to make choices from among the many occupations and leisure activities available in our society. There is great breadth in the theoretical underpinnings of career development. Over time, theories have developed to account for the complex connections between individuals and their context, and have expanded the understanding of how both content, and process variables, are relevant to career behaviour (Patton & McMahon, 1999). Social cognitive career theory is a more recent theory which emphasised three important cognitive concepts or 'building blocks' to career development: (a) self-efficacy; (b) outcomes expectations; and (c) goals (Lent et al., 1994). All may be affected by contextual factors (Lent et al., 2000). Because it is specific to career development and emphasises diversity, personal agency, and contextual factors, social cognitive career theory is particularly fitted to the investigation of the career development of disadvantaged adolescents. It is thus used as the theoretical framework in this thesis, and assisted the analysis of findings because it facilitated examination of a range of influences on the young people.

Section Five: Relationships for Young People in Care

This section examines relationships for young people in care, specifically their relationships with carers and caseworkers within the context of state care. The section outlines the concept of the state as parent, describes attachment theory and its significance in the out-of-home care system in Australia, and offers definitions of the roles of carers and caseworkers. This section also examines how relationships, the

support offered in relationships, and a perception of security, can influence adult functioning and career outcomes.

The state as parent.

It has been argued that in light of poor educational attainment and adult outcomes for children in, and exiting, care, that the state is not an adequate parent (Wilson, Sinclair, Taylor, & Pithouse, 2004). In their examination of whether the state could parent, Bullock and colleagues (2006) raised questions regarding the ability of child welfare departments to meet the long-term psychosocial needs of young people in care. These authors suggested that the facilitation of healthy psychosocial development, which is arguably what most parents aim to produce in their children, is achieved through a collection of roles and responsibilities tied together by life-long bonds, obligations and natural affection.

There are four significant issues for young people in care that reduce the likelihood of healthy psychosocial outcomes. Firstly, once a child enters out-of-home care there is a separation of actual care, from formal responsibility. Carers provide the care, but professionals accept the formal responsibility. While young people growing up in their own families tend to receive personal, comprehensive, and continuing commitments from their parents, young people in care experience partial attachments, often disrupted by staff turnover and placement instability (Bullock et al., 2006). Secondly, while parents generally carry responsibility for maintaining overall and integrated continuity of care for children, young people in care have their needs discharged into a number of activities performed by different groups of people, for example, carers, caseworkers, therapists and legal representatives (Bullock et al., 2006). Thirdly, order types, and the inexact nature of the process of coming into care, can confuse the precise duties and rights of the child welfare agency acting in loco-parentis

(Bullock et al., 2006). Fourthly, children in care may experience tensions in their attachment relationships as new relationships supersede, erode, or conflict, with earlier relationships (Bullock et al., 2006).

How young people in care are viewed conceptually by their caseworkers also has implications for state parenting practice. Ruch (2005) has suggested that within child care social work, conceptualisations of the individual, that is, the child or young person in care, are reductionist, while bureaucratic responses have become overly proceduralised. Within such a practice approach, legal and administrative requirements, tasks and outcomes are prioritised (Howe, 1997), rather than professional relationships and the emotional aspects of the individual's circumstances. Young people in care can be viewed as service users, rather than individuals with complex needs, increasing the risk that caseworkers will only engage superficially to meet their needs (Howe & Hinings, 1995; Ruch, 2005).

In his application of a critical lens to social work practice Doel (2010) suggested that boundaries between a worker, the client, and the agency, affect service focus and outcomes. Agencies exert considerable power over workers, controlling their decision making, constraining the types of information they process, limiting the range of alternatives available, and dictating the rules by which they will choose among alternatives (Doel, 2010). This draws on the work of Dietz and Thompson (2004) who have argued, within a discussion of social work boundaries, that a patriarchal 'distance' model of social work practice can exist. The distance model, concerned about violations of client/worker boundaries, maintains that social workers should be neutral and mostly absent. This may be contrasted with a feminist 'relational' model of social work practice that has a greater emphasis on mutuality, partnership, authenticity, empowerment and respect in client/worker exchanges. These are important

considerations when professionals, working in an agency context, assume the parenting role.

Across the international context it would appear that policy makers have lacked an appreciation of the concept, nature, and significance of relationships and relationship-based practice for young people in care. In the US there have been moves to a greater sense of a shared, or corporate, responsibility for meeting the needs of young people in care (Wulczyn, Barth, Yuan, Jones-Harden, & Landsverk, 2005) and similar recommendations have been made in Australia where there has been a renewed focus on strengths-based practice frameworks, client engagement, team and shared case responsibility (Government of Western Australia, 2011; Queensland Commission of Inquiry, 2013).

In their recommendations to make the state a better parent, Bullock et al., (2006) suggested that the state had to accept long-term responsibility for children into early adulthood, and insisted that all agencies serving children and young adults, and not just the child welfare agency, contribute effectively to young people's welfare. Care offered should be of a high quality, sensitive to attachment issues, should be properly matched and stable (Bullock et al., 2006). Transitions to adulthood should be better supported. In essence child welfare agencies needed to try harder to provide young people in care with what they said they wanted, namely a normal family life, encouragement, respect, basic information about what they were entitled to, a good education and choice about contact with their own families (Wilson et al., 2004). Thus, they needed to replicate the experience of children cared for by appropriately functioning parents who provided a secure attachment relationship for their children.

Attachment theory.

Attachment theory involves the study of human relationships, particularly early, formative relationships. Attachment theorists, within a Western context, have suggested that there is a biological imperative for infants to form attachments to their primary carers (Bowlby, 1988), and that the main evolutionary function of attachment was protection from predators. Attachment has been defined as, “an affectionate bond between two individuals that endures through space and time and serves to join them emotionally” (Klaus & Kennell, 1976 cited in Fahlberg, 1994, p. 14). It is postulated that the development of self as a socio-emotional being is mediated by our relationships (Daniel, Wassell, & Gilligan, 1999). The theory relates language, cognitive and moral development to the quality of early attachment relationships.

It is theorised that the interactions between carers and children, and the consistency and nature of responses received lead to secure or insecure attachment styles (Ainsworth, Blehar, Walters, & Walls, 1978). Secure children receive positive, sensitive and nurturing responses and in turn develop a sense of trust, security and attachment (Ainsworth et al., 1978). Insecure children, who may be classified as anxious/avoidant, anxious/resistant or disorganised/disoriented, typically experience inconsistent, rejecting, or less sensitive interactions with carers (Ainsworth et al., 1978). Studies have shown that insecure attachment is more likely to be demonstrated in children growing up in poverty, with a history of abuse, or where the mother is stressed or depressed (Bee, 1994; Cicchetti & Barnett, 1991).

According to Holmes (1993), a secure relationship creates a secure base from which a child feels safe to explore the world and it is on the basis of early attachment experiences that an internal working model develops. This internal working model acts as a template for other relationships and activities and will continue throughout life as

an individual develops from immature dependence on caregivers to mature dependence on friends and partners (Holmes, 1993).

Attachment and career progress.

It is argued that attachment styles are predictive of a wide array of adaptive outcomes throughout the lifespan, including progress in career development (Blustein, Prezioso, & Schultheiss, 1995; Ketterson & Blustein, 1997). Secure attachment relationships with caregivers may provide emotional, social, esteem, information, and tangible assistance, and are most important during educational and career transitions, when making decisions and when assessing, or affirming, commitments (Schultheiss, Palma et al., 2002). Those with a secure attachment are thus better able to undertake career development processes (Blustein et al., 1995). This position was supported by the work of Day, Riebschleger, et al., (2012) who discovered that young people in care predominantly desired stable relationships with caring adults outside of school, who knew how to support their educational successes. Young people who had caring professionals, mentors, or carers, reported that the presence of these adults inspired them to pursue post-secondary education (Day et al., 2012). In undertaking the process of career development young people looked to their significant relationships for vocational exploration, vocational identity, vocational interests, and work values (Whiston & Keller, 2004). A Scottish study which examined 'successful' outcomes, defined as the ability to make and sustain meaningful relationships and engagement in work, education or training, for young people with a history of foster and residential care, found five factors critical to success (Happer, McCreadie, & Aldgate, 2006). These included: (a) having people who cared about you; (b) experiencing stability; (c) being given high expectations; (d) receiving encouragement and support; and (e) being able to participate and achieve (Happer et al., 2006).

In the out-of-home care context Cashmore and Paxman (2006a) have used the term ‘felt security’ to describe a perception of a secure base, continuity of care, and support beyond care. Their research found that there was a strongly significant and positive relationship between the number of placements young people experienced in care and their perceived emotional security (Cashmore & Paxman, 2006a). Young people felt more secure if they had had fewer placements in care. Perceptions of emotional security were also found to be influenced by continuity in accommodation post 18 years, with those staying in their in care placement after 18 years, reporting feelings of security (Cashmore & Paxman, 2006a; Happer et al., 2006). This sense of ‘felt security’ was significantly predictive of positive long term outcomes (Blustein et al., 1995; Cashmore & Paxman, 2006a).

Two of the potentially significant relationships for young people in care, who are involved in the process of developing career interests and goals, are carers and caseworkers. Caseworkers make significant decisions for children and young people, including who they live with, which school they attend, level of contact with extended family members, level of financial resourcing and level of therapeutic intervention, while carers make decisions including engagement in school activities, extracurricular and casual work participation and attendance at careers expositions and the like. The fact that there may be many different carers and caseworkers in the lives of young people in care is an important additional factor to consider. Descriptions for each of these roles and research regarding the nature and importance of relationships for young people in care follow.

Carers for young people in care.

Once a child, or young person, is removed from parental care, the statutory child protection agency must facilitate a safe out-of-home care placement. Out-of-home care

can include placement in foster, kinship or residential care. Those providing these placements and meeting the day-to-day living needs of the young person are referred to as carers. Carers who provide family-based care may be classified as foster carers, or kinship carers. Foster carers are not related to the young people they are looking after. Kinship carers may be a relative, considered to be family or a close friend, or a member of the child or young person's community. In Australia, both foster and kinship carers are volunteers who receive an allowance to meet the costs of looking after an individual child. Residential care is not family-based care, and is primarily for young people aged 12 to 17 years, with complex support needs. Residential care services are provided by paid employees, or contract workers, who may be live-in or rostered staff.

Whatever their status, all carers must be assessed and approved by the statutory agency. As approved carers, these individuals are expected to provide a safe, stable and emotionally nurturing environment. In addition they must work as part of a team that includes the child, their family, the statutory department and other relevant service providers to meet the needs and rights of the child. All must comply with legislated standards for out-of-home care, found in most jurisdictions. Australian standards include such basics as the provision of adequate food, clothing, shelter, emotional care, and cultural recognition. The standards also require that young people in care should also have access to education, training, employment, medical, dental and therapeutic services. They should be able to access family contact, extracurricular activities, and behavioural guidance. Carers are essential in the out-of-home care system as they see young people in care each and every day while they are in their care and perform parenting functions, without all the authority of the parent. Most carers receive competency-based training to equip them to foster the wellbeing of young people in care, and are assisted by caseworkers.

Caseworkers for young people in care.

Caseworkers are usually human services, social work, or behavioural sciences qualified individuals, employed to deliver child protection services to families. Caseworkers have theoretical and practical knowledge, and skills, to assess allegations of harm to children and young people, and to intervene through effective case management. Agencies that employ such staff require caseworkers to have knowledge of child and adolescent development, theories of human behaviour, and an understanding of the impacts of family violence including child abuse. Additionally, workers must have skills in communication, conflict resolution, problem solving, liaison, negotiation, assessment, planning, evaluation and recording. Caseworkers provide direct services to young people in care regarding safety and placement, and work collaboratively with other agencies to meet the educational, health, mental health, and general wellbeing needs of young people (Wulczyn et al., 2005). In many jurisdictions caseworkers are responsible for developing and implementing case plans. They visit young people in their placements, facilitate family contact, coordinate support services and are expected to know and assess the young person's ongoing needs. Supervision and training are generally provided to caseworkers to assist them with their service delivery to clients.

The underpinnings of the Australian out-of-home care system.

Attachment theory and the known benefits of a secure attachment have been very influential on the development of the out-of-home care system in Australia. Secure attachment helps children to attain full intellectual potential, think logically, cope with stress and frustration, develop future relationships and become self-reliant (Fahlberg, 1988, 1994). At its extreme, poor attachment can lead to impaired

conscience development, low impulse control, poor self esteem, cognitive impairment and problematic interpersonal interactions (Fahlberg, 1988, 1994; West, Mathews, & Kerns, 2013). Child welfare agencies aim to place children with carers who will provide safe, secure, stable relationships with the child, whilst promoting a sense of connection to birth parents and siblings. The underlying premise of such placement arrangements is the reparative potential in the making of new, healthy relationships, and an aim is to provide a sense of ‘felt security’ for the child who has entered out-of-home care (Cashmore & Paxman, 2006a; Schofield & Beek, 2009).

Despite the understanding of the impacts of secure attachments and the known benefits of a felt sense of security, young people in care often experience multiple out-of-home placements, and a high turnover of caseworkers (Department of Child Safety, 2007). A 2008 study found around 42 per cent of young people in care were placed with two to five carers, while 16 per cent lived in over 10 different households, during their time in care (McDowall, 2008). As a consequence of these placement moves, young people in care often experienced fractured carer, family, and peer relationships (McDowall, 2008).

The nature of in care experiences can affect a child’s self-perception and ability to function as an adult. Stein (2006) used a resilience framework, and reviewed research outcomes for young people in care. He suggested that, based on the nature of relationships, and experiences in care, care leavers tended to fall into three categories. The first group was the ‘moving-on group’. These individuals tended to be highly resilient, welcomed independence, and were able to make effective use of leaving, and after-care, supports. They were likely to have had stability and continuity in their lives, including a secure attachment relationship, and a reconciliation of their family

relationships. Typically they had some educational success before leaving care, and had a gradual and planned transition-from-care experience (Stein, 2006).

The second group was termed the 'survivors group', who typically saw themselves as tougher and more self-reliant, despite high degrees of agency dependency for accommodation, financial and personal assistance. As a group they had experienced more instability and disruption whilst living in care, and had often left care younger, following a placement breakdown. With few, or no, qualifications they were more likely to experience low-paid casual or short term, unfulfilling work, and unemployment. They were also more likely to have experienced problems in their personal and professional relationships through patterns of detachment and dependency. Positive outcomes for this group tended to correlate with the effectiveness of the after-care supports provided (Stein, 2006).

The third group, the 'victims group' was the most disadvantaged. They had the most damaging pre-care family experiences, which the care system did not adequately address and overcome. Their experience of multiple placement moves was associated with disruption to their personal relationships and education, leaving them ill prepared for employment and maintenance of housing. After-care support, while viewed by the group as important, was unlikely to help the group overcome their poor starting point (Stein, 2006).

These findings are significant as they reinforce the importance of the in care placement experience and the significance of after-care supports to young people's functioning.

Foster carer support for education and career.

Foster carers also have an important role to play in fostering educational success for young people in care. The Wise et al. (2010) survey of 199 carers, 21 teachers, and

the case study of six young people, which explored educational experiences of young people in out-of-home care, examined the role carers played in children's education. The study indicated that carer capacity to support education was positively related to overall achievement, and carer help with homework, was also positively linked to working hard at school (Wise et al., 2010). The survey results showed that carers had considerable positive input into children's learning, as indicated by the importance they placed on good grades, help with homework and the structure of the home learning environment (Wise et al., 2010).

Similar to Stein (2006), this study categorised young people, who were aged between four years and 17 years, as either 'damaged', 'disengaging' or 'doing well'. The 'damaged' group was marked by its high rate of cognitive, emotional and physical conditions, poor grades and low school achievement, problem behaviour, and relatively long careers in out-of-home care. The 'disengaging' group was characterised by its older mean age, low school engagement and relatively recent entry to out-of-home care. The 'doing well' group, characterised by its relatively good education outcomes and general functioning, included younger children more likely to have been living with siblings, more likely to have been in homes with other children, and more likely to have been attending Catholic schools, than the 'damaged' and 'disengaging' groups. Overall the 'doing well' group had carers who placed high importance on achieving good school grades, and had high expectations for educational achievement (Wise et al., 2010). Carer expectations and focus were therefore significant influences for young people in care as they undertook their studies.

Section five summary.

It has been postulated that the quality of relationships in one's life and what transpires in our relationships, may be a key to career exploration, and the ability to

progress through challenging career tasks. Relationships can provide emotional and practical assistance during educational and career transitions, when making decisions and when assessing, or affirming, commitments. In undertaking the process of career development young people look to their significant relationships for vocational exploration, vocational identity, vocational interests, and work values. Carers and caseworkers are two important relationships for young people in care.

Young people in care benefit from a sense of belonging or ‘felt security’, but are not guaranteed this experience in the care system. Research has shown that state parenting is highly variable and affected by the division of care and authority.

Depending on their care experience young people may be doing well, but many are not, particularly if instability has been a feature of the care experience. When young people experience multiple placements and school changes their individual needs and strengths may not be identified and potential may not be maximised. Wulczyn et al., (2005) have argued that all systems involved in meeting the needs of children, have to shoulder their share of responsibility in conjunction with, not in spite of, the child welfare system to ensure that best possible outcomes are achieved.

Chapter Conclusion

Young people enter state care when significant harm or risk is experienced and parents are unwilling and unable to provide ongoing adequate care. The numbers of children and young people in the care system have increased markedly over the last decade. The state as a parent, has struggled to provide children and young people with the dimensions of responsive and nurturing parenting, needed to compensate for pre-care experiences of abuse and trauma, and for children to reach their adult potential. While many young people in care do well, schooling completion rates for this group are lower than average and few enter training or higher education facilities. The

consequence of this is that many young people may approach their adulthood with no, or poorly formulated, career goals and limited support.

Adult outcomes for young people in care should be improved. Attempts have been made to assist young people to enter and remain in higher education and work. To date, there is little evaluation of the legislation and programs created to assist young people with their education and career outcomes. The concept of career development does not generally feature in the research regarding young people in care. There is a lack of theoretical attention to career development in education and employment research regarding young people in care. Job training and job readiness programs for young people in care, particularly those in the US, tend not to outline their underpinning theoretical frameworks and curriculum. This study will attempt to address this knowledge gap by referencing specific career development theory, that is, social cognitive career theory, as it explores the career assistance provided by carers and caseworkers. The details of the study design are outlined in the following chapter.

Chapter 3: Research Design

In this study I aim to produce knowledge about the career development process for young people in care. Most studies regarding the employment of young people in care have reported poor work outcomes, but have lacked discussion of career development processes. Research on the topic of adult employment of foster care leavers has existed since at least the late 1980s, but has not outlined how young people in care have been supported to develop career interests, have formulated career goals, or how they have selected activities to reach those goals. Individual and developmental factors, as well as social and structural factors, have been shown to influence the development and pursuit of career interests (Hartung et al., 2005; Lent et al., 1994, 1996, 2000; Super et al., 1996). By drawing on a theoretical understanding of the process of career development, I plan to examine and describe the specific elements of career support provided by caseworkers and carers and required by young people in care.

This chapter outlines how the study was considered and operationalised. The design of the study has been made explicit with reference to the determining concepts of ontology, epistemology, methodology and methods. The study's origins, rationale and purpose are provided. The research question, data collection, sampling, participant recruitment, ethical considerations, data analysis and interpretation are also specified.

Study Origins

As the previous chapter has demonstrated, there is limited research regarding the employment outcomes of young people with a history of state care, and virtually no research which has investigated the career development and decision-making of in care youth (Creed et al., 2011). Therefore, little is known about the process by which young people in care can be assisted to achieve desired career paths. Crotty (1998) suggested

that most research starts with an idea about what the researcher wants to know, formulation of the research question, and ideas about method. The way the research question is framed is influenced by the professional orientation of the researcher and is tacitly influenced by a favoured epistemological and theoretical approach (Clark, 2006; Cresswell, 2009). Whilst this was true for the current study, which sought to answer how carers and caseworkers assisted the career development process, it should again be noted it was part of a larger, mixed-method and longitudinal research project, referred to in this thesis as the *Work and Youth WAY Project*.

The aim of the *WAY Project* was to contribute to the life prospects of young people in care by identifying the processes, impediments and supports to their career planning. As detailed in Chapter Two, the project specifically aimed to: (1) understand how young people in care developed ideas about their future work and careers, including the social and cognitive variables that influence the career decision-making; (2) investigate current practices for preparing young people in state care for their transition to work or further educations and the factors that support or impede the transition; (3) identify variable that predict successful transitions and therefore identify the key points for intervention; and (4) develop intervention strategies to improve education and work outcomes for young people in care. The *WAY Project* collected quantitative and qualitative data over eighteen months at different points in time from the same young people in care cohorts. The purpose of collecting data across time was to examine outcomes for youth in care across important transition points of school to work from one school year to the next and to identify antecedent variables associated with successful career and life transitions. The study's quantitative methods incorporated a survey, in the form of a self-administered questionnaire, for young people in care and a comparison group of not in care youth, delivered at two points in

time. The purpose of the quantitative survey was to collect data on the career, academic and life variables, contextual influences and biographic information for those in care and not in care, and use these data to examine the situation of youth in care compared to those not in care. The surveys used included standardised instruments modified to suit Australian samples. All scales had been previously used and had sound psychometric properties.

Within the *WAY Project* career aspirations and expectations were assessed using items that asked about the kind of jobs young people would have liked, and expected to have when they finished their education. Responses could be coded for interest, gender traditionality, status and discrepancies, using Loof's (1971) paradigm. Career maturity was assessed using the short form of the Career Decision Inventory-Australian Version (Creed & Patton, 2004; Lokan, 1984). The Self-esteem Scale (Rosenberg, 1965) was used to measure trait wellbeing. Barriers and supports were measured by a modified version of the Career Barriers Scale (McWhirter, 1997) designed for use with high school adolescents. The Career Decision Making Self Efficacy Scale (Betz, Klein, & Taylor, 1996) was used to tap self-efficacy constructs. Scales devised by Fouad, Smith and Enochs (1997) were used to measure outcome expectations and the outcome measures of career and life goals. Work and school experiences data was collected and included type of educational facility attended, school engagement, peer relationships, self-assessment of educational achievement, part-time employment experiences, number of hours worked and work satisfaction. Situational variables included placement type, placement stability, caseworker contact, caseworker relationship and relationship with carers. Demographic variables included age, gender, cultural background and location. The *WAY Project* used multiple regression analyses and latent variable modelling to examine all expected associations. Mediating effects were investigated using

bootstrapping techniques, that is, techniques which assign measures of accuracy to sample estimates (Shrout & Bolger, 2002). Moderating effects were tested using two-group latent variable modelling or regression analyses with interaction effects (Jacard & Turrisi, 2003). Analyses included examination of in care/not in care differences, rural/urban and gender differences.

The *WAY Project's* research design incorporated qualitative methods to allow for in-depth exploration of career influences, that is, examination beyond standardised instruments. The qualitative methods included in-depth semi-structured interviews with young people, carers, caseworkers and guidance officers. Interview schedules for the young people interviews allowed for exploration of possible influences on transition, including future optimism about work, transition plans, work and further education experiences, preparation for leaving school and starting work, beliefs about what was effective in preparing for work, contributions of others, social/environmental factors that could influence ideas, social and structural processes, work aspirations and outcome expectations. Interviews with adult participants focussed on goals/plans developed to aid transitions, beliefs about what was effective in preparing young people for work and career, impacts of care experiences, knowledge of support services and social/environmental factors that could influence the process. Interviews with young people occurred three times over an eighteen-month period, while interviews with carers, caseworkers and guidance officers occurred once.

In regards to this doctoral study, the primary focus, specific questions and methods used to elicit the data regarding the role of carers and caseworkers in the school-to-work transition, were included in, and drawn from, the larger *WAY Project*. I was the Senior Research Assistant for the *WAY Project* and was involved from the beginning in the grant application and development phases and played a major role in

the data collation and analysis phases. The particular thesis topic was initiated from my social work background and a long practice history in child protection. The principles of child-centred practice guided this professional experience and are evident in this research context. Fundamental to this approach is that children and young people are seen, kept in focus, and that their perspective is obtained (Winkworth & McArthur, 2006). With this approach, I was interested in offering young people in care, particularly through qualitative methods, the opportunity to share their experiences of career preparation and service delivery. Perspectives of carers and caseworkers were also sought to further explore the state's role in preparing young people in care to transition from school to work.

The Study Rationale

Career is broader than paid work. The term 'career' incorporates the concepts of lifelong learning, paid work, and leisure activities (Patton & McMahon, 2006). A career provides an individual with a number of benefits, including structure, resources and networks, and can provide benefits for the society at large, including collection of taxes. Research has suggested that those who are employed in paid work, have higher levels of health, self-worth and confidence, and are more involved in their communities (Baum & Ma, 2007). An important rationale for this study is that as a society we cannot afford to have a large population of young people in care face a future without the benefits of career. In the interests of social justice we cannot continue to accept the poor adult outcomes of young people in care. We must understand what these young people need in their career journey, and provide the necessary support, if we are to lessen their chances of significant adult disadvantage and marginalisation.

The Purpose Statement

The purpose of this study was to examine the nature of the assistance provided by carers and caseworkers, when young people started to formulate career interests and career goals. In exploring career development assistance the study also aimed to identify whether there were particular supports, and barriers, to the career development of young people in care.

The study gave young people in care, and those assisting them, an opportunity to offer their perspectives regarding the school-to-work transition. As outlined in Chapter 1, results of the study will contribute to an increased understanding of the process of career development for young people in care. Furthermore, study findings will inform out-of-home care policy and practice, by identifying current approaches to career development and possible points at which to intervene to improve career development for this group.

The Research Question

Due to the lack of research in this area, this study was exploratory and focused on a central question, ‘what is the role of carers and caseworkers through the transition from school-to-work process for young people in care?’ Specifically the study aimed to explore: (a) what carers and caseworkers do to assist the transition from school-to-work for young people in care; (b) the factors that support the transition from school to work for young people in care; and (c) the factors that impede the transition from school to work for young people in care.

Research Methodologies

In this study of the career development process for young people in care, two methods were chosen, a self-administered questionnaire to young people in care and semi-structured interviews with young people, carers and caseworkers. Thus, both

quantitative and qualitative methods were used and multiple perspectives were sought. Prior to an examination of the specific methods used, this mixed-method choice warrants some discussion of methodological considerations.

Some social research analysts have argued that quantitative and qualitative methodologies produce different research designs because they follow different ontological and epistemological prescriptions (Sarantakos, 2005). Ontology deals with the nature of reality and asks whether reality is objective, constructed or subjective. Epistemology is the nature of knowledge and describes the way in which reality is known. Sarantakos (2005) has argued that ontological, epistemological, and methodological prescriptions of social research are “packaged” in paradigms which guide everyday research (p. 30). In this paradigm approach, quantitative methodology sits in the positivist paradigm. Within the positivist paradigm, the nature of reality (ontology) is: (a) realist, that is, independent from our consciousness and experience; and (b) objectivist, that is, discoverable and measurable. Knowledge is concerned with facts, and quantitative investigations are based on the concepts of ‘cause’, ‘effect’ and ‘objectivity’ (Grbich, 1999). The nature of knowledge (epistemology) in the positivist paradigm is empirical, or verifiable, and generally obtained from large representative samples. To capture this type of knowledge and collect data on career, academic and life variables, contextual influences and biographic information, the self-administered questionnaire incorporated a number of pre-existing scales and instruments. This collection of quantitative data allowed for description of the sample and the exploration of any correlations between placement types and career aspirations, carer expectations and career aspirations, and relationship with caseworkers and career aspirations.

Because no research of this kind had been conducted with young people in care it was not considered sufficient to only use standardised instruments and questions with

set-option responses. Qualitative methods, that is, semi-structured interviews schedules that allowed for exploration of career influences and the factors that supported or impeded the school to work transition, were also utilised. Qualitative methodology relies on a constructionist ontology and an interpretivist epistemology, and may be situated in a variety of paradigms, sometimes labelled together as naturalistic (Grbich, 1999). The naturalistic (qualitative) paradigm portrays reality as a multiple, constructed, inter-dependent whole, that cannot be broken down into measurable segments (Grbich, 1999). The naturalistic paradigm includes phenomenology, feminism and symbolic interactionism.

Blaikie (2000) argued it is not appropriate to apply the 'qualitative' and 'quantitative' labels to approaches and strategies, but rather they should be applied to methods and data. Crotty (1998) took a similar view, and stated that the distinction between qualitative research and quantitative research occurred at the level of methods. Crotty (1998) said that "pitting objectivist research with quantitative methods, against constructionist research associated with qualitative methods, was far from justified" (p. 15). "We should accept that whatever research we engage in, it is possible for either qualitative methods or quantitative methods to both serve our purposes" (Crotty, 1998, p. 15). In presenting data obtained from both qualitative and quantitative methods, I propose that legitimate knowledge may be derived from both the positivist and naturalistic paradigms. Cresswell (2009) supported such a position and stated "there is more insight to be gained from the combination of both qualitative and quantitative research than either form by itself" (p.203). Each method has the ability to complement the other.

The use of both qualitative and quantitative methods tends to be used in three general strategies: sequential, concurrent and transformative (Cresswell, 2009). These

approaches may be referred to as triangulation, meaning overlapping the results to enhance reliability (Grbich, 1999). Sequential processes are those in which the researcher seeks to elaborate on, or expand on, the findings of one method, with another method. For example, the study may begin with a survey in which a theory is tested, and be followed up with interviews to explore the theory in detail, with a few individuals. Concurrent processes merge quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. Both forms of data are collected at the same time and are integrated in the interpretation of the results. Transformative processes involve the use of a theoretical lens. The lens provides a framework for topics of interest, methods for collecting data, and outcomes or changes anticipated by the study. In the *WAY Project* a concurrent process was used with a quantitative questionnaire used first, to target the population of young people in care aged 13 to 18 years. A smaller number of participants for the qualitative component were derived from the pool of survey respondents. This provided a depth to the study not captured in the questionnaire.

Assumptions about Knowledge

Blaikie (2000) stated that “in the undertaking of any research, assumptions about knowledge must be made clear because researchers need to be aware of what they are assuming, and doing, when they make decisions about the various components of a research design” (Blaikie, 2000, p. 275). Grbich (1999) argued that since the early 1980s, when the pragmatist notion of the compatibility of qualitative and quantitative approaches was raised, researchers could forget to articulate the statement of these assumptions. In order to articulate my research assumptions, I make it clear that this study incorporated approaches from constructionist ontology, interpretivist epistemology and a phenomenological framework. The study was inductive, as it set

out to answer 'what' questions, that is, (a) what assistance is provided, and (b) what supports and barriers exist as young people in care transition from school to work, to produce generalisations of characteristics from the data (Blaikie, 2000).

Constructionism and interpretivism, as the ontology and epistemology, and phenomenology, as the framework for the study, will now be outlined in more detail.

Constructionism

“Two people walked through a rose garden. One saw the roses, the other the thorns” (Sarantakos, 2005, p. 38). Constructionism focuses on the belief that there is, “in practice, neither objective reality, nor objective truth” (Sarantakos, 2005, p. 37). Truth, or meaning, comes into existence in, and out of, our engagement with the realities in our world (Crotty, 1998). Meaning is thus constructed, not created, and there is no meaning without a mind (Crotty, 1998). “All knowledge, and therefore all meaningful reality, is contingent upon human practices, being constructed in, and out of, interaction between human beings and their world, and developed and transmitted, with an essentially social context” (Crotty, 1998, p. 42). “Meanings are constructed by human beings as they engage in the world they are interpreting” (Crotty, 1998, p. 43). Thus, constructionism is about realities and relationships (Gergen, 1994). Within constructionism, there is “no true or valid interpretation, but rather, useful interpretations, interpretations that appear to serve no purpose, liberating forms of interpretation, oppressive forms of interpretation, fulfilling interpretations, and interpretations that impoverish” (Crotty, 1998, p. 48). I aimed to elicit the interpretations of participants to provide a description of the school-to-work transition that was useful to child protection policy makers and caseworkers who develop and undertake interventions. The participants could all hold different views, as dictated by

their experience, and I did not claim that one set of views was superior to another; rather I suggested that there were learnings from all interpretations.

Constructionism, which incorporates a spirit of openness to reinterpretation, and a sense of curiosity, affirms the value of individual's interpretations, and the fact that different people may construct different meanings in different ways, in relation to the same phenomena (Crotty, 1998). Constructionism reinforces that to develop new knowledge and understanding, it is important to elicit the views of a range of participants, in rich and meaningful ways. This study is constructionist in that it values the knowledge held by young people, carers, and caseworkers, and sees them as active creators of their world. These participants "occupy a central position; they create the meaning systems of events, and with these they construct reality"(Sarantakos, 2005, p. 41). The study sought to explore the experiences of these characters, by eliciting their individual interpretations and meanings and their construction of the school-to-work transition.

Interpretivism

Interpretivism is concerned with the understanding of social life and incorporates the views, opinions and perceptions of people as they are experienced, and expressed, in everyday life (Crotty, 1998; Sarantakos, 2005). Interpretivism sees human beings as social beings who create meaning, and who constantly make sense of their world. According to Neuman (1997) interpretivists seek to understand, and describe, meaningful social action. This is contrasted with positivists who are typically described as undertaking research to discover natural laws used to predict, and control, events. With its aim of exploring and describing the role of carers and caseworkers in the career development processes of young people in care, this study sought to incorporate the perspectives of young people in care, and those significant to their in care experience.

This study was interested in the meaning participants made of the transition from school-to-work, and placed value in the lived experience.

Because interpretivism is rooted in an empathetic understanding of the everyday lived experience (Neuman, 1997), it is well aligned with my professional background and the commitment of the social work profession to pursue, and maintain, human wellbeing. It has been said that the human services are primarily concerned with “understanding” as included in the interpretivist approach, while the natural sciences are focused on “causality”, and “explanation” as included in the positivist approach (Crotty, 1998, p. 67). It is my position as a social worker that we are best to concern ourselves with ‘understanding’ and ‘cause’, so that we may meet the needs of our client group. According to Crotty (1998), interpretivism has had three historical guises: symbolic interactionism, phenomenology and hermeneutics. Phenomenology is referred to in this study.

Phenomenology

Phenomenology stems from the work of Edmund Husserl (1859-1938) who saw the individual as the originator of meaning, and the central point for social analysis (Grbich, 1999). The impetus for the development of phenomenological ideas was a concern that the “foundations of knowledge should be placed upon reality, as it could be consciously experienced” (Grbich, 1999, p. 167). Phenomenology involves examining the “things themselves” or the phenomena that presents immediately to us, as conscious human beings (Crotty, 1998, p. 78).

Phenomenology suggests that, if we lay aside, as best we can, the prevailing understandings of those phenomena, and revisit our immediate experience of them, possibilities for new meaning emerge for us, or we witness at least an authentication and enhancement of former meaning (Crotty, 1998). Bracketing is used, that is, setting

aside the assumptions that you work with in daily life about the topic (Minichiello, Aroni, & Hays, 2008), or sidelining preconceptions about what is real (Padgett, 2008). So, while I as a social worker may have certain views about how to help young people in care with their school to work transitions, in this research I have sought to set aside my assumptions to explore other perspectives and see if I can arrive at a more empirically guided, comprehensive understanding of the issues.

“Phenomenology exhorts a pristine acquaintance with phenomena unadulterated by preconceptions; it encourages the inquirer to sustain an intuitive grasp of what is there by “opening his eyes”, “keeping them open”, “looking and listening”, “not getting blinded” (Heron, 1992, p. 164 cited in Crotty, 1998, p. 80). Phenomenology by its true origins, is thus critical, and reinterpreted, and calls into question that, which is taken for granted. It has the researcher returning to the thing, or phenomenon, to gain interpretation and understanding from within. Thus, the focus is on the lived experience. This was important in this study as it aimed to contribute to existing out-of-home care policy, which ideally should assist the reality of the school to work transition for young people in care.

Denzin and Lincoln (1998) in their description of phenomenological tenets stated that social interaction constructs, as much as conveys, meaning. Phenomenology accepts people’s subjective experience. “The safeguarding of the subjective point of view is the only, but sufficient guarantee, that the world of social reality will not be replaced by a fictional non-existing world constructed by the scientific observer” (Schutz, 1964 cited in Denzin & Lincoln, 1998, p.138). Crotty (1998) developed a step-by-step methodological research process within the phenomenologist perspective: (1) Develop a general question and sample those who have intensely experienced the situation; (2) Implement a process of phenomenological reduction (bracketing)- to do

this the researcher must: (a) ask more specific questions about the experience, treating it as removed from his/her own experience, (b) move back further and remove all theoretical perspectives, symbols and constructs, as well as his/her own preconceived ideas, experiences and feelings regarding the experience being researched, (c) prepare to reconfront the phenomena with a blank sheet, (d) set aside reasoning, (e) listen carefully, and allow him/herself to be drawn in, in a sustained and receptive manner; (3) Document a detailed description of the experience; (4) Examine this description, considering the question, ‘Does it arise from my own experiences or from other sources?’; (5) Locate the experience’s essence, and identify and critique the essence’s elements. The researcher must aim to reflect as closely as possible the “essence of the experience” (Grbich, 1999, p. 170). Researchers using this approach must take care not to reduce this technique to a process of superficial description of others’ subjective experience.

Theoretical Approaches

Theories serve to shape how we organise, analyse, interpret and explain data (Andrews, Sullivan, & Minichiello, 2004). While this study used a phenomenologist perspective and focused on the lived experience, and the removal of preconceived ideas, this did not mean that the research question was formulated without reference to theory, or that data analysis occurred in the absence of a theoretical framework. Social Cognitive Career Theory (Lent et al., 1994, 1996, 2000) provided a framework for understanding the career development process, and how it was influenced by a range of personal and environmental factors. The theory was outlined, in detail, in Chapter 2, Section Four.

Methods

The term, *research methods*, refers to the ways in which evidence is obtained and thus the techniques of data collection (Blaikie, 2000). As detailed above, this study of the role of carers and caseworkers was a mixed-method study. The methods were in-depth semi-structured interviews conducted once with carers and caseworkers, and three times with young people in care, and a self-administered questionnaire to young people in care.

Semi-structured interviews: Principles that guided the research design.

When used in research, in-depth interviews provide access to the participant's knowledge, that is, a knowledge of the meanings and interpretations that individuals give to their lives and events (Minichiello et al., 2008). In-depth interviews remain fairly informal and conversational and are used as a means of providing accurate interpretations of social life (Minichiello et al., 2008). The fundamental principle of in-depth interviewing is to provide a framework within which informants can express their understandings, in their own terms. The framework is negotiated through talking, listening and reflecting (Minichiello et al., 2008).

In-depth interviews generally start with easily answered, non threatening questions and are usually transcribed verbatim, and then examined for quotes and statements, that are emblematic in meaning (Babbie, 2007; Padgett, 2008). These are clustered into themes that form the architecture of the findings (Padgett, 2008). Validity in qualitative research lies in the reader being convinced that the researcher has accessed, and accurately represented, the social world under study. Reliability is also assessed by the reader, and lies in the capacity of the researcher to present a coherent, complete and meticulously checked exploration, of all aspects of the topic under investigation (Grbich, 1999).

In-depth semi-structured interviews in this study followed these principles and allowed for exploration of the lived experience, the knowledge, and the perceptions of young people in care, carers, and caseworkers.

Semi-structured interviews: Young people in care.

In this study in-depth interviews with a purposive¹ sample of young people in care, occurred at three different points in time, over an eighteen-month period. Time 1 (n = 59) took place mid-2008, Time 2 (n=45) in early to mid-2009, and Time 3 (n=23) in late 2009. The timeframe range between Time 1 and Time 2 was nine to thirteen months, with an average of 10.6 months between these interviews. The timeframe range between Time 2 and Time 3 was three to seven months with an average 4.6 months between these interviews. The longitudinal nature of the research allowed for exploration of career development as young people aged, advanced in school grade, and moved toward their transition from school and care. The timing of the interviews was sufficient to allow young people to make progress in their career development through general learning experiences, such as accomplishments, social persuasion and vicarious learning. No specific career related interventions were implemented during this time, but the young people were exposed to the normal career development activities at school and in the community (for example, careers displays, work experience), and had the opportunity to discuss aspirations with others, and time for self-reflection. Thus the time dimension allowed for change over time, as the young people developed their ideas about what they might like to do regarding work and career.

Interviews were guided by an interview schedule that remained the same at Time 1 and Time 2, and was modified at Time 3. Time 1 and Time 2 interview questions related to young people's ideas about future work, education and career aspirations, and

¹ Purposive sampling is a deliberate process of selecting respondents based on their ability to provide the needed information. See page 107 for further explanation.

expectations, knowledge of supports, career influences, care history impacts, and the role of carers and caseworkers. Time 3 interviews also focussed on young people's career aspirations, career influences, forms of career planning assistance provided by carers, caseworkers and school personnel, and were expanded to explore young people's expectations of career assistance, and feelings of preparedness for the future. See Appendix A for the interview schedules.

Where possible, interviews were face-to-face with the interviewer in a location conducive to an interview. When geographical location, or other issues, prevented a face-to-face meeting, interviews were undertaken by telephone, and included calls to landlines and mobile phones. Interview times ranged from 32 minutes to 80 minutes, with an average of 47 minutes, a median of 46 minutes and a mode of 51 minutes.. Interviews were audio-recorded, transcribed verbatim by a specialist transcription service paid an hourly rate, checked for transcription accuracy by the interviewer, and then coded with the use of NVIVO8 software.

Semi-structured interviews: Carers and caseworkers.

Semi-structured interviews were also undertaken with a purposive sample of 27 carers and 15 caseworkers who worked with adolescent young people in care. The aim of these interviews was to explore the participants' roles in relation to career development processes for young people in care, and the activities they had undertaken to promote future work. These one-off interviews were conducted between July 2008 and November 2008, and were also guided by an interview schedule. Questions related to career planning and preparation (for example, individual assistance provided to young people regarding school and future work), education and career expectations (for example, levels of optimism and expectations regarding young people's transition from school to work), and the role of relationships in career decision making (for example,

the influence of relationships on young people's career decision making). See Appendix B for the interview schedule. These interviews were also audio-recorded, transcribed verbatim by the same specialist transcription service used for the young people interviews, checked for transcription accuracy by the interviewer, and then coded for thematic analysis using NVIVO8 software.

Self-administered questionnaire: Principles that guided the research design.

According to Rubin and Babbie (2005), and Babbie (2007), survey research is probably the best method available to the social scientist, who is interested in collecting original data to describe a population that is too large to observe directly. Surveys include the use of a questionnaire, an instrument specifically designed to elicit information for analysis, which may include open-ended and closed-ended questions (Babbie, 2007). Items included on a questionnaire need to be clear and unambiguous. Response categories should be exhaustive, that is, they should include all the possible responses that might be expected, with a safeguard being the addition of, 'Other (please specify)'. Responses should also be mutually exclusive, that is, respondents should not be compelled to choose more than one response. Double-barrel questions should be avoided, and items should be kept short, with no use of negatives or bias. Researchers should consider the *social desirability* of questions and answers and consider how willing respondents will be to answer questions that make them feel embarrassed, perverted, inhumane, or stupid (Babbie, 2007). If the researcher is interested to determine the extent to which respondents hold a particular perspective and the perspective can be summarised to a statement, a Likert scale may be used. The Likert scale is a format in which respondents are asked to strongly agree, agree, disagree or strongly disagree. Formatting is very important in constructing a questionnaire, and as a general rule a questionnaire should be spread out and uncluttered (Babbie, 2007).

Consideration should be given to the ordering of questions, as the order in which a questionnaire items are presented can also affect responses (Babbie, 2007). These principles guided the creation of the survey used in this study. Easily answered questions started the survey, and Likert scales were used to elicit a young person's perspective. The survey was long and extensive, but considerable effort was placed on the uncluttered formatting to ensure a straight forward process to the survey completion.

Self-administered questionnaire: Young people in care.

The self-administered questionnaire was designed to elicit data from a cohort of young people in care. Fixed response questions and existing scales were used. Fixed response questions were used to obtain: (a) demographic variables such as age, gender and culture; (b) situational variables data such as caseworker contact, relationship with caseworker, placement type, and length of time in care; and (c) work and school experiences data including participation in paid work and self and carer educational expectations. Data regarding job aspirations and expectations were obtained by using Looft's (1971) paradigm which asks about the kind of career youth would *like* to have , and *expect* to have, when they finish their education. Career aspirations data was obtained from the *Aspiring to Leadership and Promotions subscale* of the *Career Aspirations Scale* (O'Brien, 1996). All these variables are influential to career development (Lent et al., 2000; W. Patton & Creed, 2001). Tests for correlations between: (a) placement type and career aspirations; (b) carer educational expectations and career aspirations; and (c) relationship with caseworker and career aspirations were made. These tests were unique to this doctoral study. Analysis of the survey data, to produce descriptive and correlate statistics, was assisted by the use of SPSS Version 17 software. See Appendix C for a full copy of the survey questions and scales used in the *WAY Project* study. Questions that relate to this study are: Question 1-Age; Question 2-

Gender; Question 4-Placement type; Question 7- Cultural background; Question 11- Paid employment participation; Question 13- Job Aspirations; Questions 14-Job Expectations; Question 16-Educational expectations of self; Question 27-Careers Aspirations; Question 41-Length of time in care; Question 42-Caseworker Assigned; 43- Changes in caseworker; Question 44-Relationship with caseworker; Question 46- Level of contact with caseworker, Questions 50- Educational expectations of carer; Questions 51 and 52- Educational modelling by carer.

Quantitative data were obtained from mailing a questionnaire to young people in care aged between 13 to 17 years, in one state of Australia. All were in care in Queensland at the study commencement, and had an address held by the statutory child welfare agency. It should be noted that some members of the population were transient, and despite their legal status, did not have an address held by the agency. No exclusion criteria applied and all young people, for whom an address was held, were sent a questionnaire. Thirteen years was considered an appropriate starting age, given that most 13 year olds are in high school, and exploring career interests. Seventeen years was chosen as the age limit, as young people typically leave high school at this age, and leave the care system when they turn eighteen years. Questionnaires were posted to 1465 young people in early December 2007, prior to the end-of-year school vacation period. Reminder surveys were mailed in January 2008.

Sampling Considerations

A sample is a selection of members from a population, used to make statements about the whole population (Blaikie, 2000). In this study the populations under study included: (a) young people in care aged 13 to 17 years; (b) caseworkers who provided casework services for young people in care aged 13 years and over; and (c) approved carers with experience caring for young people in care aged over 13 years. The broader

WAY Project study obtained information from guidance officers and a comparative sample of not-in-care peers, which was not used in this study of the role of carers and caseworkers.

Young people in care survey sampling.

As detailed above, the quantitative phase of the study saw the total population of young people aged 13-17 years sent a questionnaire. In addition to posting surveys to all individuals the study was advertised extensively to carers, caseworkers and young people and extra surveys sent to youth hostels and support agencies.

Young people in care interview sampling.

In relation to the qualitative phase, a range of methods for drawing a sample from the larger populations is available, and can be divided along two dimensions: probability versus non-probability, and single-stage versus multi-stage (Blaikie, 2000). Single stage non-probability sampling was used in this study, namely purposive sampling. Purposive sampling is a deliberate process of selecting respondents based on their ability to provide the needed information. This non-probability form of sampling was considered appropriate, as this was a study that incorporated in-depth interviewing, which allowed for data explanation. Because of this sampling, one of the limitations of this study is that the group may not represent the perspectives of all young people in care, carers, and caseworkers. There were attempts however to capture the heterogeneity of the in care population by including both males and females, young people from all age groups between 13 years and 17 years, young people in care placed in a range of placement types, young people with a variety of pre-care experiences, and young people engaged, and disengaged, from education. Additionally, interviews were conducted until there was redundancy in the data collated.

Unsuccessful attempts were made to include young people in care with diagnosed developmental disabilities, and young people in detention. A specialist State government disability support service, which offered casework and transition-from-care assistance to young people in care with a disability, was approached. Despite staff interest in the study, and their offer to assist survey completion and facilitation of the interview with young people with disabilities, attempts to recruit young people with a disability as participants to the study were unsuccessful. Despite this, given the high proportion of young people in care who have special needs, it is likely that special needs children were included in the quantitative and qualitative samples, albeit undisclosed. The Director-General, that is, the chief executive officer responsible for the services to young people detained in custody, and their guardian, would not allow the participation of young people in care, who were subject to dual child protection and youth justice orders, and in detention. This refusal was based on the offer of participation incentives, that is, payment of \$20 for interview participation.

Carer and caseworker interview sampling.

Carers and caseworkers were sampled from across the State, and included those from metropolitan and rural areas. Attempts were made to capture perspectives from both genders, and from those with experience working with adolescents. Carers included in the study were approved foster, or kinship carers, with contact details held by the statutory agency. All were required to have some experience caring for adolescents, but were not matched with, or caring for, the young people in care participants.

Participant Recruitment: Incentives and Advertising

This study's samples of 265 young people in care survey respondents, 59 young people in care interviewed at Time 1, 45 young people in care interviewed at Time 2, 23

young people in care interviewed at Time 3, 27 carers, and 15 caseworkers were drawn from the *WAY Project's* larger participant sample. Data from young people residing with parents were excluded for this doctoral study. All were recruited with the assistance of the Department of Child Safety and Education Queensland, or youth support agencies offering advocacy, legal, or transitional services.

All the research participants in this study were volunteers and in an attempt to increase response rates, were offered incentives to participate. For young people in care this comprised entry in a \$250 prize draw for their choice of an Ipod, Nintendo or DVD player to complete their survey. Young people also received, either in-person or via mail, a \$20 payment for each interview, consistent with casual youth wages rates. Carers and caseworkers were offered entry in a \$100 shopping voucher prize draw, at the store of their choice, for their participation in an interview.

Information regarding the project was distributed via a number of forums. Prior to the project's commencement an information session was held at Griffith University. Invitations were issued to caseworkers from government, and non-government agencies, which provided assistance and advocacy to young people in care; school principals and guidance officers; policy and research staff from the Child Safety and Education departments and the Commission for Children and Young People and Child Guardian; university staff; staff from the state's carer advocacy group (Foster Care Queensland); and other higher degree research students. A presentation covered the project's aims, approach, theoretical frameworks, methods, rationale and expected outcomes.

Following this session, information regarding the research was posted on relevant websites including the CREATE Foundation's website (see Appendix D), and the Child Safety and Education Queensland intranets. The aim of these postings was to promote the project and attract participants.

Young People Recruitment

Self-administered questionnaire.

As the custodian, or guardian, of young people in care, the statutory child welfare agency provided addresses for young people in care, and approval for young people to participate in the study. Details of these young people including their name, date of birth, address, carer's name, and the office that managed their case, were made available to the researcher. The researcher then facilitated survey distribution. One thousand, four hundred and sixty-five young people, representing the total population of locatable young people aged 13 to 17 years, were posted surveys directly, in Griffith University envelopes, using the addresses provided by the statutory child welfare agency.

It was considered important to have the questionnaire visually appeal to young people and thus it was formatted by a graphic designer. Included in all survey mail-outs was a consent package which included an information sheet, a consent form and a prize draw form. See Appendix E. The information sheet outlined the title of the research project, members of the research team, contact details, the purpose of the research, what was required of the participants, and the process of providing personal consent. The information sheet made it clear that participation in the research was voluntary, that participants could withdraw at any point without explanation, and that confidentiality was assured. Complaints procedures were outlined. Also detailed was the offer of entry to the prize draw, and a commitment to provide participants with a newsletter of results. The consent form, to be completed by the young person, was in addition to the consent already provided by the statutory department's chief executive. This form asked young people to sign, saying they understood what was required, where they could get information, and the conditions of their participation. The prize draw entry form detailed the conditions of the draw, and asked young people to circle their

agreement, or refusal, regarding entry to the draw. Young people were asked to return the consent and prize draw form in a reply-paid return envelope, supplied by the researcher. A pen, labelled with the project title, was included in the pack to assist completion.

Given the known transiency of this population, telephone calls to youth shelter coordinators were made. Where agreement was reached, survey questionnaires were mailed to youth shelters across Queensland for distribution to young people in care who were resident in the shelter, and interested in the study. This included 16 shelters in both city and rural areas, and incorporated specialist shelters for Aboriginal and Torres Strait Islander young people.

To capture views from young people who may not have had a fixed address, or regular contact, with the statutory agency, telephone contact and survey mail-outs were made with other non-government child welfare agencies working with young people in care. This included the national advocacy agency for youth in care (CREATE Foundation); an agency offering transition-from-care services; and an agency offering legal and general support. Both the latter agencies were located in the Logan area, on the outskirts of the capital city, Brisbane. As detailed above, the CREATE Foundation advertised the research project on their website, and provided the researcher contact details, for those interested in participating.

Semi-structured interviews.

Interview participants were obtained by sending letters to the first 210 survey respondents, which asked whether they would be interested in taking part in an interview. The decision to send to 210 young people was based on an assumption that about half those invited would respond, and was an attempt to ensure that everyone who responded to the invitation could actually be interviewed, within time and budgetary

constraints. In total, 80 young people responded to these invitations, and sent back consent forms. Not all could be contacted, however, and interviews in the first round were undertaken with 65 of these young people for the *WAY Project*, from whom 59 were suitable for this study, that is, not living with parents. The young people included in this sample were in care at the study commencement, and were in an out-of-home placement. Entry to the care system was due to the experiences of significant harm or risk of harm, as legislatively required in Australia. Both males and females were included, some of whom were still attending school, and some who were disengaged from formal education. Placement types included foster, kinship and residential care.

Included with the letter of invitation was a second consent package, which included an information sheet with details of the interviews, and a consent form for completion by the young person. See Appendix F. These were similar to the information and consent forms provided for the completion of the survey. In general, telephone contact was made with the young person and arrangements made regarding an interview time and place. Occasionally email correspondence was used to arrange interview details. Interviews typically occurred after school, on weekends, or during school holidays, at a time that suited the young person. Young people within a 200 kilometre radius of the University were generally interviewed face-to-face, and received their \$20 payment in cash, at the interview conclusion. Young people in more rural and remote areas, participated in telephone interviews, and received their \$20 payment in cash, by mail. While telephone interviews are generally regarded as secondary to face-to-face interview, due to the loss of the visual and non-verbal cues, it should be noted that experienced interviewers with human services, or social work, qualifications conducted the telephone interviews. I completed the majority of these interviews myself and have the experience of working in a 24 hour child protection and youth justice crisis service.

This experience extended beyond ten years. In this work environment the majority of assessments and interventions occurred over the phone, and thus I have highly developed telephone interviewing and communication skills.

As detailed previously, the nature of the interviews stayed the same between Time 1 and Time 2, and sought to explore young people job aspirations and expectations, influences on career interests, knowledge of supports, the impact of being in care, school experiences, and the career development assistance provided by carers, caseworkers. Even though the questions remained the same, the study was able to explore whether there were any changes in aspirations for young people between Time 1 and Time 2. Questions were modified slightly at Time 3 to include direct questions regarding any changes in aspirations, and included questions regarding young people's expectations of career development assistance. Time 3 also provided an opportunity for young people's to express their opinions about their career development assistance. Time 3 interview schedules, like Time 1 and Time 2, also included questions regarding career influences, the role of carers, caseworkers and schools.

Carer Interview Recruitment

Carers were recruited with the assistance of the Department of Child Safety, which provided the names, addresses and contact phone numbers for all the carers of 13 to 17 year old young people in care. Prior to all young people being sent surveys, all carers were mailed a courtesy letter, which detailed the research and invited any queries. See Appendix G. In Queensland, support services to carers may be offered by non-government foster care agencies. In an attempt to recruit carers managed by such agencies, an information session regarding the research was delivered at a Brisbane and Gold Coast carer weekend training day. Foster Care Queensland was also contacted, and the coordinator agreed to the publication of the research details in their monthly

newsletter, distributed by mail to approximately 1000 carers. See Appendix H. A notice was also placed on the Foster Care Queensland website. See Appendix I. In a further attempt to promote the project, and recruit carers, the researcher participated in a telephone conference with a central Queensland regional network committee. This committee undertook regional planning and included representatives from both government and non-government agencies, with a role in protecting children. In this instance representatives included staff from the Department of Child Safety, Education Queensland, and a local foster care agency.

Following these recruitment strategies, telephone calls were made to foster carers, who were on the list supplied by the Department of Child Safety. Carers were telephoned, informed of the project, and asked whether they would be interested in participating in an interview. Almost all carers contacted in this manner agreed to participate. Carers who agreed to participate were mailed a consent package, which included an information sheet, consent form, and shopping prize draw entry form. Like the information and consent sheets for young people, these forms listed the title of the research project, members of the research team, contact details, the purpose of the research, what was required of the participants, and the process of providing personal consent. The information sheet made it clear that participation in the research was voluntary, that participants could withdraw at any point without explanation, and that confidentiality was assured. Complaints procedures were outlined. An entry to the prize draw, and a commitment to provide participants with a newsletter of results, were included. The consent form asked carers to sign, saying they understood what was required, where they could get information, and the conditions of their participation. See Appendix J. Researchers ensured that carers from both rural and metropolitan areas were called, but it should be noted in the study's limitations that only home telephone

numbers had been supplied. This limited the access to carers who worked, or were absent from home, during the day.

Caseworker Interview Recruitment

Caseworkers were recruited with the approval of the Director-General, Department of Child Safety, who had provided in-principle support to the research. Whilst dissemination of information to individual email addresses was not permitted, all Child Safety Service Centres around the state were faxed written information regarding the project, marked to the attention of managers. See Appendix K. It was suggested that managers share the information with caseworkers in their staff meetings. Researchers also attended staff meetings in four Child Safety Service Centres, in an attempt to recruit participants. Telephone contact was made with Senior Practitioners (regionally-based workers who provide support and training to caseworkers), and written information regarding the project forwarded to them, in a further attempt to recruit caseworkers. Information regarding the project was also placed on the Department's intranet. See Appendix L.

The most successful recruitment strategy was the researcher presentation at staff meetings. This procedure resulted in the recruitment of 12 participants, with the remaining three participants derived through the senior practitioner and promotional channels. It is acknowledged that this is a small sample of caseworkers, and that the participant views may not reflect the views of all caseworkers, or the diversity of views within the caseworker population. All caseworkers who participated were given an information sheet, consent form and prize draw entry form, similar to those provided to carers. See Appendix M.

Ethical Considerations in the Research Design

According to Blaikie (2000) the major ethical issue in most social research is related to the treatment of human participants. Participants should not be placed at risk, and vulnerable populations should be respected (Cresswell, 2009). Within any study, the principles of respect, consent, privacy, and review should be upheld, and researchers should ensure avoidance of harm, informed consent, voluntary participation, honest representations to participants, protection of privacy, as well as confidentiality of those who provide data (Australian Association of Social Workers [AASW], 2010).

An ethical framework dictates that social researchers, who intrude in the social lives of human beings, must ensure that the rights, privacy, and welfare of research participants be protected (Ntseane, 2009). All ethical researchers should ask two key questions: (a) ‘Is the research worth doing?’; and (b) ‘Is the research explained clearly enough so that anyone asked to take part, can make an informed decision about whether they want to consent or refuse?’ (Alderson, 2005). Both these questions were considered in the formulation of this project. The question regarding the worthiness of the research was justified on the basis of the poor adult outcomes currently experienced by young people in care, the lack of research focus on the career development of young people in care, and on the basis that the Department of Child Safety assessed the study as worthy of support. The matter of informed decision making was ensured through the provision of written information, and will be further detailed below.

Ethics in the quantitative phase.

For the quantitative phase of this study, the ethical principles of informed and voluntary consent were addressed through the approval of the young people’s guardian/custodian, provision of information sheets which outlined the purpose of the research, individual consent forms, and the documented right of young people to

withdraw from the research process at any time, without consequence. The ethical principle of privacy was assured through the storage of participant details in limited access, electronic storage devices, de-identification of questionnaire responses, and secure filing of completed questionnaires. The principle of respect, which includes regard for dignity, and the minimisation of risk (including physical, psychological and social harm) was considered in the formulation of the research questions. Research questions were related to career decision-making and were thus not focussed on a sensitive topic. Questions formulated were assessed as posing minimal risk to psychological, or social wellbeing because they only asked participants to reflect on their career processes. The principle of review was addressed by the submission of the research proposal to Griffith University's human research ethics committee, regular oversight by the industry partners (via quarterly meetings in which research process and progress were presented), and the five year storage of the research data.

Ethics in the qualitative phase.

The qualitative phase of the study had greater potential to raise ethical tensions related to respect, consent and privacy. Interviewing in qualitative research, as used in this study, is increasingly seen as a moral inquiry (Kvale, 2007 as cited in Cresswell, 2009). As a form of data collection, interviewing is intrusive, as it has the potential to probe and challenge experiences, choices and decisions. Within an ethical framework, which evaluates risk, researchers need to consider: (a) how the research interview will improve the human situation; (b) how a sensitive interview interaction may be stressful for the participants; (c) whether participants have a say in how their statements are interpreted; (d) how critically the interviewees might be questioned; and (e) what might be the consequences of the interview for the interviewees, and the groups to which they belong (Cresswell, 2009). While the topic of career development is not, in itself,

controversial, and participants were not interviewed judgmentally, there is always a chance that even asking someone quite innocent questions could be disturbing to that person (Blaikie, 2000). For example, in this study asking young people in care about future work may increase their anxiety about their adult future.

The research proposal considered factors related to the career development of young people in care that were specific to young people, such as pre care and in care experiences; relationships with birth parents, siblings, carers and workers; access to resources, supports and quality casework. For adult participants, interviewed within the scope of their professional or volunteer role only, factors considered included career expectations and the role of relationships. All these issues had the potential to be raised and to create stress. There was the potential for example, for a young person to experience distress at their perceived lack of career development assistance.

Furthermore, an adult participant had the potential to feel threatened, or uneasy, about their existing approach to the career development of young people in care. To mitigate these risks the research proposal was designed to include only interviewers with human services qualifications. Within the proposal, all participants had the opportunity to debrief following interviews and, where appropriate, could be offered referral assistance to services such as counselling, or legal agencies. It was planned that in cases where participants became distressed or otherwise emotional, they would be given a choice about whether to continue the interview. It should be noted that during the research process, no issues arose which required an interview to be terminated, or required a referral to services.

It was assessed that, in general, the interviews of participants, as information gathering tools, would not significantly improve the participant's personal situation, as they had nothing to gain except reflection on their work aspirations and preparation.

The consequences of the interview were not significant, that is, physical, psychological and/or social harm was unlikely. The \$20 incentive payment, or the shopping prize draw entry, and the hour, or so, time spent with researchers, were minimal.

Newsletters of results were distributed to all participants via mail, email, and postings on the CREATE and Department of Child Safety websites. All participants were invited to direct any queries, or comments, regarding the outcomes, to the researcher.

The same ethical principles as applied in the quantitative phase were applied to the qualitative phase. Consistent with the principle of consent, every participant was informed of the research aims and methods, was advised they could withdraw from the study at any point, and all completed an individual written consent form. The principle of privacy was assured through the data de-identification process, that is, transcripts did not include the participant's name, and storage of interview data for retrieval and analysis was by number, not name. The research design further stipulated that confidentiality would be assured, and would only be breached if there were serious threats to harm others, or information to suggest that others were at risk of significant harm, that is, more than minor harm. The principle of respect was adhered to with participant control of interview location and time, a non-judgemental approach to interviews, and by the distribution of results to all participants. As a further show of respect, senior research and policy staff from the Department of Child Safety were presented with the study findings prior to any publications. This component of the research plan allowed for any perceived harms to participants to be addressed before results were made available to a wider audience. The principle of review, for the qualitative phase of the research, was the same as for the quantitative phase. Griffith University's human research ethics committee reviewed the proposal, including the interview schedules, and approved the study's conduct. The process, and progress, of

the interviews were subject to quarterly review by the industry partners, and all the qualitative data, stored for five years.

Researcher's view of children.

The ethical dimensions of this study must also include discussion of the researcher's view of children and young people, as participants. A researcher's view of childhood and the competency of children can influence the researcher-child relationship (Alderson, 2005; Balen et al., 2006). Examples of notions of childhood include, but are not limited to: (a) the innocent child needing protection; (b) the deprived, disadvantaged child needing resources and services; (c) the criminal child requiring control; (d) the ignorant child needing education; or (e) the strong resourceful child who can work with adults towards solving problems, and creating new opportunities (Alderson, 2005). Along similar lines, in a review of power relationships between researchers and children, Christensen and Prout (2002) outlined four ways that children and childhood have been identified in research: (a) the child as object; (b) the child as subject; (c) the child as social actor; and (d) the child as participant/co-researcher.

Within this study young people in care were viewed as participants, that is, they were seen as competent, resourceful, and autonomous in their everyday worlds. They could make decisions regarding the research process (for example, where, when, how) and were capable of participation in, or withdrawal, from the research. They were not co-researchers, in that they did not formulate the research questions, or analyse the data. While young people in care were approached within a competency framework, their lifespan development, and its implications for research, should be acknowledged. Data in this study were obtained from adolescents, that is, young people aged over 13 years, by an adult researcher. Children and young people are used to having much of their

lives dominated by adults, they tend to expect adults' power over them, and they are not used to being treated as equals by adults (Punch, 2002).

I have been a social worker for twenty-three years, and have extensive and ongoing practice experience with children, young people, and their parents and carers, in the child protection and youth justice sectors. This change of role from social worker to researcher did raise some personal challenges. I am used to assessing difficulties and assisting clients to improve their situation by identifying strengths, goals, and through casework. In the role of researcher I was obtaining information only and had to, at times, desist from a casework or solutions approach.

In addition to my working history, I am the parent of three children, a daughter and two sons. As such, I am well practised in communicating, and negotiating, with children and young people. In keeping with Sumison's (2003) view of child participants, all young people in this research project were approached with humility, and with no expectation that they would want to participate. Any contribution made was viewed as a gift to the researcher (Roberts, 2000 as cited in Sumison, 2003).

As a reflection of my work and life experience, and Sumison's (2003) suggested research approach, negotiations regarding interview times, and place, were made directly with the young people, who were free to nominate a time and location, or means of interview (face-to-face or over the telephone), that suited them. Interview payments, whilst minimal, were made directly to the young person who could choose how the money was spent. These payments also served as reinforcement for the young people that their contributions were valuable. At the beginning of each interview, time was spent informing young people of the study's aims, advising them of the study's processes, and confirming that young people were willing, and able, to participate. During the interview, the use of open questions, allowed by the semi-structured

interview process, helped ensure that participants did not feel they were under heavy scrutiny, and that they had some control over the process. It was hoped that the use of overt humility throughout the interview, unusual in adult interactions with young people, would contribute to a climate of mutual respect (Sumison, 2003).

As minors subject to guardianship and/or custody orders with the child welfare agency it was legally necessary to gain the consent of the Director-General, Department of Child Safety, to conduct the research and approach young people. Such a gate-keeping process can be viewed as paternalistic, and as constructing children as dependent, in need of protection and as “human becomings” (Balen et al., 2006, p. 29), but is usually required within national research regulations regarding children under 18 years (National Health and Medical Research Council, 2007). Most research ethical guidelines stipulate that guardian consent must be obtained for social research with children (Balen et al., 2006). Given that young people in care have experienced significant harm, are not placed with their parents, and are multiply disadvantaged, it was appropriate that their designated guardian review, and approve, the research.

Data Analysis

The final element of a research design is the specification and justification of the methods to be used to reduce, and analyse, the data (Blaikie, 2000). Each method of data reduction and analysis selected should be identified and briefly described (Blaikie, 2000).

Quantitative data analysis.

Quantitative methods of analysis fall into four main categories: description, association, causation, and inference (Blaikie, 2000). Descriptive methods are used to report the distribution of a sample across a range of variables and to produce summary measures of the characteristics of such distributions (Blaikie, 2000). Measures of

association are used to establish the degree to which two variables co-vary, that is, whether positions on one variable are likely to be consistently associated with positions on another variable (Blaikie, 2000). Association may be measured through correlation, analysis of variance and co variance, or regression. Causation is used to answer 'why' questions and typically involves factor, path or regression analysis. Inferential statistics are used to make estimates of population characteristics from sample characteristics and to establish whether differences or relationships within a sample can be expected to exist other than by chance. Tests of significance are typically used (Blaikie, 2000).

The quantitative data obtained in this study from the young person in care self-administered questionnaire offered an opportunity to: (a) describe the population; and (b) explore correlations between context and job aspirations. Univariate analysis was used to show distributions of the sample of young people across the variables.

Frequency counts, and measures of central tendency, for example, the mean, were reported. This quantitative data assisted the researcher to describe the demographics of the population (for example, age and gender), the type of job, career and educational aspirations held by young people in care, and the levels of involvement in career planning by carers and caseworkers. The experience of being in care and the association with educational and career aspirations were explored with the use of bivariate analysis. Whether placement type, relationship with caseworkers, and carer expectations were significantly correlated with career aspirations, was explored. The analysis of data in this study was assisted by the use of the software SPSS, Version 17.

Qualitative data analysis.

Qualitative methods of analysis fall into two main types: description and theory generation (Blaikie, 2000). This study was descriptive, and was focussed on the comprehension of the meaning of the text, through the discovery of themes, and through

interpretation (Tesch, 1990). A theme is something akin to the content, or topic, or statement, or fact, in data (Tesch, 1987, 1990). According to Tesch (1990) a theme can include commonalities and uniqueness, and is summarised, or labelled, in professional language. Descriptive themes assisted me to understand the experience of young people in care, their carers and caseworkers, and to suggest a model of practice for young people in care leaving school and approaching work.

In Tesch's (1990) approach to qualitative analysis, there is little focus on counting, or the quantification of the qualitative. Because the researcher's focus is interpretation of meaning, and because a theme may be unique to an individual, it is of little consequence whether just one participant provided the data, or whether the majority of participants provided the data. This position is supported by Brannen (1992) who stated, "With qualitative research, it is the concepts (that is, theory or models) and categories, not their incidence and frequency that are said to matter" (p. 5). In keeping with these approaches, the generalizability (Yin, 1989), or analysis of 'how many', did not predominate the qualitative data analysis in this qualitative component of the study.

In relation to phenomenological analysis, Patton (2002), relying on the work of Moustakas (1994) suggested four steps in the analysis process. The first of these is *epoche*, a process the researcher engages in to remove, or at least gain clarity of prejudices, viewpoints or assumptions, regarding the phenomena under investigation. Secondly, the researcher 'brackets out the world' and presuppositions, to identify the data in pure form, uncontaminated by extraneous intrusions. Thirdly, phenomenological analysis involves a 'structural description' that contains the bones of the experience for the group studied. Finally, the researcher provides a synthesis of the meanings and essences of the experience (Patton, 2002). Elements of these steps were

followed in this study. To address the *epoche* step, I undertook an assumptions exercise with my principal supervisor in which together we made a list of our assumptions of young people in care and their care arrangements. The following assumptions were revealed: (a) young people in care have complex and unique needs; (b) the State, as parent, has a legislative responsibility to provide educational and career opportunities; and (c) despite their histories, young people in care have the ability to succeed and achieve a productive adulthood.

The second step, identifying the data in pure form, (whilst probably never truly possible because of existing knowledge of the field), was assisted by undertaking a comprehensive literature review, before and after data collection and analysis. To identify the themes (in pure form) in the data, the study used approaches from what Tesch (1990) referred to as the de-contextualising and re-contextualising of data. As a first step, transcripts were read in their entirety, and segments of text were de-contextualised under four key topic categories: carer activities, caseworker activities, impediments and supports. Thus relevant portions of data were separated from their context and clustered together (Tesch, 1990). The data separated from the transcript were comprehensible by themselves, and contained one idea, episode, or piece of information (Tesch, 1990). In some cases this was a sentence, in others, a lengthy paragraph. Examples are provided in the following chapter. Tesch (1990) referred to this process of assembling data into categories as re-contextualisation. This process allowed me as the researcher to read in a continuous fashion everything that belonged in one category. These categories then became the focus of analysis, rather than the transcripts, or the individual, who gave the interview (Padgett, 2008). In addition to de-contextualising and re-contextualising, brief description notes (Miles & Huberman, 1984b) were maintained for each participant. As suggested by Miles and Huberman

(1984b) a brief summary of the contact was recorded, which included the main issues in the contact. These summary notes were generally made after the interview, and after reading the full transcript, and were useful, as they summarised key issues offered by the participant. An example from an issue in a carer interview for which notes were kept, was as follows: *Carer frustration and anger because department workers consistently fail to complete consent forms required for many school, extracurricular and social events. Carers do not feel they are effectively supported by Department in dealing with problems.*

The study started with open coding, that is, with as few preconceptions as possible, but clarity regarding the aim of the research question. Open codes took the form of the research question, that is: (a) caseworker assistance; (b) carer assistance; (c) supports; and (d) impediments. It then moved to focussed coding described by Charmaz (2006) as the time when open codes are winnowed down. As an example, the impediments category for young people in care was winnowed down to sub-categories: (a) bureaucratic process; (b) lack of resources; (c) variable Education Support Plans; and (d) negative perceptions. When the categories were winnowed down into sub-categories, the third step of phenomenological analysis, that is the ‘structural description’ step, was completed.

Step four in the process, the provision of the synthesis of the meanings and essences of the experience (Patton, 2002), was assisted by Boyatzis’ (1998) view of analysis. Boyatzis (1998) distinguished between manifest, and latent, analysis. Manifest analysis referred to surface description, and latent analysis to an interpretation of underlying or hidden meaning, that goes beyond description and into theory generation (Boyatzis, 1998). In this study, the de-contextualisation and re-contextualisation of the data and the development of sub-categories were distinguished

as manifest analysis. The development of themes, which revealed the overall approach to the transition from school to work, was the final stage of the analysis. For the example provided above regarding impediments, the overall theme was *lack of a future focus*. This overall theme formed part of the identified model of practice regarding young people in care and their career development. Full details of the coding process are provided in the following chapter. Tables are provided, and include the data coded at the de-contextualised, re-contextualised and synthesised stages. The identified model of practice is outlined in full in Chapter 5, the Discussion Chapter.

NVIVO 8 software assisted the qualitative analysis. This software had storage, search and retrieval, data linking and graphic-mapping capabilities. The program helped me to store and file chunks of data into categories and later sub-categories. Within the program these categories were referred to as nodes. As detailed above, word searches and word counts, commonly used in content analysis, were not utilised. Rather line-by-line analyses took place, with the researcher the central instrument in this process (Padgett, 2008). Memo writing, an offshoot of the coding process, in which one documents thoughts and ideas that emerge through interacting with the data (Padgett, 2008) was also used. While categories were indexical, that is, words or phrases that ‘spoke for’ chunks of raw data, memos were running commentaries, rooted in the data, but not intended to directly represent it (Padgett, 2008). Memos were safety zones for discovery and creativity, a place for hunches and conjecture, and for abstract thinking about the data (Padgett, 2008; Strauss & Corbin, 1990).

Memos may take several forms: code notes, theoretical notes and operational notes, and should be maintained as distinct groups (Strauss & Corbin, 1990). In this study, category and theoretical notes were maintained within the NVIVO software package, while operational notes, such as dates, time, location, payment of interviews

and outstanding tasks, were maintained in a hardcopy book, organised by date. An example of a memo note recorded during the course of the coding included: *Some young people articulate the desire to join the defence forces- explore the basis of this desire- does it relate to structure, practical assistance, desire to defend the country, access to higher education, or a sense of belonging to a unit.* Whilst NVIVO8 was very useful in the filing and storage of data, it should be noted that this program did not do the analysis required for theme generation. This was the researcher's task and responsibility.

Rigour of the Research: Reliability and Validity

In quantitative and qualitative studies issues of rigour refer to the trustworthiness of the findings, expressed in such attributes as credibility, dependability and transferability. Validity in quantitative research focuses on whether the variables used were effective in actually measuring what the researcher wanted to measure, and the extent to which the variable was an accurate measurement (Alston & Bowles, 2003). In this study the questionnaire, an instrument that could be transferred easily to another sample, used previously developed questions, and standardised and tested scales regarding career assistance and modelling.

Common ways to ensure rigour in qualitative research include provision of information on the appropriateness of the methodology, the use of multiple methods, information on respondent selection, and the presentation of verbatim quotations. Furthermore, validity in qualitative research may be assessed through such means as triangulation (comparing outcomes from different samples), respondent validation (gaining participant views of results), clear exposition of methods of data collection and analysis, reflexivity (sensitivity to how the researcher has shaped the data), attention to negative cases (inclusion of data that seem to contradict, and fair dealing (obtaining

views from young people, carers and caseworkers, rather than just young people (Mays & Pope, 2000). This study has used a number of measures to assure the reader of its validity. Three groups of participants were used to triangulate results, that is, young people, carers and caseworkers. Additionally some of the young people in care participants were interviewed three times over a period of eighteen months. Initial coding of the data was performed by two researchers, and a high degree of coding agreement was reached. In an attempt to represent the analysis of the data, and be accountable to the reader for the data gathering and interpretive procedures, data in the results section are presented in tables, and are presented in their de-contextualised, re-contextualised and synthesised forms.

There has been much debate about the concept of validity in qualitative research (Maxwell, 2002). Miles and Huberman (1984a) suggested that with qualitative data we need to be confident that the conclusions are not unreasonable, and that another researcher facing the data would reach a conclusion that falls in the same general “truth space” (p. 22). Along similar lines, Patton (2002) has argued that no straightforward tests can be applied for reliability and validity in qualitative research. No absolute rules exist for qualitative analysis except perhaps this: “Do your very best with your full intellect to fairly represent the data and communicate what the data reveal, given the purpose of the study” (p. 433). In the spirit of representing the data clearly, as mentioned, the results chapter tables each stage of the data analysis.

Chapter Conclusion

This research has, within its conceptual framework, a constructionist worldview. Thus it accepts that truth, or meaning, comes into existence from our engagement with the realities in our world (Crotty, 1998). The study had an interpretivist epistemology, and sought to understand, and describe, subjective meaning through data gained from

humans, in this case, young people in care, carers, and caseworkers. A phenomenological approach was used which focused on the lived experience, and accepted people's subjective experience. Phenomenology by its true origins, is critical and reinterpetive, and calls into question that which is taken for granted. It has the researcher returning to the subject to gain interpretation, and understanding, from within. "Phenomenologists aim to be rigorous in their analysis of the experience, so that basic elements of the experience that are common to members of a specific society, or all human beings, can be identified"(Eichelberger, 1989, p. 6, as cited in Patton, 2002).

Using mixed- methods, this study was designed to explore the transitions from school-to-further education and work for young people in care, and in particular the role of carers and caseworkers in this process. Using a self-administered questionnaire and semi-structured interviews with young people in care, I aimed to draw out the main elements of the experience of young people's transition to work to identify the factors that support and impede the process. Carers and caseworkers were also interviewed, allowing for a comparison of perspectives and a comprehensive view of the career development process. This chapter has outlined how the three groups of participants were selected and recruited to the study, the details of the methods and instruments used to elicit their experiences, and the ethical conduct of the study. Social cognitive career theory was used to frame the topic selection, the formulation of interview schedules, and the choice of participants. While the theory in no way predicted the outcomes of the research, it was useful for understanding the process of career development and its distal and proximal influencing factors.

Chapter 4: Results

This chapter of results is divided into two sections. The first section presents the findings from the quantitative data obtained from the self-administered questionnaire to young people in care. The second section presents the qualitative data obtained from the semi-structured interviews with young people in-care, caseworkers and carers.

Section One: Quantitative Results

Participants.

From the 1465 questionnaires posted, two hundred and sixty-five young people returned a completed questionnaire. Respondents included 151 (57%) females and 114 (43%) males. The age range of respondents was 12.9 years to 18.4 years (mean age =15.4 years, $SD= 1.4$ years), with age data missing from two respondents. Cultural background included Caucasian (60%), Indigenous (18%), New Zealand or Maori (5%), Asian or African (2%), and unknown or missing data (15%).

Placement types.

Respondents identified four main placement types. These included: placement in foster care (65.3%); grandparents or family members (21.9%); independent living (6.8%); and youth shelters/residential care (6%).

Participation in paid work.

The majority of respondents (70.6%) revealed they did not engage in paid work. For those who did work, the mean hours worked per week was 3.83 hours ($SD = 8.47$ hours).

Job aspirations.

Respondents wrote the job they would most like to have and that response was then rated using the Dictionary of Holland Occupational Codes (Gottfredson & Holland, 1996). Holland categorised individuals as having one of six types of job interests:

Realistic, Artistic, Investigative, Social, Enterprising or Conventional. These categories formed what is commonly known as the RAISEC model. See Table 1 for RAISEC frequencies.

Table 1
Job Aspirations for Young People in Care (N=265)

| Variable | # | % |
|----------------------------|-----|------|
| Job Aspiration Type | | |
| Enterprising | 81 | 30.5 |
| Realistic | 59 | 22.3 |
| Social | 55 | 20.8 |
| Investigative | 23 | 8.7 |
| Artistic | 23 | 8.7 |
| Conventional | 4 | 1.5 |
| Missing data | 20 | 7.5 |
| Total | 265 | 100 |

Most young people aspired to enterprising jobs (30.5%) such as hairdressing, cooking, air stewarding, photography, fitness training, retail, and sales positions. Realistic job aspirations (22.3%) included building and carpentry, driving, defence, and mechanical jobs. These conventional and realistic jobs usually require on-the-job or apprenticeship pathways, and are jobs which typically attract a paid training pathway, albeit low paid. Approximately one-fifth of young people aspired to social jobs (20.8%) such as childcare worker, aged carer, teacher, psychologist, social worker and youth worker. Social jobs are people and help-oriented jobs and include roles typically employed to assist young people in care. Investigative job aspirations (8.7%) included architecture, pharmacy and technology. The numbers of young people who aspired to investigative jobs matched the number who aspired to artistic jobs (8.7%) which

included modelling, singing, landscaping and dancing. Conventional aspirations (1.5%) included administrative, secretarial and cashier work.

Job expectations.

Respondents wrote the jobs they expected to have and these responses were rated for job type using the same procedure of rating the job as a RAISEC code, as was used for rating job aspirations. Perhaps reflecting anxiety about future work options, fifty young people did not provide a response to this question. Job expectation responses saw the majority listing realistic jobs (27.9%), closely followed by enterprising jobs (26.4%). Realistic jobs typically include outside and/or manual jobs such as landscaping, building and mechanics and are mostly jobs with apprenticeship pathways. See Table 2 for job expectations.

Table 2
Job Expectations for Young People in Care (N=265)

| Variable | # | % |
|-----------------|-----|------|
| Career Interest | | |
| Realistic | 74 | 27.9 |
| Enterprising | 70 | 26.4 |
| Social | 40 | 15.1 |
| Artistic | 14 | 5.3 |
| Conventional | 10 | 3.8 |
| Investigative | 7 | 2.6 |
| Missing data | 50 | 18.9 |
| Total | 265 | 100 |

Comparisons job aspirations and expectations.

When job aspirations and expectations were compared, decreases were noted in investigative jobs (-6.1%), social jobs (-5.7%), enterprising jobs (-4.2%) and artistic jobs (-3.4%). That is, when asked what jobs they expected to have, fewer respondents listed investigative, social, enterprising and artistic jobs. Increases were noted in realistic (5.6%), and conventional (2.3%) jobs that typically require less training and receive lower pay rates.

Career aspirations.

Six items were chosen from the eight-item, *Aspiring to Leadership and Promotions subscale* of the *Career Aspirations Scale* (O'Brien, 1996). The six items were, 'I hope to become a leader in my field', 'When I am established in my working life I would like to manage others', 'I hope to get promoted in any job I work in', 'It is important to plan for my future job', 'I plan on becoming an expert in my field of work', and 'I would like to go to university to get training for the work I am interested in'. These six items were selected as they had most relevance for children in-care. The six items tapped aspirations to being promoted and becoming a leader in the chosen occupation. Participants responded to items on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

An exploratory factor analysis was conducted on the six items (principal factor analysis with direct oblimin rotation). This analysis produced a single-factor (Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .82 and Bartlett's Test of Sphericity = 537.36, $p < .001$), with all items having factor loadings $> .60$, and accounting for 53.95% of the variance. The two top loading items were the items 'I hope to become a leader in my field', and 'When I am established in my working life I would like to manage others'. The internal reliability coefficient for the six items was .83.

Educational expectations.

Single items were used to assess self-expectations and carer educational expectations. Responses were sought for the questions: (a) ‘What is the highest level of education you expect to complete?’ with seven options ranging from *Year 10* to *University*; and (b) ‘What is the highest level of education your carers would like you to complete?’, with the same seven options. The results are tabled below in Table 3 and suggested the majority of young people expected to complete Year 12 and attend TAFE or university. Almost one quarter expected to attend university.

Table 3

Self-Expectations of Educational Achievement for Young People in Care (N=265)

| Variable | # | % |
|-------------------|-----|------|
| Educational Level | | |
| Year 10 | 31 | 11.7 |
| Year 10 + TAFE | 18 | 6.8 |
| Year 11 | 12 | 4.5 |
| Year 11 + TAFE | 7 | 2.6 |
| Year 12 | 44 | 16.6 |
| Year 12 + TAFE | 80 | 30.2 |
| University | 62 | 23.4 |
| Missing data | 11 | 4.2 |
| Total | 265 | 100 |

As demonstrated in Table 4 below, young people also perceived that carers mostly expected them to complete Year 12, Year 12 plus TAFE, or university.

Table 4

Young People's Perceptions of Carer's Expectations of Educational Achievement

(N=265)

| Variable | # | % |
|-------------------|-----|------|
| Educational Level | | |
| Year 10 | 18 | 6.8 |
| Year 10 + TAFE | 11 | 4.2 |
| Year 11 | 3 | 1.1 |
| Year 11 + TAFE | 2 | 0.8 |
| Year 12 | 75 | 28.3 |
| Year 12 + TAFE | 79 | 29.8 |
| University | 65 | 24.5 |
| Missing data | 12 | 4.5 |
| Total | 265 | 100 |

Educational modelling.

Educational modelling referred to the example of educational attainment to which young people in-care had been exposed and had learnt from. To investigate educational modelling provided by carers, participants were asked: (a) 'Have any of your current carers studied at university?'; and (b) 'Have any of your current carers studied at TAFE/another college/or done an apprenticeship?'. All questions required a 'Yes' or 'No' response. Data from 248 young people revealed that 38.3% of carers had attended university. More carers, that is, 161 (63.7%), had attended TAFE/college/or done an apprenticeship, from 251 responses.

In-care experiences.

Two hundred and fifty young people responded to the question, 'How long have you been in care?', with 12.4% reporting a year or less, 15.9% reporting 1-3 years,

18.3% reporting 3-5 years, 23.1% reporting 5-10 years and, 30.3% reporting more than 10 years. The mean was 7.09 years ($SD = 5.14$ years).

Stability of caseworker.

Two hundred and fifty-nine young people responded to the question, ‘Do you have a Department of Child Safety Officer working with you at present?’. Two hundred and thirteen (82.3%) said yes, while 46 (17.4%) said they did not.

Turnover of caseworker was determined by a three point response format, *More than 5 times, 2-5 times, and 0-1 times*, to the question, ‘How many times has your Department of Child Safety Officer changed since you’ve been in high school?’. Two hundred and fifty-nine young people responded to the question, with 80 (30.9%) reporting more than five times, 114 (44%) reporting 2-5 times, and 65 (25.1%) reporting 0-1 times.

Contact with caseworker.

In relation to frequency of contact with their caseworker, thirty-six young people (13.6%) reported weekly contact, 129 (48.7%) reported monthly contact, 50 (18.9%) reported six monthly contact, and 38 young people (14.3%) reported annual contact. Data were missing from 12 (4.5%) young people. Thus, the majority of young people had contact with their caseworkers once per month, or less.

Relationship with caseworker.

Young people’s relationship with their caseworker was measured using the question, ‘How well do you get on with your Department of Child Safety Officer?’, using a 4-point response format, *Not well, OK, Fairly well, and Very well*. Young people responded with 30 (11.3%) reporting *Not well*, 102 (38.5%) reporting *OK*, 61 (23%) reporting *Fairly well* and 62 (23.4%) reporting *Very Well*. Data were missing from 10 young people.

Tests for correlations.

Placement type and career aspirations.

A one-way analysis of variance was conducted to test if different placement types were associated with different levels of career aspirations. There were four different placement types, that is, foster care, grandparents or family members, youth shelters and independent living. This analysis indicated no differences among the groups, $F(4, 259) = .60, p = .66$, suggesting that the type of placement was not associated with aspirations.

Carer expectations, relationship with CSO, and career aspirations.

Bivariate correlations were conducted to test the association between carer expectations and career aspirations, and between relationship with the caseworker and career aspirations. Carer expectations were associated with career aspirations ($r = .25, p < .001$), indicating that when carers had higher educational expectations, young people had higher career aspirations. The young person's relationship with their caseworker was also associated with higher career aspirations ($r = .13, p < .05$). This indicated that when a young person rated their relationship with their caseworker more positively, they had higher career aspirations, although the effect was weak. There was also a weak association between carer expectations and gender of the child, suggesting that carers had higher aspirations for girls than for boys ($r = -.15, p < .05$). See Table 5.

Table 5

Summary Data and Bivariate Correlations (N=265)

| Variables | <i>M</i> | <i>SD</i> | 1 | 2 | 3 | 4 | 5 |
|--------------------------|----------|-----------|---|--------|------|------|-------|
| 1. Career aspirations | 23.42 | 4.477 | - | .25*** | .13* | .02 | -.05 |
| 2. Career expectations | 5.69 | 1.000 | | - | .10 | .01 | -.15* |
| 3. Relationship with CSO | 2.61 | .982 | | | - | -.11 | -.02 |
| 4. Age | 15.4203 | 1.44716 | | | | - | -.04 |
| 5. Gender | - | - | | | | | - |

* $p < 0.5$; ** $p < 0.1$; *** $p < 0.001$

Summary.

The majority of young people in-care who responded to this survey had been in care for longer than 10 years, were Caucasian and placed in foster care. Almost one-fifth were placed with grandparents. Most of the respondents (74.9%) had experienced more than one change in their caseworker since starting high school, saw their caseworkers monthly (51%), or less than monthly (34.8%), and rated their relationships with caseworkers as ‘OK’ or better (88.2%).

In relation to job *aspirations*, the majority (30.6 %) of respondents aspired to enterprising jobs (for example, hairdressing or cooking), while around a fifth of participants aspired to realistic (for example, carpentry or defence force) and another fifth aspired to social (for example, child care worker or youth work) jobs. Responses to job *expectations*, that is, the jobs young people expected to have, were low and saw a fall in social, artistic, enterprising, and investigative jobs, with the majority of young

people listing realistic roles which typically required less training and qualification requirements.

Consistent with these job expectations, responses to expected education levels, found that the majority (31.4%) of young people respondents would like to complete Year 12 plus TAFE qualifications. Almost a quarter would like to attend university to gain Bachelor degree qualifications. Young people also perceived that their carers mostly wanted them to complete Year 12 and participate in higher education. Most carers had themselves attended TAFE (63.7%), while almost one third had attended university.

No correlations were found between placement types and career aspirations. That is, the type of placement made no difference to the career aspirations held by young people. There was however an association between carer expectations and career aspirations. When carers had higher expectations of educational attainment, young people had higher career aspirations. Although the effect was weak, the young person's relationship with their caseworker was also associated with higher career aspirations. When a young person rated their relationship with their caseworker more positively, they had higher career aspirations.

Section 2: Qualitative Results

Young People In Care Perspectives.

Interviews were conducted with a sample of young people in-care, caseworkers and carers. The interviews with young people in-care occurred three times, over an eighteen-month period, between 2008 and 2009. These interviews included 59 young people at Time 1, 45 young people at Time 2, and 23 young people at Time 3. Interviews with 15 caseworkers and 27 carers occurred once, in late 2008.

Results are ordered by the perspectives of each group of participants, in turn. A summary of outcomes for each participant group is tabled and presented before the in-depth results. As detailed in the previous chapter, interviews were initially de-contextualised, that is, chunks of data relating to a particular topic were separated from the full text and coded together. These chunks of data were then read together and re-contextualised into sub categories. These sub categories were then analysed and synthesised into a theme.

Demographics: Time 1 young people in-care participants.

Fifty-nine young people participated in the Time 1 interviews, conducted in mid- 2008. Participants included thirty-eight females, and twenty-one males, between the ages of 13 and 18 years. The average age was 15.3 years. Time spent in care ranged from less than one year, to more than ten years, with an average of 6.6 years. Placement types included foster (44.1%), kinship (33.9%), independent living (13.5%), residential care (6.8%), and youth hostel (1.7%). Numbers of placements included one to three placements (45.8%), three to five placements (15.2%), five to ten placements (33.9%), and more than ten placements (5.1%). Job aspirations included enterprising (30.5%), social (23.7%), realistic (23.7%), artistic (10.2%), investigative (8.5%), and conventional (3.4%).

Demographics: Time 2 young people in-care participants.

From the fifty-nine Time 1 participants, forty-five young people participated in the Time 2 interviews, conducted in early 2009. Participants included thirty-one females, and fourteen males, between the ages of 13 and 18 years. The average age was 15.2 years. Time spent in care ranged from one year, to more than ten years, with an average of 7.5 years. Placement types included foster (42.2%), kinship (35.5%), independent living (15.6%), and residential care (6.7%). Numbers of placements

included one to three placements (44.4%), three to five placements (17.8%), five to ten placements (31.1%), and more than ten placements (6.7%). At Time 2, 14 (31.1%) young people reported they had had a change in placement since Time 1. Job aspirations included enterprising (33.3%), social (24.4%), realistic (22.2%), artistic (11.1%), investigative (6.7%), and conventional (2.3%).

Demographics: Time 3 young people in-care participants.

Twenty-three young people participated in the Time 3 interviews, conducted in late 2009. Participants included sixteen females, and seven males, between the ages of 14 and 18 years. The average age was 14.9 years. Time spent in care ranged from more than one year, to more than ten years, with an average of 7.13 years. Placement types included foster (34.8%), kinship (30.4%), independent living (30.4%), and residential care (4.4%). Numbers of placements included one to three placements (39.1%), three to five placements (17.4%), five to ten placements (34.8%), and more than ten placements (8.7%). At Time 3, 8 (34.8%) young people reported they had had a change in placement since Time 2 and the percentage of young people living independently had doubled since Time 2. Job aspirations included enterprising (34.8%), social (26.1%), realistic (21.7%), investigative (8.7%), artistic (4.35%), and conventional (4.35%). Overall, there was very little individual change in aspiration type over time.

Young people in care data sorting.

This section presents data obtained from young people in care regarding carer and caseworker career-related activities, and the supports and barriers to the career development process. The data are presented in Table 6. Descriptive data follow.

Table 6

Perspectives from Young People: De-contextualised, Re-contextualised and Synthesised Data

| Stage 1: De-contextualised data | Stage 2: Re-contextualised sub- categories | Stage 3: Synthesis |
|---|---|--|
| <p>Caseworker activities</p> <ul style="list-style-type: none"> • High staff turnover • No contact details • Limited relationships • Limited time spent with young people • Casework focus on placement and family contact • No discussion of career • Funding, not planning, sometimes provided | <ul style="list-style-type: none"> • The inaccessible worker • Placement and contact focussed • Limited assistance | <ul style="list-style-type: none"> • Acute casework |
| <p>Carer activities</p> <ul style="list-style-type: none"> • Homework assistance • Resume writing • Educational resources • Transport • Facilitation of part- time jobs • Encouragement • Positive messages • High expectations • Support/problem solving • Increase self esteem • Advocacy • Can be compromised by the demands of other | <ul style="list-style-type: none"> • Tangible • Emotional • Under resourced and overwhelmed | <ul style="list-style-type: none"> • Carer capacity |

children placed

Supports

- Career modelling
- Expectations
- Motivators/Influences-
sibling disadvantage, poor
parent outcomes
- Career information &
advice

- Family of origin
- School-based
relationships
- Carers

- Relationships

Impediments

- Inability to access
guardian signature, ID,
TFN, birth certificates,
- Future uncertainty
- Rigidity of Dept
- Inability to access
resources-computers, texts,
transport, money, housing,
licence, car
- Poor literacy, academic
skills, low self-esteem,
mental health
- No follow up on ESPs
- Viewed as trouble/troubled

- Bureaucratic processes
- Lack of physical
resources
- Lack of personal
resources
- Variable ESPs
- Negative perceptions of
young people in-care

- Lack of future focus

Young people's perspectives of caseworker assistance.

The inaccessible worker.

The *inaccessible worker* emerged as a sub category related to caseworker assistance to career development. According to the majority of young people in-care, caseworkers contributed little, or nothing, to their school-to-work transition. Most did not know if, or how, a caseworker might assist them to transition to work and did not appear to expect such assistance.

Many young people did not see their caseworkers regularly and were limited to telephone-only contacts. Some young people were unable to contact their caseworkers, or did not know who they were.

“We went through a lot of different workers. It'd change every couple of months for a while and that made it difficult for us to have regular meetings with them”.

(Time 1 Participant #20048, 18yo male with business aspirations)

“I think I had an Ingrid, or something like that...I've had, I think I've had six” [in three years]”.

(Time 1 Participant #20212, 14yo female with hairdresser aspirations)

With workers turning over and being mostly unavailable they were not viewed by young people as a career development resource, rather they were seen as the facilitators of family contact and a touchstone for placement issues.

Placement and contact focussed.

Very few young people discussed school experiences, academic achievement, higher education, or career interests, with caseworkers. Rather, conversations with caseworkers were usually focussed on placement or family issues, that is, how they were going in the placement and how they were finding or experiencing family contact.

Alternative discussions rarely occurred but could include superficial discussion of school attendance, achievement and needs.

“Have you ever had conversations with them about school or the kind of job that you want to have..? Participant: Not really. We don’t really talk on that type of thing. They’ve asked us how our education’s going with all of this happening, but I don’t really think that we talk about our future”.

(Time 1, Participant # 20094, 14yo male with defence force aspirations)

Limited assistance.

Some young people had discussed education, or training support needs with caseworkers, such as transport or funding, but few had been assisted. One young woman (#20020) expressed the view that within the care system it was younger children who received assistance and priority and that caseworkers had too many children’s needs to meet. Issues for adolescents like school, training, or higher education could not compete with the safety needs of younger children which presented as an urgent need which had to be responded to in a short time frame.

One particular young person, who had been accepted to university after achieving very high grades at school, exemplified the theme of limited assistance. When this young man, who was living independently, asked for assistance to purchase text books, stationery and a printer, he and was told to purchase them himself and seek reimbursement (*Participant #20048, Time 3*). He gradually saved the required \$400 from a casual job and did seek reimbursement from the child safety agency serving as his guardian. This was paid, some months after the expenses were incurred and after university had commenced leaving him short \$400 for some time. For some, this type of limited assistance contributed to them dropping out of school and/or higher education.

“They kind of said one minute we can drive you to the train station to get to where you have got to go. Then when I asked them they said we can’t drive you to the train station, you have got to walk it. I was just like shit, how am I going to get to TAFE? It is like a three hour mission from here by all the transport because I have got to catch a train and two buses”.

Interviewer: “Are you still at TAFE [name]?”

Participant: “No”.

(Time 1 Participant # 20043, 17yo female with child care aspirations)

Funding.

From the minority of respondents who did receive education or training assistance from caseworkers, help usually came in the form of funding for school, tutors, laptops or counselling, rather than career exploration, guidance or training. Typically requests for funding were initiated by the young person themselves, and funding could be approved with little, or no, caseworker exploration of career interests. For example, a young person could say they needed a maths tutor and some funding may be provided, with little or no discussion of why maths, or a particular grade, was particularly important for the young person’s future.

For one young person (# 20038), an attempt to source a tutor from the department and increase their grades was not approved, as the caseworker “reckoned it cost too much”. Another (# 20043) discussed that the promise of funding for things, like TAFE fees, could be assured, but then payment was not actually made and the young person was forced to leave TAFE after several weeks of enrolment and study. This cancellation of the TAFE enrolment was embarrassing, disappointing and contributed to a sense of hopelessness and uncertainty regarding a pathway to employment.

Young people's perspectives of carer assistance.

Young people described carers as the most likely providers of career development assistance. While the majority of young people participants referred to carers as supportive and resourced, some examples were provided of carers who did not contribute to the school-to-work transition. Assistance from carers fell into two sub-categories, *tangible resources* and *emotional resources*. For those few carers described in less positive terms, the theme of *overwhelmed and under-resourced* emerged.

Tangible resources.

Tangible assistance from carers included help with homework, resume writing, provision of educational resources like books, facilitation of casual employment and transport.

“Well, they’ll sit down and they’ll help me, like and if I’m struggling, they’ll organise interviews and stuff with teachers and stuff, just to help me get back on track or whatever. Yeah, they’ll buy resource books and stuff to help me, and yeah”.

(Time 1 Participant # 20098, 15yo female with animal rescue aspirations)

For one young woman (# 20045), who had fallen pregnant at age 15 years while in a respite youth shelter placement, carers provided tangible support with the provision of a placement for both her and her baby, and through child care for the baby. While she completed her high schooling externally through TAFE the carers provided care for the baby at home. Without this very practical placement and child care assistance it would have been extraordinarily difficult for this young woman to have continued her schooling.

Emotional resources.

While practical resources were valued, young people also focussed on the esteem and emotional support, career modelling and encouragement provided by some carers.

“Well, they encourage me a lot, like over the years they’ve really encouraged me and helped me with my schoolwork, like [female carer’s] very English, history, geography type person, and [male carer’s] a very mathematical type person, and they’ve both gone to university. So they’ve like always encouraged me, and really helped me when I needed like help with schoolwork and stuff”.

(Time 1 Participant #20098, 15yo female with biologist aspirations)

Carer advocacy, seen as a form of emotional support, was highly regarded by young people who provided examples of carers assisting with academic and peer problems at school by visiting the school and meeting with teachers. Young people also especially valued the availability of carers, their flexibility, and their preparedness to provide opportunities, like access to Careers Expositions, or assistance with casual employment. Some young people acknowledged that without the support of their carers their futures would look very different.

“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”.

(Time 1 Participant #20044 ,15yo male with army aspirations)

Carers were also described as providing positive messages and high expectations of academic achievement to young people. Some messages provided by carers seemingly gave young people a heightened self-esteem and the confidence to set, and pursue, goals.

“She [carer] just wants me to go right up to year 12 and further. She wants me to do really good in my subjects and not be stupid like the other kids, like how they do stupid things in class”.

(Time 1 Participant # 20034, 13yo female with fashion/retail aspirations)

“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”.

(Time 2 Participant # 20045, 16 yo female with army nurse aspirations)

The overwhelmed and under resourced.

Not all carers were described positively, in terms of assistance provided for career development. For some young people difficulties were particularly encountered with carers who were caring for large numbers of children. In these situations carers often had limited time and resources. Such limitations impacted on the carer’s ability to assist the young person with school or training issues.

Sometimes carers were described as overwhelmed with the demands of caring for younger children, or children with special needs. Such circumstances could lead to expectations that the young person, as an adolescent, would assist with household duties and/or childcare. For some young people, carers would prioritise these demands over completion of homework, or school-related activities, making it hard for the young person to succeed in the school environment. Completion of homework in a loud and busy household where young people could be asked to baby sit or assist with the physical needs of others could be very difficult. Similarly getting transport to extra-curricular activities, before or after school commitments, or casual jobs could be significantly compromised because the carer had to prioritise the needs of other children. This could include not having sufficient car space to facilitate the transport of

an older child if they had to take all younger children with them on the journey to a particular activity.

Young people's perspectives of factors that support.

In the discussion of factors that support the school-to-work transition for young people in-care relationships appeared as the most significant supports, and motivators, for the group. In addition to the support offered by carers detailed above, family of origin and school-based relationships emerged in discussions.

Family of origin.

Thirty six, of the fifty-nine young people interviewed at Time 1, had limited, or no contact, with their birth parents. Extended family members were however offered as one of the greatest motivators for the school-to-work transition. Family members who supported career interests included siblings, aunts, uncles and grandparents, particularly grandmothers. Whilst such family members did not typically provide tangible resources, unless they were also carers, it was their modelling of workforce participation or higher education, and their provision of high expectations, encouragement, and career advice that often motivated young people to look to a working future.

“Yeah my nan’s really, really confident for me. She really wants me to maybe go to uni”.

(Time 1 Participant # 30051, 14yo male with salesman aspirations)

Some young people observed the consequences of sibling disadvantage, such as disengagement from school and early parenting. While this was not a support to the transition to work, it was a significant motivator to plan, and focus on, a future career which could provide positive opportunities and resources. Along similar lines, young

people who did mention parents, referred to their desire to achieve different, more positive, adult outcomes.

“Yes I just said that I needed a better job for myself and for my younger siblings and my other sister because she’s suffering quite a lot herself....Well, she’s tried to die a couple of times and she thinks that it’s worthless because she didn’t really go to school. I don’t know, either she’s just quite all over the place. And – yeah – I just knew that I needed to make something of myself not only for me, but for her to show her that it can be done.....I made that decision when I saw my sister for the first time in four years and she wasn’t looking herself. And I knew that I needed to make a decision not only for myself but also for the people around me”.

(Time 1 Participant #20045, 15yo female, with army nurse aspirations)

“I don’t want people to think, her mother’s a failure, she’s going to turn out just like her mother”.

(Time 1 Participant# 20061, 13 yo female with fashion designer aspirations)

Because of poor experiences with their parents, these young people strove for academic success, stability in their housing and relationships and well-paid jobs. Having such goals helped clarify and reinforce pathways to work.

“....., I’ve talked to other people about it, and they’ve said, you know, you know, why do you want to do this with your life, and I think it’s because, you know, there were so many negatives about living at home, you know, that I think that the most positive one is that I don’t want to be unemployed, I don’t want to have lots of children and be unstable, like my mum was, you know, I’ve just kind of seen what she’s gone through, and I think that’s two of the things that make me really want to change mine, like really want, if you’ve got it. Because there’s so many advantages for working you know, and earning your own money, and not just getting, you know, living off Centrelink or whatever, you know, and just having lots of children because that’s what you can do, you know, that’s the

only, and like having lots of, I guess, men in your life, just because you feel that they're going to love you, you know? So I think, yeah, like I just want to, I guess I want to be stable, work and have, get married, and have a family of my own".

(Time 1 Participant # 20166, 15yo female with air steward aspirations)

School-based relationships.

Young people also described teachers, school principals, and guidance officers as supports to the school-to-work transition. These school-based personnel facilitated career exploration, and the development of career interests, as they provided information on education and career pathways, ensured correct subject choices, arranged work experience, and created supportive and constructive relationships with the young people.

"The teachers, they were always giving me – like the subjects that I was doing, like the hospitality and that sort of stuff, I was always getting praise and stuff from them, and they were telling me that a chef would be a good option for me to go for and all that sort of stuff".

(Time 3, Participant # 20001, 17yo male, with chef aspirations)

Young people made special mention of the teachers or other school personnel who would seek them out, often unprompted, to check on progress and provide information updates. This kind of approach made them feel valued and special.

Young people's perspectives of factors that impede.

Young people in-care described a range of factors that impeded their school to work transition. These included bureaucratic processes, lack of physical and personal resources, variable Education Support Plans, and negative perceptions of young people in-care. All are described below.

Bureaucratic processes.

Bureaucratic processes described by young people included the workers of the statutory agency failing to sign forms, which required a guardian's signature, failing to provide information, or funding, in a timely manner, and failing to supply personal identification, birth certificates and tax file numbers. Without birth certificates and tax file numbers young people were significantly impaired in the job application process which required such legal documents to confirm identity.

“It [a form requiring signature] goes to your CSO then it goes to her team leader and then it goes up from that and again. By the time it gets all the way up there and gets all the way back the forms usually sometimes get lost or – there is always some excuse that something has happened and you are unable to go”.

(Time 1, Participant #30041)

Additionally, some young people felt that the statutory agency prioritised the needs of younger children, was rigid and inflexible, and operated to a schedule, or had rules that could not be bent. This was exemplified in feelings of frustration when workers advised they were busy, bound by rules, and could not accommodate or flexibly respond to individual needs.

Physical and personal resources.

Lack of resources, such as computers, textbooks, transport and money could act as a significant barrier to the education process. Between Time 1 and Time 3, resourcing issues became more pronounced. For young people close to exiting care, access to stable housing could be influenced by their inability to negotiate a lease. As a 16 or 17 year old, they were not legally viewed as an adult, and thus could not sign a residential lease agreement in the residential tenancy market. Applying for a job without a stable address was difficult for the obvious practical issues like storing

belongings and having access to amenities, but employers also liked to know an address. Young people further advised that when accommodation was unstable accessing unknown public transport routes and changed or extended travel times to work could be problematic. Some young people also identified the need for a driver's licence and their own car for access to jobs and undertaking the job role, but could not always access driving lessons, and did not have sufficient funds to purchase and maintain a reliable vehicle. Many jobs stipulate a driver's licence as an employment criterion even if actual driving is limited.

A few young people, in discussing home-based resources, found that with ageing foster carers, who had not experienced the education system, or a workplace, for some time or ever, they could not readily access technological, or career pathways information. Foster carers simply did not know how to answer their questions about higher education pathways, workplace requirements, technology issues or the like.

A lack of personal resources was also identified as an impediment to the transition to work. A few young people identified factors such as poor school performance, poor literacy skills, low self-esteem, poor academic achievement, future uncertainty, and depression. Some young people who faced such issues did not feel confident, or able, to enter the workforce where skills and knowledge were required.

Variable Education Support Plans.

In the discussion of access to resources young people were asked about Education Support Plans, provided in current policy. According to the policy, Education Support Plans should be devised in collaboration with education, child safety, and carer personnel, and the young person themselves, and should focus on the supports required to progress the young person successfully through school.

According to young people, such plans varied in their application and

effectiveness. Almost half of the young people advised they had never had an education support plan meeting or an education support plan, or had an out-dated plan, while others said they had one, but did not know what was in it. Some young people who identified having an education support plan, said that while their needs had been identified, the plan did not result in the provision of support or resources. It was estimated that only about one half of the young people interviewed at Time 1 had an Education Support Plan, and that overall, Education Support Plans were not operating as intended.

“I think I was listened to but not much was done about it, it seemed”.

(Time 1, Participant # 20112, 18 yo female with clerical aspirations)

Negative perceptions of young people in-care.

The perception that young people in-care were viewed negatively, could also impede a young person’s transition to work. Young people thought it was harder for young people in-care to get a job, and that employers would see them as too much trouble. This was reinforced for one young woman who tried to apply for casual jobs while still at school, and was not accepted after employers learnt she was subject to a child protection order.

Participant: *“Because a lot of the people think that kids are in foster care because they can’t be handled and they cause a lot of trouble for people”.*

Interviewer: *“Ok. So who do you think, thinks that?”.*

Participant: *“Because I’ve been offered a couple of jobs and I’ve gone in and explained myself and they have to talk to my CSO [caseworker], then they realise I’m in care, and it just doesn’t work out from there”.*

(Time 1, Participant # 20150, 16 yo female with childcare or children’s counsellor aspirations)

“I have heard people talk about kids in foster care. It is like we are the bad

ones, like we are drug fucked and angry and schizo maniacs”.

(Time 2, Participant # 20043 18yo female with childcare aspirations).

Having to explain their backgrounds, placement arrangements and legal status to a prospective employer was not palatable to these young people and was best avoided.

Longitudinal data.

Fifty-nine young people participated in one interview, 45 young people participated in two interviews, and 23 young people participated in three interviews, over an 18-month period. Longitudinal qualitative interviewing was undertaken in this study to uncover and understand change over time, that is, how young people changed over time and how young people responded to change.

Longitudinal data revealed that young people’s job aspirations remained consistent across time, as did the participant’s views of the roles of caseworkers and carers. It was the perception of barriers to the career development process that was most notable over time and as young people approached their exit from the care system.

At Time 3 a greater percentage of young people were living independently, that is, they were managing their own finances and housing even though they were yet to turn 18 years. Messages at Time 3 have been noted above, but are listed here to aid the reader understand barriers identified as young people were closer to exiting care, or had exited care. Specifically, young people mentioned concerns regarding future instability and being released from care. Of particular concern was the inability to negotiate a residential lease, and the inability to drive or access a car. Stable accommodation was seen as essential if young people were to consider training or employment and not all young people had certainty in their future accommodation.

Limited finances were of great concern to those approaching the transition from

care. For one young person the concerns about money and how to survive independently were exacerbated by his unsuccessful attempts to access scholarship or bursary funds for disadvantaged youth. This young person who had obtained an entry to university was in care, and had been in care most of his childhood. He had moved interstate to attend university (and to be closer to extended family members who he knew by name only), and had no stable accommodation, but was inexplicably deemed as not meeting the disadvantaged student eligibility criteria and was thus an unsuccessful applicant for the university- administered funding. When he queried this decision-making he was not offered a rationale, just a refusal for assistance.

The inability to access legal consents and essential legal documents like birth certificates, citizenship, and tax file numbers, in a timely manner created considerable concern for young people wanting to access work or work-related activities. As young people aged and got closer to age 18 years issues such as poor literacy skills and low self-esteem became more significant for some of the young people in this study as they understood how critical these skills were when independent.

Summary of young people in care perspectives.

According to young people in-care, caseworkers did little to influence or help them in their school-to-work transition. Infrequent caseworker contact, casework that focused on placement and family contact issues, and high staff turnover, all contributed to limited discussions and exploration of career interests, goals or activities. Overall, participants suggested an acute casework approach, characterised by a lack of future focus, did not allow for caseworker influence of career aspirations and expectations or career development assistance.

Respondents identified carers as the main providers of tangible and emotional resources, including encouragement and career modelling, which assisted career

development. While support for the school-to-work transition was largely derived from carers, it could also be provided by extended family members, rather than parents, and school-based personnel such as teachers and guidance officers. While extended family members rarely provided tangible resources, it was their high expectations, encouragement, and both positive and negative life experiences, which often motivated young people in-care to strive for a working future in order to be different from parents and not to be seen as a failure. Teachers and guidance officers provided information regarding career interests and pathways, organised work experience, and provided emotional support and encouragement. Overall, the nature of the young person's relationship with significant others, could shape transition processes.

Impediments to the transition to work included poor personal and environmental resources (including low self-esteem, poor literacy skills, lack of housing and transport), negative perceptions of young people in-care particularly by prospective employees, and the inability to access formal identification, tax file numbers, and birth certificates. Application forms for such documents required a guardian signature. For young people in-care their guardian was a delegated officer in the statutory child protection agency, who could often be difficult to contact, and who did not always provide the signature in a timely or efficient manner. Synthesis of the data suggested that for young people in-care there was little focus on the future, that is, how young people in-care would manage and function in their adulthood and what resources they would need past the age of 18 years. The longitudinal data exemplified this with young people close to the exit age who revealed their concerns about lease negotiations, driver's licences and access to a car, finances and the need for adult documentation.

Caseworker perspectives.

Demographics: Caseworkers.

Fifteen child protection practitioners participated in an interview. Fourteen of these were employed by the statutory child protection agency. The one other practitioner was employed by a specialist, funded, non-government organisation, which provided intensive casework for adolescent young people in-care. Included in this sample were two senior practitioners (experienced workers who provided casework direction), one support officer (a less qualified worker who provided practical assistance to young people in-care), and 12 caseworkers (who had case work responsibility for children). There were 13 women and two men. Most were aged less than 40 years, that is, six were aged 20 to 30 years, five were aged 30 to 40 years, one was aged 40 to 50 years, and three were over 50 years. Eleven who were working as caseworkers in the statutory agency had less than five years experience. The twelfth caseworker, employed in the non-government agency, had nine years experience. The senior practitioners and support worker all had more than 15 years experience. Eight of the caseworkers worked in the metropolitan area, and seven in regional and remote centres.

Qualifications included six with psychology degrees, two with social work degrees, two with teaching degrees, one with a human services degree, one with a criminology degree, one with a social science degree, one with a community welfare degree, and one with no formal qualifications.

Caseworker data sorting.

This section presents data obtained from caseworkers regarding carer and caseworker career-related activities, and the supports and barriers to the career development process. The data are presented in Table 7. Descriptive data follow.

Table 7

Perspectives from Caseworkers: De-contextualised, Re-contextualised and Synthesised Data

| Stage 1: De-contextualised data | Stage 2: Re-contextualised sub- categories | Stage 3: Synthesis |
|--|--|--|
| <p>Caseworker activities</p> <ul style="list-style-type: none"> • Large caseloads • Time with young people and working relationships hard to achieve • Safety focus-address primary not tertiary needs • Paperwork vs. casework • Workers are typically young and newly graduated-limited personal work histories • Limited knowledge of , and no training regarding career development • Role delegation-career development is a school responsibility • ESPs tokenistic, stigmatising, not delivering | <ul style="list-style-type: none"> • Bureaucratic priorities • Crisis driven/safety focussed • Manage not shape • Limited experience • Policy in Practice | <ul style="list-style-type: none"> • Acute casework |
| <p>Carer activities</p> <ul style="list-style-type: none"> • Time spent with young person allows for opportunities: homework, resumes, career modelling, identification of educational need • Carer relationships are the conduit to sense of belonging, higher self- esteem, life skills, expectations, extra- curricular activities • Carer support associated with carer's personal resources, work history, access to technology, familial relationship • Training and support offered to carers is | <ul style="list-style-type: none"> • Carers as conduits • Carer status | <ul style="list-style-type: none"> • Carer capacity |

limited

- Volunteer status of care

Supports

- Few examples of transitions to workplace or higher education
- Carer support
- Young person's ability to drive the process and access information and support

- Sense of belonging
- Personal motivation
- Carers
- Lack of future focus

Impediments

- Pre-care experiences
- Unresolved trauma
- Intellectual and behavioural deficits
- Attachment disorders
- Mental health
- Dehumanisation
- Complex needs and drug use
- Inability to comply with authority
- Young people have low expectations of the future, limited expectations of worker assistance
- Young people are unclear about caseworker role
- Lack of post-care support
- Early discharge from care
- Competing casework priorities
- Unclear funding guidelines
- Poor inter-agency communication
- Inadequate educational resources
- Lack of caseworker knowledge
- Limited transition from care supports: whitegoods, computers
- TFC too late and often ineffectual

- Psychological factors
- Low expectations
- Structural factors
- Transition from care policy
- Lack of future focus and the backward glance

Caseworker perspectives of caseworker assistance.

Bureaucratic processes.

Overall, caseworkers were consistent with the views of young people, and indicated that they offered little assistance for the school-to-work transition. Caseloads were large, and time spent with young people was limited. Staff turnover was high and as a result, working relationships with young people were hard to achieve and maintain. The general casework approach was to act as a case manager, by referring casework services to other agencies, rather than undertaking the casework directly. Caseworkers suggested that work with young people was further hindered by their need to comply with agency requirements around paperwork, and the completion of information system requirements which were measured in their “throughputs” data, that is, monthly performance data.

“...it’s an incredibly regulated industry. And sometimes a cynic might say that it’s more geared towards regulation than anything else, there’s so much pressure to actually provide all the necessary paperwork, that that takes away from time you could actually be doing the logistics of case management, the quality time”.

(Caseworker # 2).

Crisis driven and safety focused.

When caseworkers did work directly with young people the work tended to be reactive, or crisis driven, rather than responsive, and was focussed on “safety”.

“I think that for us, it’s got to be the safety and the protection of the children has to come first, unfortunately a lot of their emotional wellbeing comes later or it gets palmed off to a counsellor or a psychologist or something like that”.

(Caseworker #12)

Most caseworkers expressed the belief that their first priority was the young person's safety, that is, their immediate physical safety, and their need for accommodation. Education and preparation for employment were generally seen as issues of wellbeing, which could be overlooked, or viewed as "tertiary services" within a large caseload of competing safety needs. Tertiary services were rarely offered given the nature and demands of the role.

"So you know in some respects career planning and career coaching is a tertiary level activity for CSOs and sometimes we're down to primary level of, well no, well actually, you need to clean your teeth and you need to just basic self-care stuff is not done. So obviously that stuff is going to get left behind in the wake of the primary level needs of these children. Particularly if a child has an extreme neglect background, basic self-care maybe something that they just don't have at all. So you know, if you're still dealing with those issues at 15 years of age, the possibilities of doing the career coaching stuff are really limited because their social, intellectual, educational everything would have been negatively impacted upon already. So they're not – they maybe aren't even ready to look at that kind of stuff until they're 25".

(Caseworker # 1)

If it did occur, discussion of future career could be narrow and superficial, and access to career-related resources could be influenced by the worker's perception of the organisation's priorities. That is, time spent exploring career resources was not a priority for crisis driven caseworkers or caseworkers in a reactive, rather than responsive, position.

"If you only get one thing out of this interview, let this be it and that would be probably my overall perception is that by its nature child protection has some core non-negotiable outputs or issues that we have to deliver on. Obviously the primary one is safety of children, and the next is stable placements, and you kind

of worked out almost a bit of a hierarchical list and obviously risk assessment and safety right up the top. 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 wellbeing issue, it's of tremendous importance to people but in terms of the deliverable stuff, it always gets trumped by other things. So the major flaw in [location] would be that while workers might have a personal commitment or even a professional skill base to do it, it rarely is there for them to employ consistently and well, because there's no particular resource base around it so there's not like positions that are around transition from care or particular sub systems or functions within the broader system".

(Caseworker #15)

Along similar lines, one worker suggested that caseworkers had to deal with primary needs, and that the role of caseworkers was to manage, not shape, young people. This comment reinforced that for many caseworkers, the focus of casework was on the present and the management of daily issues, not the development, crafting or shaping of a young person's life and wellbeing outcomes. Future adulthood, and the future self-sufficiency and wellbeing of young people, could not generally receive casework attention when there were competing demands for time and resources.

Experience.

Caseworkers advised that many workers were young, new graduates, with limited personal work histories, and a limited ability to provide career guidance. All the caseworkers advised that career development was not included in their caseworker training as provided by the employer, and admitted having limited knowledge of services that could assist young people's career development. Only two of the workers said they had personally discussed the issue of future career with any of the young

people on their caseload and this had been mostly prompted by their personal experiences of parenting their own adolescents.

Policy in practice.

Most caseworkers agreed that the policies, which focussed on young people's education and ideas for work, such as Education Support Plans, were not working as intended. Some suggested that education support plans were tokenistic, produced inappropriate levels of support, had the potential to stigmatise young people, or included goals that were never followed through.

“The process simply is not functioning as it's designed to. So that's one issue. Then when they do happen, often they can be sort of fairly meaningless documents, often there is the funding available for education support plans, so every [school] principal has access to certain funding across the state. But often, my understanding is that's a little bit of a haphazard process in terms of accessing that funding anyway, and you're not talking huge amounts of money in terms of a single young person, and in my experience, 99 per cent of the time if that ESP funding is accessed, it's accessed to provide teacher aide time. And often that's not exactly what the young person needs, but it's all the school environment can supply”.

(Caseworker # 2”)

Coordination processes regarding Education Support Plan meetings were vague. Some caseworkers thought schools should manage the process, whereas others felt they were responsible for organising the meetings. Because of the poor understanding of the guidelines and confusion regarding role delegation, Education Support meetings could be ad hoc, and might, or might not, include all parties, that is, the young person, carer, caseworker and guidance officer.

One caseworker articulated the belief that because the Education department

received the Education Support Plan funding, career development was exclusively a school responsibility. This caseworker advised that they would not take an active role in the process of career planning, even when the young person's needs were clearly not being met over an extended timeframe and he was close to leaving school and thus the care system.

“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”.

(Caseworker #4)

Caseworker perspectives of carer assistance.

Carers as conduits.

Most caseworkers believed that carers were better placed, because they spent more time with young people, to assist with education and career related activities. From the caseworker perspective, time carers spent with young people allowed them to assist with homework and resumes, identification of tutoring needs, and to provide career modelling. On an emotional level, caseworkers believed that carers could provide young people with an 'anchoring' relationship, that is, a fixed and secure relationship, which in turn provided them with a sense of care and belonging. When young people had such a relationship, and were in a stable placement, there was a view that young people's self-esteem, confidence, and life skills would be promoted and

enhanced, and carers could provide high expectations of educational and future achievement.

“[discussing benefits of long term placement], it’s kind of you grow with an expectation that you will achieve, or you’ll achieve to your level and look at those opportunities, and they [carers] just kind of do it as they would have done with their own kids. Because probably if they looked at the rest of their life, you know, they’ve got friends, they’ve achieved in sport, they’ve got part time jobs, you know?”.

(Caseworker# 6)

Caseworkers viewed carers as the conduit through which young people could access extracurricular activities and part-time work. From the caseworker perspective, such experiences had the potential to assist young people develop general life and work skills, like communication, negotiation, problem-solving, use of technology, and time management. One caseworker believed that extracurricular activities provided by carers had the capacity to provide young people with the opportunity to succeed, to build skills, to be a part of a team, and “be something other than a young person in-care” (*Caseworker 12*). In this caseworker’s view these were important factors for future success and were indeed that factors that supported young people who were not in care to achieve.

Carer status.

While the importance of carer assistance was acknowledged by caseworkers, they also recognised that the support and training offered to carers, by the statutory child protection agency, was limited. Furthermore, there was acknowledgment that the low status of carers, and their volunteer standing, could result in young people being placed with carers who had low levels of education, limited work histories, and

restricted personal resources. Some carer households were crowded, had children of varying ages and needs placed, and did not offer the practical and emotional resources young people required for career development. One caseworker offered the view that some foster carers could be overwhelmed, and that kinship carers, with their existing attachment relationships and future ongoing role in the young person's life, were perhaps more motivated to assist young people reach successful education, job and adult outcomes.

Caseworker perspectives of factors that support.

Young people's sense of belonging and personal motivation.

Overall, caseworkers had few examples of young people who had been assisted with higher education or career development by caseworkers. One worker, with twenty-one years of experience in a large statutory office who had had case responsibility for a high number of young people, could recall only three or four young people who had transitioned to higher education or work. In this worker's opinion, these young people had transitioned successfully because of support, and a sense of belonging, offered by carers rather than caseworkers. Other workers suggested that young people, who successfully transitioned to training or work, were internally motivated and were successful in sourcing information and resources themselves, that is, they were not reliant on caseworker support.

Theoretical knowledge of supports.

Caseworkers did offer a number of suggestions for supports to the school-to-work transition, which demonstrated that in theory, they understood what could improve the school-to-work transition. These suggestions included provision of therapy to address emotional and psychological needs; stable schooling and placements to ensure

relationships, encouragement and security; access to mentors for advice and guidance; and access to accommodation and financial assistance post-18 years, that is, discharge from the care system to increase stability and certainty. Some workers thought that keeping young people in-care up until their early twenties would assist their access to caring relationships, housing and money while they were undertaking training or higher education, and would ultimately support the transition to career and more successful adult outcomes.

Caseworker perspectives of factors that impede.

Psychological factors.

Caseworkers identified young people's psychological issues, which they associated mostly with pre-care experiences, as the main barriers to successful school-to-work transitions. 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. Young people with such psychological challenges often displayed difficult behaviour which was not conducive to employment structures, rules and requirements. Workers also identified that some young people lacked confidence, social skills, and the motivation to participate in employment so did not seek out pathways or opportunities. Additionally they advised that many young people had a lack of positive role models, particularly from their parents who had never engaged in training, higher education or employment and had never suggested or promoted such a course of action to the young people.

Low expectations.

A number of workers identified that young people in-care had low expectations regarding the future, that is, they did not aspire to jobs or higher education, and they had

little information about the assistance that could be offered by caseworkers.

Furthermore, because young people were unclear about the role of their caseworkers, seeing them primarily as the providers of placement and finances, they had few expectations of career development assistance and made no such requests of their workers.

“I guess it depends if they’ve been talking to other kids in-care or to the CREATE organisation. If they have been, they would probably know that we can assist them with that kind of thing. Otherwise, they probably wouldn’t. They probably don’t think that that’s our role”.

(Caseworker #8)

Structural factors.

Caseworkers also identified broader structural factors that could impede the school-to-work transition. Structural factors identified included the lack of post-care supports like accommodation, social support and money offered to young people exiting care. Workers also acknowledged that the system allowed some young people to be discharged early from care, that is, discharged before the age of eighteen years. This mostly occurred because the young person would not comply with the system’s rules, particularly placement rules, and thus could not be easily assisted within the existing structures and resources. Such young people were thus in a position of forced independence at a very young age, well below the age of independence of young people not in care, with no safety net provisions.

Within the tertiary system case plan throughputs and other paperwork completion, which could be quantified through counting and reporting, often took priority over spending time with young people to address future needs. Unclear funding guidelines, particularly regarding educational supports, and poor inter-agency communication, mostly between child protection and education personnel, regarding the

needs of young people were further examples of structural limitations to the school to work transition. Inadequate education resources within schools such as limited literacy and numeracy support programs and limited guidance officer hours could also influence the opportunities for young people in care.

Most notably caseworkers identified the lack of caseworker training regarding career development processes and the lack of caseworker information regarding career options and pathways as a structural factor that could impede career opportunities for young people in care.

Transition-from-care policy.

Caseworkers revealed that transition-from-care policies, designed to assist young people transition to adulthood, were limited in practice. While the policy was clearly articulated and had the provision to assist young people with training and access to employment, in reality young people were generally given whitegoods, or laptop computers, as their transition-from-care resources. Caseworkers further acknowledged that the transition-from-care processes, which should have started with extensive and focussed planning when young people were aged 15 years, were often left to the last few months, or weeks, of a young person's time in-care, and were thus largely ineffectual. Some caseworkers spoke of allocating this transition from care planning to a social work or human services student to complete with the young person as a project while on student field placement. This would occur over a three to five month timeframe, the timeframe of the student's placement, just as a young person was approaching discharge from the care system. The plan was therefore reliant on the student's abilities and knowledge, albeit under the supervision of the caseworker who was attending to the student placement learning activities.

Summary of caseworker perspectives.

Caseworkers indicated that young people in-care received little career development support from their roles. High caseloads, high staff turnover, limited working relationships with young people in-care, and a lack of caseworker knowledge about career processes and services, all affected levels of assistance provided by caseworkers, and the nature of casework delivery. Many caseworkers saw their role as providing for a young person's safety, that is their physical safety and immediate needs. The issue of career development was viewed as a wellbeing issue, or tertiary level service, and was thus afforded less casework priority, and/or regarded as the responsibility of schools.

Almost half of the caseworkers believed that young people's psychological functioning was the greatest barrier to the school-to-work transition. Psychological issues such as unresolved trauma, intellectual and behavioural deficits, mental health issues and complex needs, largely, in the view of caseworkers, resulted from pre-care experiences of abuse and neglect, rather than in care experiences. These issues were at odds with successful engagement in career development processes or engagement in employment.

Structural factors such as inadequate educational resources, unclear funding guidelines, poor inter-agency communication, early discharge from care, and lack of post-care supports were also identified as impediments to the school-to-work transition. Such structural factors influenced young people's access to and use of supports during the schooling and training phase of their time in care. Transition-from-care policies, which had the potential to address future employment, were limited in application, often came late in the transition process, and could be left to undergraduate degree students to manage over a compressed timeframe. Transition from care supports mostly saw young

people receive whitegoods or laptop computers as their transition resources, rather than resources for career planning, research or career goal attainment.

Caseworkers, even those with very long work histories with high numbers of young people, were unable to identify many young people who had transitioned successfully to employment or training. Those young people who had transitioned to higher education, training or employment, had mostly had support from carers and/or were internally motivated, that is, they had not necessarily benefitted from caseworker assistance. Like young people in-care, caseworkers acknowledged that carers played an important role in the career development process. Caseworkers saw carers as having the potential to provide an ‘anchoring’ relationship, in which security, expectations of success and career modelling were provided. Carers were also a young person’s passport to extracurricular activities, which potentially enhanced skills, networks and self-esteem, important for future work prospects and functioning. Because carers had more time with young people, they were also able to provide tangible supports such as assistance with homework and resume writing.

Whilst acknowledging the pivotal role of carers, some caseworkers did identify that training and support offered to carers was limited, and that the low status of carers as volunteers, could mean that some had limited education, work histories, and poor personal resources. Such factors, along with crowded placements containing young people of varying ages and needs, could influence a carer’s capacity, or level of competence, to assist a young person action school, training and extracurricular activities and plan for a successful adulthood.

Carer perspectives.

Demographics: Carers.

Twenty-seven carers were interviewed on one occasion. These included 20 women and seven men. The majority was aged over 55 years with seven aged between 30 and 50 years, 14 aged between 50 years and 65 years, and six aged more than 65 years. 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 experience. Twenty-one of the carers identified themselves as full-time carers, who were not otherwise engaged in paid employment. The sample of carers lived mostly in the southeast corner of the state, where the capital city is located, and also included carers from North and Central Queensland.

Carer data sorting.

This section presents data obtained from carers regarding carer and caseworker career-related activities, and the supports and barriers to the career development process. The data are presented in Table 8. Descriptive data then follow.

Table 8

Perspectives from Carers: De-contextualised, Re-contextualised and Synthesised Data

| Stage 1: De-contextualised data | Stage 2: Re-contextualised sub- categories | Stage 3: Synthesis |
|---|---|--|
| <p>Caseworker activities</p> <ul style="list-style-type: none"> • Infrequent contact • Multiple changes of caseworker • Limited time spent with young people • Lack of follow up • Lack of timely responses • Career development left to carers- caseworkers do nothing to assist • Caseworkers don't know financial entitlements • No involvement in school-related activities-e.g. review of report cards, subject selection, school meetings • Transition from care planning- comes too late • Don't attend ESPs • Don't review case histories-time wasted • Lax about guardianship responsibilities-don't sign forms when needed | <ul style="list-style-type: none"> • Partnerships • Respect | <ul style="list-style-type: none"> • Acute casework |

Carer activities

- Help with homework, subject selection, provision of educational resources and career pathways information
- Facilitation of extracurricular activities and part-time jobs
- Help young people achieve academically
- Ensure young person's persistence
- Overcome legacy of pre-care educational neglect
- Convey financial benefits of work, advantages of educational success
- Expectations of work and family of origin comparison-parents haven't worked, not educated
- Identify strengths, potential and job possibilities

- Increase potential
- Benefits of work

- Relationships

Supports

- Private schools-smaller school populations,
- Part time jobs and work experience
- Peer relationships
- Stability and permanence

- Quality education
- Career Knowledge
- Stability

- Relationships

Impediments

- Slow administrative processes
 - Carer's lack of authority- CSOS delegated to make decisions, not carers
 - Lack of departmental support-limited funding, poor resourcing (computers, phones, internet access)
 - Lack of understanding by schools- negative perceptions of young people in-care, low tolerance of behavioural and emotional problems
 - Placement insecurity
 - Lack of stable, continuing relationships
 - Overcrowded placements
 - Bureaucratic processes
 - Negative perceptions
 - Limited funding
 - Lack of stability
 - Carer demands
 - Lack of future focus
 - Carer capacity
-

Carer perspectives of caseworker assistance.

Most carers were critical of the assistance provided by caseworkers and shared the views conveyed by both young people and caseworkers regarding the infrequency of caseworker contact, high staff turnover and multiple changes of staff, limited time spent with young people, lack of follow up, lack of involvement in school and related activities, lack of knowledge of career resources, and the lack of timely responses to administrative requests. Two themes emerged as unique to the perspectives of carers: partnerships and respect.

Partnerships.

A dominant theme from carers was the frustration at the perceived lack of partnerships between carers and caseworkers.

“It should be a partnership, where we’re both bringing up this child. What do they do? Not much”.

(Carer #10)

Overall, all but three carers felt that caseworkers were no help at all with career development, and that career guidance was just left to them. Two carers verbalised their belief that caseworkers did not know what their jobs entailed, and did not know what was permitted in terms of the provision of resources. Another carer voiced the opinion that caseworkers simply did not have time to take an interest in all young people. Carers noted that caseworkers did not typically review school report cards, did not attend school meetings, and did not talk with young people about subject selections or future careers. Plans or activities related to education or training that caseworkers did commit to, were often not completed before they left their caseworker role, generally with little notice.

“Oh yeah, I mean I’d like to see, our CSO would get involved in that, but it doesn’t happen”.

(Carer # 4)

“We tried to line something up once and it didn’t happen, I don’t know why. CSOs move on and then all of a sudden next month there’s a new person, I haven’t read your case, I didn’t know about that, happens often”.

(Carer #11)

This lack of follow up, and sudden cessation of caseworker roles, also permeated the transition-from-care process, intended to assist young people move to adulthood.

Like caseworkers, carers identified that transition-from-care processes often came late and did not always deliver promised supports. Caseworker turnover and lack of policy knowledge was a significant factor in this perceived ineffectiveness.

“Originally they came out when she was 16 and talked to her about it but yeah basically then her worker left. Then her other worker left. Then she had another worker for a short time and then she left, and then she got a new worker and the new worker didn’t bother contacting M until about two weeks before she turned 18. So it was pretty much, you’re 17 you’ve left school, even though she was still living with us. They didn’t really care”. (Carer # 15)

This young person did not have a case plan, received no transition-from-care funding, and was not eligible for a one-off Federal Government TILA (Transition to Independent Living Allowance) grant of \$1500 because she did not have a case plan. The last worker to have contact with the young person apparently suggested the young person herself was responsible for ensuring she had a case plan and took no action to ensure her case plan was current.

Respect.

Carers felt they, and young people, were often not treated with respect, reporting that certain offices of the statutory agency conveyed a culture of disdain. A lack of respect was also perceived when caseworkers failed to turn up at Education Support Plan meetings to attend to young people’s educational needs.

*“Most carers really hate going in to that office because at the front door at reception, you get “What do you want?”. That starts with the receptionist”.
(Carer # 18)*

“See the CSO is supposed to come to a meeting at school, I think it’s once a year or twice a year. Especially if they’re kids like C, with IEP meetings and stuff. They never show up”.

(Carer #1)

“No. They didn’t come three times. The headmaster just said, “Forget Child Safety, we’ll go ahead with the meeting”.

(Carer # 10)

There was also a view that caseworkers did not review existing file information before they made contact with young people. This resulted in the waste of limited casework contact time, as questions and discussion focussed on information already held in file notes. Because questions focussed on the past, and the young person’s background, so that new workers could get to know the young person, there was rarely any forward planning.

Frustration was also expressed regarding the legal authority of carers. As an example Carer #18 talked of camp forms for young people not being signed by their legal guardians, and young people consequently being unable to attend and missing out on an opportunity to learn life skills and develop networks outside the school environment. One carer (*Carer #4*) could not understand why bureaucratic processes, such as caseworker delegation to enrol young people in school, or provide permission for school excursions, had to exist. If carers could be trusted with the day-to-day care of the young people, why did they not have the authority to sign such approvals?

Overall, carers felt that workers with a poor attitude and a lax sense of guardianship responsibilities had significant negative impacts on outcomes for young people.

“If they’re the guardians of these children, they should be processing what actually does happen with them. They should be talking about what’s going to happen with these children in the future and what we should do, and give them avenues”.

(Carer #10)

“They have to have the right people in the job. They have to have people in the jobs that actually care about the kids”.

(Carer # 18)

Carer perspectives of carer assistance.

Increase the potential of young people.

Carers conveyed similar information to young people and caseworkers regarding carer assistance to career development. Help with homework, assistance with subject selection, provision of educational resources, sourcing of career pathways information, facilitation of extracurricular activities and part-time jobs, all featured in the discussion of assistance to young people. Carers also identified their sense of responsibility to help young people achieve academically, increase their confidence and ensure their persistence. For some carers this involved overcoming the legacy of pre-care educational neglect.

“I believe it is important for D to get his Year 12 because he doesn’t always stick at things and therefore he has got something to lean back on or fall back on if the apprenticeship doesn’t work out”.

(Carer #5)

“Where it has come from, in their past life was, you don’t have to go to school if you don’t feel like it. They barely attended school. He is in my home and they attend school five days a week. That is like really hard and really difficult by the end of the week but you keep it going”.

(Carer #5)

Increasing young people's self-esteem and confidence, developing skills of independence, and the identification of young people's strengths were also described as features of the carer role. Some carers acknowledged that the young people in their care would never enjoy academic success due to cognitive, emotional and/or behavioural limitations. Rather than dismissing the potential of these young people, carers actively sought appropriate opportunities for success and structure.

“He could've sat home and gone on a pension. He had this pension for a few weeks and he said, “This is so boring”. I said “Yeah, it would be, wouldn't it.” Then he went and tried a job in a fast food restaurant – several actually, but because of his problems, and he can't bear to think of having his hands dirty, he's constantly washing his hands. So then he found a full time job in a banana factory making cardboard boxes, which is really good for him, and he's happy doing it”.

(Carer #16)

In general, carers conveyed the sense that the key to their assistance was an established and caring relationship. When such a relationship existed, carers could more readily advocate for the needs of young people, identify the young person's interests, and provide career related guidance.

“Relationships, I guess relationships are the essence of it all. Build good relationships with them, teach them to build good relationships with other people and go from there, yes. Give them hope, give them a sense of community, they can do something, change the world. I say to my kids, you can change the world. You can make a difference, even if it's only a little difference”.

(Carer #13)

Benefits of work.

Messages regarding seeking and having employment as adults also featured in carer interactions with young people. Carers would talk to young people particularly about the financial benefits of work and the advantages of educational success, telling them that if they put in effort at school they would have more options, higher life satisfaction and greater success as adults, particularly financial success.

“Because they see me and I’ve got, you know we live comfortably, and their parents haven’t got two cents to rub together and they’re on welfare and that sort of stuff and I just try and get across to them that it’s important at high school- five years of relatively hard work can save you 50 years of hard work later on. I mean if you learn as much as you can and get a decent job after finishing high school, that can save you 50 years of being a brickies labourer”.

(Carer #11)

“I’ve encouraged them all to work and pointed out to them – because a lot of them come from generations of non-work and I’ve pointed out to them that the future for them is work. They need to do something, they need to have some – and you know as much as possible, choose something that you like”.

(Carer # 13)

Similar to the provision of educational expectations, that is, expecting young people to complete high school and further training, some carers found that providing messages regarding future employment was at odds with the young person’s experience of their birth family where no such experience had occurred.

“I guess to reinforce and make them feel positive and make them understand that when they go out, that a job is a responsibility and also hopefully change how they feel about themselves and give them confidence to improve their ideas because what I’ve found from caring with kids is that they’re sort of on this runaway train where they’re doing the same thing as what the parents have done

so to kind of show them better ways or different ways of life but still allow them to make those choices”.

(Carer #18)

“Most of the other experiences I’ve had, have been with parents who really aren’t up to giving any sort of support or advice or guidance”.

(Carer #2)

Carer perspectives of factors that support.

Quality education.

When asked about the factors that support the transition to work, carers referred primarily to private schooling, and the experience of education. Some carers conveyed the view that the educational environment provided by private schools was better resourced, and more supportive, than that provided in the state (publically funded) system. Because private schools typically catered for the needs of fewer students, and usually operated under a Christian ethos, young people in-care could receive greater encouragement and attention to their educational needs.

“Well, I’ve fought very strongly and I have an understanding with the area office that my children attend private school, because in the State system I don’t believe they were given the necessary supports to catch them up because of their very transient lifestyle and that has had a really negative effect on a lot of children that I’ve had. Now that they’re in a private school the support has been a hundred per cent better. They’re all getting education support not through the ESP[Education Support Plan] program, but privately funded by the schools. They have access to counselling from teachers that are being [inaudible] and they’ve got a really good relationship between the school, myself and the Department is supporting the children which didn’t exist in the State school system”.

(Carer #2)

Career knowledge.

Some carers expressed the view that participation in part-time work and work experience opportunities created environments in which young people could learn about the world of work, clarify their career interests, and learn more about themselves. By participating in part-time work, or work experience, young people were exposed to new knowledge of themselves and careers.

“I’m very, very pro part- time work. I deliberately don’t give young people much, they always get some weekly pocket money, but I don’t give them a lot of weekly pocket money because my expectation is that once they turn 16 that they do have a part-time job to supplement their income. Particularly, I stay at home so they don’t have me as a role model to work, although they are aware that I have worked in the past, but often their biological parents aren’t working either, so that they don’t see the role model of working adult. Yeah, I push the part-time jobs absolutely”.

(Carer #2)

There was also the view that part-time work assisted young people to understand employer expectations and helped them develop a work ethic (Carer #5). Another carer believed the part-time work experience helped normalise the life experience of young people in-care because they met a wide variety of other people with a wide variety of personal experiences.

“Even then, it gets them out mixing with other people. They realise they’re not the only kids from different homes and stuff like that, you know”. (Carer #1)

According to carers, peer relationships were also a valuable support for the development of career knowledge. Peers helped expose young people to different work opportunities, career information and role models.

“You know, what their peers are wanting to do, that has a big bearing on it. If you’ve got a group of kids that none of them have particularly high expectations, then you’re not gonna have one that’s gonna stand out and say well, I’m gonna go to uni [unclear]. They’re all going to stay at that level. Whereas you might get a group of high achievers and they all want to go onto uni, and then they’ll all drag one another along with that expectation of this is what we’re going to do. ...They’re more motivated, and if your friends are going to do it, then you’re all”.

(Carer #16)

Stability and security.

Carer #9, provided a succinct summary of the stability and security theme when they said that the acceptance of children and young people in their care as “family”, was critical to better outcomes. All young people needed to feel secure, stable, respected and valued (Carer #9). There was awareness from carers that young people in-care faced great uncertainty at age 18 years when they were released from care. Carer #4 said it was important for young people to know that they had post-care support, including ongoing connections, accommodation and financial support. Knowledge that young people could stay in a placement post-18 years could make a significant difference to their education and career planning.

“The biggest thing is that she wants to know that we’re going to be here for her”.

(Carer # 4)

“It’s quite interesting that one of the first questions she asked when I had presented her with the information the school had presented her with the reasoning why she should repeat Year 11, her first question was I can still stay here can’t I, because she’ll be turning 18 very early on in Year 12 and that was

when she made the decision to stay here and finish Year 12 and for as long as she needs to. Although I think it was maybe her biological father who repeatedly tells her I only look after her for the money and that as soon as she turns 18 I'll be kicking her out”.

(Carer #2)

Having a stable placement had other identified benefits like the provision of role models from the carer's family (particularly the biological children of the foster carer), predictability, and a safe place from which young people could think about the future.

Carer perspectives of factors that impede.

Bureaucratic processes.

Bureaucratic processes, had, in the opinion of carers, significant impacts on young people and their development of career interests. Because carers could not get permission, or application forms signed in a timely manner, young people missed many opportunities to develop skills and undertake career-related activities. At times, carers would be told their caseworkers were the only people who could sign a consent form. Others could be told that consent for an activity, like a department modelling course, had to be obtained from a worker with a higher delegation than that of the caseworker.

“See...if a girl wants to do a bit of modelling, that's a big pain. Believe it. They've got to get permission from the department. Then the department says no. They've got to get permission in town”.

(Carer #1)

Inconsistent messages like this, and long and protracted processes to have forms signed, lead to high levels of frustration and irritation. Some carers felt that the bureaucratic processes impeded, and undermined, normal decision making processes.

The need to gain authority from a governing body could also stigmatise young people and lead to a lack of autonomy.

Negative perceptions.

Carers identified a number of negative perceptions, which could impact on the school to-work transition. Carer #2 suggested that young people in-care could see themselves as different to their not-in care peers, and that they could have lessened expectations and negative perceptions of their abilities, skills and potential. Schools featured in the discussion of negative perceptions with carers suggesting that some schools assessed young people in care as problematic and as too hard to assist. When young people were perceived in such a negative manner in schools they did not receive the support and focus they needed. One carer (Carer # 9) suggested that schools could demonstrate a lack of understanding of the impact of entering care, and the impact of pre-care experiences of abuse and/or neglect. This lack of understanding, often demonstrated by intolerance for behavioural issues and a lack of flexibility, could have a detrimental effect on the educational progress of the particular young person. In this carer's opinion, negative perceptions of young people in-care could be disillusioning for young people, leading to them giving up on education and future work plans.

Limited finances and resources.

Limited finances and resources also featured in the carers' discussion of impediments. Like young people, who identified limited physical resources, and caseworkers, who discussed structural barriers, carers detailed the impact of restricted finances on young people. Young people could be denied tutoring, or have tutoring withdrawn at the end of financial year, because of limited budgets, not because it was no longer required. Limited funds could also result in a lack of individualised support and the experience of difference, especially in access to mobile technologies, from not-

in-care peers.

“She’s only one of the three kids in her class that doesn’t have a mobile phone, which she’s not getting, and she’s the only child in class that doesn’t have the internet at home”.

(Carer #4)

The timing of the withdrawal of funding also featured in the conversations of a number of carers. Carer # 10 remarked on how the department could cease financial support at age 18 years, even if the young person was still in high school and clearly remained in need of assistance. Carer # 8 lamented the timing of discharge from care and commented that at age 18 years young people were already experiencing a number of changes and transitions, and that they would benefit from extended support.

The issue of overcrowded placements also featured in the perspectives of carers regarding impediments to the school-to-work transition. This issue has been coded within the study as *limited resources*. According to one carer when placements were overcrowded, carers were limited in their ability to meet the requirements of young people, particularly their school-related requirements.

“Overcrowded placements, I don’t think people should have fifteen children in care. How do you care for all of those and know what their individual needs are? How do you attend all those meetings at school and are there for them? I mean, when you’ve got 15, how can they get time, just say quiet time to talk to you about concerns or what their ideals are? How do you run around and make sure that this child needs to have this done and this child needs to do that?”.

(Carer #18)

Lack of stability.

While stability was viewed as a factor that supported the transition from school-to-work, carers identified that a lack of security, particularly a lack of secure, ongoing, relationships was a barrier. This was best conveyed by carer #13, with the following quote:

“The greatest barriers -insecurity of their placement, like moving backwards and forwards, and backwards and forwards, so they have no, they have no feeling of relationship, secure relationship with someone. I think that’s the biggest barrier. I’ve seen it with C’s older brother. He moved from a placement that he’d been in for many years when he was, it was a bad placement and he moved from it and then after that he basically just lived in a room with the next two or three different lots of carers and he had no-one to turn to. No-one had cared whether he lived or died and I’ve seen him make some really bad decisions, drinking and tossing in jobs and living on the street. At the moment he’s back with a grandmother who really isn’t able to look after him but he’s there because it gives him a roof over his head and I feel that, for my opinion, if he had had someone who could have, either a carer or a transition person who could have kept in touch with him, even after he left care, it may have made a difference”.

(Carer #13)

Summary of carer perspectives.

Carers reinforced the information provided by young people and caseworkers regarding the school-to-work transition assistance provided by caseworkers. Carers conveyed the perspective that caseworkers were largely uninvolved in education or career related activities of young people. In their view, caseworker time with young people was limited, infrequent, often uninformed, and case plans often received no follow up. This was seen as due to high caseloads, staff changes, or lack of worker knowledge of entitlements and guardian obligations.

Overall, carers believed that there was an acute approach to the care of young

people. Despite caseworkers having the legal delegations of guardians, carers were basically left to meet the needs of young people, with legal delegations impeding their ability to meet the requirements of young people. Carers conveyed anger and frustration at their perception of the lack of respect offered to them by child welfare staff. In their view a partnered approach to the care of young people was lacking. In their opinion some caseworkers were lax in their fulfilment of guardianship responsibilities, or did not have the necessary personal qualities to relate well to young people.

In relation to career activities, carers saw it as their responsibility to provide the tangible and emotional supports, previously discussed by young people and caseworkers. They also identified their responsibility to identify individual strengths, and increase the potential of individual young people. Some believed that they assisted young people to overcome the legacy of their abusive pre-care experiences. As young people in-care placed with carers some young people were exposed for the first time to the financial and material benefits of work and received active encouragement to achieve as adults. For many young people in-care, family experiences of employment, or expectations of participation in work, were limited.

The carer perspectives of the factors that support the transition-to-work focussed on education quality, development of career knowledge and stability. A number of carers were of the firm view that the unique needs of young people were better served in private schools, where smaller numbers and a Christian ethos facilitated a more sensitive, individualised and relationship-based approach to the young person's education. Relationships, particularly peer relationships, were also seen as valuable mechanisms in, and by which, to enhance career knowledge. Friends, and their parents, had the potential to expose young people in care to knowledge about jobs. Belonging to

a peer group also had the potential to increase educational and work aspirations because young people were exposed to complex career goals through their peers. In the view of carers, stability of placement and ongoing, stable relationships were key to education and career planning. Without a stable placement, or the knowledge that supports would be available post 18 years, young people could not make firm plans regarding their education and training pathways.

Impediments identified by carers triangulated the factors identified by young people and caseworkers. Bureaucratic processes, negative perceptions of young people in-care, limited funding and resources, and a lack of stability were all identified. In turn these were analysed and coded in this study as a lack of future focus and carer competence.

Chapter Conclusion

This chapter presented both the quantitative results from the self-administered survey to young people in care, and the qualitative results from the semi-structured interviews conducted three times with young people in care, and once with carers and caseworkers. Quantitative data revealed that the majority of young people in care aspired to complete Year 12 and TAFE, while almost a quarter wanted to attend university, and that the majority had clear ideas about future job types.

Despite these aspirations, the study's findings suggested that young people in care received very little career development support from caseworkers. Casework delivered to young people prioritised safety and bureaucratic administrative needs and lacked a future focus. Caseworkers, faced with high caseloads and high system reporting demands, paid little attention to career development and adult functioning of young people in care. Instead, young people in care relied on carers to provide both tangible and emotional supports to the career development process. While most carers

did assist and support young people to undertake education and consider future work, young people identified that some carers could be besieged with the care of young children with complex needs, which left little room for their school, extracurricular, training and career requirements. Findings suggested that carer expectations of achievement, across placement types, correlated with young people having higher career aspirations. As identified in the qualitative data, relationships, in which career expectations were expressed, modelled and supported could be central to the development of career aspirations for a young person in care.

The following chapter, the discussion chapter, examines the four key themes synthesised from the data obtained from the three participant groups: acute casework; carer capacity; relationships; and lack of a future focus.

Chapter 5: Discussion

The development of career interests and the translation of those interests to career goals and actions involves, but is greater than, educational achievement, which is more typically the focus of research concerning young people in care (Bilson et al., 2011; Lent et al., 1994, 1996, 2000). Planning for and obtaining a career generally begins in adolescence, is not a one-off event, and involves an understanding of multi-dimensional factors (Super, 1980, 1990). Social cognitive career theory has explained career development as a distinct process in which career choices are shaped by a person's characteristics, their background, and their learning experiences (Lent et al., 1994, 1996). Who individuals are, how they see themselves, how they make sense of their environmental resources, how they experience a sense of accomplishment, what they learn through everyday interactions, and who, and what, they are exposed to, all contribute to how they judge what they are capable of (self-efficacy), and what they can expect to achieve (outcome expectations) (Lent et al., 1994, 1996). Both self-efficacy and outcome expectations influence career interests, formulation of career goals, and the plans involved in reaching those set goals, but may be moderated by contextual influences (Lent et al., 2000). Contextual influences include supports and barriers, such as levels of encouragement, financial assistance, or the availability of accommodation (Lent et al., 2000).

Young people in care may experience a number of compromising personal and structural factors. Pre-care experiences of abuse, neglect, trauma, and exposure to low rates of school and work participation; and in-care experiences of placement and school instability, limited access to extracurricular activities or paid work, fractured family, carer, caseworker and peer relationships, low expectations of performance, poor educational outcomes, and compressed transitions to an unsupported adulthood; all have

the potential to influence career self-efficacy and outcome expectations. Low levels of self-efficacy and outcome expectations lead to non-specific career and job goals.

Without specific goals, poor employment and adult quality of life outcomes are likely.

Research regarding the employment outcomes of young people in care has, to date, made little reference to career development theory, or processes, for young people in care. This study which aimed to explore the assistance provided, and the supports and barriers which existed, when young people in care formulated career interests and made career goals, relied on social cognitive career theory to make sense of the study data. The four key themes identified in the qualitative component of this study, *acute casework*, *lack of future focus*, *relationships*, and *carer capacity*, are consistent with the social cognitive career theory propositions (Lent et al., 2000), that personal and contextual factors, can influence both the formulation and pursuit of career goals. This chapter will discuss the characteristics of each theme, link findings from the quantitative phase, and make suggestions for practice directions.

Acute Casework

Within an acute casework approach, which was the primary approach of caseworkers in this study, caseworkers dealt predominantly, and almost exclusively, with matters of crisis. Issues of accommodation and physical safety, or ‘primary needs’, as described by caseworkers, were prioritised. Time spent with young people was limited, relationships were rarely formed, and planning for ‘tertiary needs’, as career development was identified, occurred infrequently. Work within such an approach could be stressful, and staff turnover was high. Change in staff resulted in a loss of historical understanding of a client’s case. With each new worker generally came a re-assessment of a client’s past, or deficits, rather than a move forward to solutions, and future functioning.

Consistent with this description of acute casework, most of the young person respondents in this study (74.9%) had experienced more than one change in their caseworker, and saw their caseworkers monthly (48.7%), or less than monthly (33.2%). With such levels of contact, caseworkers barely knew the young people on their caseload, and young people did not view their caseworkers as a reliable form of support or a source of influence. This level of relationship did not allow for the comprehensive identification and development, by caseworkers, of a young person's personal talents, skills, career interests, or career aspirations. Caseworkers with a limited capacity and an acute casework approach were not in a position to enhance learning experiences. Rather, their contact and discussions with young people were generally limited to family contact and placement issues. This, in turn, could mean that a young person's opportunity to increase self-efficacy and outcome expectations was reduced or limited. Without attention to opportunities for personal accomplishment, vicarious learning, social modelling, networking, and feeling competent or talented, the career development process could be compromised. The finding that caseworkers contributed little, or nothing, to the school-to-work transition can be understood within the constraints of an acute casework context.

Career development literature has identified that young people benefit greatly from the provision of adult assistance, at all stages of the career development process. Resources have been developed specifically to inform parents of their role in coaching, and supporting, the career development process for their adolescent children (Alberta Employment and Immigration, 2008; Danville Area Community College Career and Employment Services, 2003). In the development of a career, young people benefit from exposure to different experiences, generally facilitated by their parents or adult carers, in which they can develop skills, talents, values, and general skills which

employers find valuable. Such experiences may include sport, music, drama, part-time jobs, and volunteer roles. In addition to experiences, it is advantageous for young people to have contact with pro-social networks and positive work role models (McMahon & Curtin, 2012). Typically, such role models are open to sharing personal experiences of their career journey. They model workforce participation, and may represent that work can be a rewarding experience. Within a positive role model context young people have the potential to mirror the experiences of significant others, formulate career interests, and develop the informal networks which often assist job acquisition.

Young people in this study seemingly had few such opportunities. While it is increasingly common for adolescents to work in part-time paid jobs while still at school (Creed, Doherty, & O'Callaghan, 2008), the data from this study revealed that the majority of young people in care participants (70.6%) did not engage in paid work. The qualitative data helped explain this with young people's reference to the negative perceptions of young people in care, or view of them as trouble or troubled, and the difficulties young people in care faced when they tried to access documentation essential to casual employment. Instability of placement could also contribute to the lack of participation in paid work. Moving placement could limit young people's ability to access existing, or desired, casual or part-time workplaces. More than half of this study's participants had been in care for longer than five years and the majority of the interview participants revealed more than three placement moves, suggesting that stability and continuous carer relationships were not always available. Across the interview intervals almost one third of participants changed placements and Time 3 saw a doubling of the number of young people living independently before they turned 18 years old. This finding is consistent with other studies which have revealed the

instability of relationships experienced by young people in care, many of whom have had multiple placement and school moves (Havlicek, 2011; Ward, 2009).

Young people in this study did have career interests, aspirations and expectations, that is, they had ideas about what to do when they grew up. Over time, these career interests remained largely unchanged, even when the young person experienced change in living arrangements. In total, 70% of the study's young people in care who were surveyed expected to complete Year 12 (16.6%) or higher, that is they expected to move on to higher education through TAFE (30.2%) or university (23.4%) which is a rate other studies have revealed is not commonly translated. Job aspirations and expectations did vary somewhat however. When questioned about job *aspirations*, or their dream job, the majority of young people listed enterprising jobs² which included hairdressing and cooking, then realistic jobs³ which included building, carpentry, defence, and mechanical jobs, closely followed by social jobs⁴, which included child care worker and youth worker. Almost one in nine listed investigative jobs⁵, jobs which tend to be scientific and typically require a university qualification. In contrast, job *expectation* responses which did not include fifty young people, perhaps because they referred to jobs young people really expected to have and thus created a degree of uncertainty, saw the majority list realistic jobs, that is, outdoor, mechanical type jobs, closely followed by enterprising jobs, that is, business-oriented jobs. When aspirations and expectations were compared, decreases were noted in investigative jobs, social jobs,

² Enterprising jobs, often referred to as *business interests*, attract those who like to influence or persuade. These jobs are often goal or money oriented.

³ Realistic jobs, often referred to as *outdoor interests*, attract those with athletic or mechanical ability who prefer to work outdoors with objects, machines, tools, plants or animals.

⁴ Social jobs, often referred to as *people contact*, attract those who like to help others. Generally social jobs involve teamwork, social interaction, relationship building, and improvement of society

⁵ Investigative jobs, often referred to as *scientific interests*, attract thinkers or those who like to observe, investigate, learn, analyse, evaluate or solve problems.

enterprising jobs and artistic jobs⁶ and increases were noted in conventional⁷ and realistic jobs. Of particular note is the fall in investigative jobs. At the point of considering expectations, that is jobs they really expected to have, only one in fifty considered such a role.

What these decreases suggested was that young people in care really wanted to have professional or highly trained roles, but typically expected to have less complex jobs, which required less training, were cheaper to complete, and were more manual in their orientation. Of concern is that these less complex and more manual jobs typically attract lower rates of remuneration and stability.

Some young people aspired to defence force positions, mostly army positions. These young people discussed the availability of practical supports like accommodation, wages and subsidised university study, as well as a sense of belonging to a defence community. This choice of jobs, and the noted decreases between aspirations and expectations, may be a reflection of the lack of post-18 years support and the difficulty of engaging in higher education, which takes years to complete, is unpaid, requires academic skill, and incurs high fees, factors which are usually supported by parental assistance.

A component of career development assistance involves connecting young people with the resources they need to explore, research, and understand their career possibilities (Wills, Solberg, & Osman, 2012). Career development resources and advisors recommend young people research elements of the jobs they are interested in, perhaps via existing career resources or websites, through work experience, or discussions with people in jobs they may be interested in pursuing (Department of

⁶ Artistic jobs, often referred to as *creative interests*, attract those with artistic, innovative or intuitive abilities. These jobs may be less structured.

⁷ Conventional jobs, often referred to as *office interests*, focus on clerical or administrative tasks. They usually involve following the instructions of others.

Education Employment and Workplace Relations, 2011; Montana Department of Labor and Industry, 2011). Once this research is undertaken, and career interests are consolidated, young people benefit from assistance with goal setting and planning. Young people who can clearly identify the short and long-term steps, involved in reaching a particular occupation, such as suitable school subjects, training options, or higher education courses, are well placed to reach goal attainment. Furthermore, if young people are assisted to determine the supports and resources needed for the goal to be attained, and how barriers could be overcome, they are more likely to be successful.

Acute casework, with an inattention to long-term needs, wellbeing factors, or as described, 'tertiary' needs, and an absence of career development assistance, helps contextualise research outcomes that few young people enter training, higher education, or the workforce (George et al., 2002; Jackson & Ajayi, 2007; Wade & Dixon, 2006). Within the theoretical framework, the acute casework approach may be viewed as a proximal factor influencing career development. Proximal factors are particularly important during active phases of educational or career decision-making, and can shape career choice behaviours. These proximal contextual influences facilitate, or impede, the development and pursuit of an individual's career path, as they have a direct influence on goals and actions, and can also influence the relationship between goals and actions. Specifically, proximal contextual factors may moderate the relations of: (a) interests to goals; and (b) goals to actions (Lent et al., 2000). The theory has suggested that people were less likely to translate their career interests into goals, and their goals into actions, when they perceived their efforts to be impeded by adverse contextual factors, like inadequate support systems (Lent et al., 2000), as described in the acute casework approach. Career related tasks cannot receive the necessary focus within an acute casework environment. While casework continues in this manner, young people

in care will likely continue to experience a lack of attention to factors, such as access to job pathways information, training or higher education requirements, and financial assistance to access, and continue to access, training institutions.

Lack of Future Focus-The Backward Glance

The lack of a future focus also presented as a theme in this research. The study's findings suggested that few caseworkers looked to the future; instead, they adopted a backward glance that was focussed on a young person's history, psychological functioning, and personal impairments. Because the future was not prioritised, planning for the future and practical considerations for the future, were often overlooked. Young people in care often reached their adulthood with fractured educational histories, no birth certificate, no tax file number, no casual work experience, no driver's licence, no permanent accommodation, and no ongoing financial and emotional support, all of which had an effect on their ability to engage in higher education, training and paid employment. Such a focus is contrary to the career development process, which is always considering prospective performance and experiences.

Existing policy, such as transition-from-care planning and educational support, does allow for consideration of the future, and yet consistent with the backward glance and view that young people in care were damaged, or impaired by their histories, these policies were found to be under-utilised, or inadequately applied. Specifically, this study found that Education Support Plans, designed to identify educational needs and ensure appropriate educational support, were not working as designed. About half of the young people in care did not have an Education Support Plan, did not know what was in it, were not part of the planning process, or had plans that were never followed. Reinforcing the concept that structural barriers can impede career development, some

caseworkers considered Education Support Plans to be the responsibility of Department of Education personnel, and did not ensure their completion or adherence, even when they identified clear deficits in planning and were concerned about timeframes.

Within this study, caseworker participants tended to focus on the unsuccessful young people on their caseload, and very few practitioners provided examples of young people who had transitioned from school to jobs, or training, or higher education. Caseworkers, even those with extensive work histories, simply could not recall many young people who had transitioned successfully to work, training or higher education. The existing transition-from-care policy and procedures did allow for employment, training and higher education planning. The *Charter of Rights* for young people in care is legislated in Queensland, and makes reference to young people in care being provided with access to job training opportunities, help finding appropriate employment, and help with the transition to independence, including training and education (Queensland Government, 2012). These policies are clearly stated, the legislation is clearly outlined, and they are future-focussed, that is, they are about preparing young people for an adult life of work, financial independence and self-sufficiency.

Despite the clarity of policy, as found in this study and others (Johnson et al., 2010; McDowall, 2008; Raman et al., 2005), transition-from-care plans were not completed for all young people in care. When they were provided, this study suggested that transition-from-care supports were often in the form of whitegoods and furniture for independent living, rather than training and higher education. Even at the point of transition to adulthood, young people had difficulty accessing essential documents such as birth certificates, and tax file numbers, and had very little support to engage in training courses. Perhaps if workers had a future focus, had confidence that a young person could achieve, understood and saw themselves as part of the career development

process, and considered how young people would support themselves as adults, existing policy would have a better chance of being operationalised.

Within the theoretical framework the identified lack of a future focus may be located as a distal factor, as it has the potential to affect learning experiences through which career self-efficacy and outcome expectations, are developed. A lack of future focus limits the use of existing educational and career supports, may diminish the significance of other learning experiences, and inhibits strengths-based case planning. When there is a lack of a future focus, opportunities for learning, such as participation in extracurricular activities, involvement in paid casual work, attendance at career workshops, career research, or participation in volunteer activities, can be overlooked.

Relationships

Most young people in this study reported limited relationships with their parents. Rather, relationships with carers, school personnel, and extended family members, were a major support or motivator for the school-to-work transition. While practical assistance, like help with homework and transport, was highly valued, it was the emotional support, contributions to self-esteem, career modelling, and information offered in these relationships that young people really appreciated. The study's quantitative data revealed that young people perceived that mostly their carers wanted them to complete Year 12 and move on to higher education through TAFE (29.8%) or university (24.5%) which mirrored their self-expectations regarding TAFE (30.2%) and university (23.4%) completion. Young people referred particularly to the positive messages conveyed to them, mostly by carers and extended family, regarding their intelligence, their capacity, and their tenacity. When such messages were received, young people appeared more engaged with education and career development processes. When young people had others who believed in their ability, encouraged

their education and training, modelled the benefits of work, provided stability, and promised ongoing support, they seemed more confident to explore a range of career options.

Consistent with this qualitative finding regarding the significance of relationships to the school-to-work transition, the quantitative data revealed that type of placement was not associated with aspirations and that when carers had higher expectations of educational attainment young people had higher career and educational aspirations. The statistical analysis also indicated a weak association between caseworker relationship and career aspirations, that is, when young people reported a more positive relationship with their caseworker, they had higher career aspirations. The significance for career development of feeling encouraged within a relationship is explained by social cognitive career theory's distal contextual influence. When an individual feels encouraged and supported and believes in their capacity, learning experiences are maximised and career self-efficacy (judgements of capabilities) and outcome expectations (beliefs about consequences), are developed. The theory explicitly states that distal factors include the types of career role models to which one is exposed, and the encouragement, or discouragement, one receives for engaging in particular academic or extracurricular activities (Lent et al., 2000).

The findings from this study were consistent with other studies that have explored the influence of parent and teacher relationships on education and career outcomes (Schultheiss, 2007; Schultheiss et al., 2001; Turner & Lapan, 2002). Research has shown that relationships with parents and teachers, are significant for the continuance of education, and for career development processes (Blustein, Schultheiss, & Flum, 2004; Burchinal, Peisner-Feinberg, Pianta, & Howes, 2002; Englund, Egeland, & Collins, 2008; Hamre & Pianta, 2001; Tucker et al., 2002; Turner & Lapan, 2002).

Within the context of career development, it has been hypothesised that parental influence and support has a significant, positive impact on a child's career development process (Ferry, Fouad, & Smith, 2000). Some researchers, relying on attachment theory as a framework, have postulated that caregiving relationships lead to the development of internal working models, that is, cognitive representations that reflect the availability and responsiveness of significant others, and the worthiness and competent view of the self (Blustein et al., 1995; Edwards, 2002). Those with repeated positive caregiving experiences learn that needs can be met, the individual can exert influence on others, which in turn leads to a feeling of agency in the world (Edwards, 2002; Surjadi, Lorenz, Wickrama, & Conger, 2010).

Research regarding socio-psychological influences on career choice and work behaviour has suggested that parents, teachers and other adults exert a "socialization" influence, imparting the values of the society which in turn shapes children's perceptions of the appropriateness of occupational related decisions (Astin, 1984 p.121). Parents have also been described as active career influencers and the primary providers of encouragement for their adolescents to reach work goals through the modelling of career-related, goal directed behaviour, and by actively providing career-related learning experiences (Young, 1994). Additionally, Eccles (1994, as cited in Turner & Lapan, 2002) has theorised that parents were "expectancy socialisers" (p.45) who greatly influenced their children's self-perceptions of being academically and vocationally competent. Within this study, carer participants in particular, saw themselves as providing role modelling, expectations, and support, for the career development process. As identified by this participant group, many young people entered care with no experience of educated, or working parents, and low expectations of workforce participation. Carers often had to overcome this legacy by identifying the

social and financial benefits of work, and encouraging school and training participation. For young people with developmental, psychological, or intellectual impairment, carers saw their role as identifying individual potential and work, or employment participation that would suit individual ability.

Teacher-child relationship factors have also been found to predict high school graduation, or dropping out. Students who had positive relationships with their teachers; felt motivated and supported by their teachers; perceived their teachers as caring, encouraging, and responsive; and received guidance and assistance from their teachers, were less likely to drop out of high school (Brewster & Bowen, 2004; Croninger & Lee, 2001; Lee & Burkam, 2003). Young people in this study identified their appreciation of constructive relationships with teachers who provided information regarding work experience, subject selection, and training pathways.

Such findings reinforce the importance, for young people in care, of placement and school stability and perhaps reflect the expressed perception from carers that young people in care were better catered for in private schools, where, due to lower numbers and a caring ethos, there was higher potential to develop teacher-child relationships. Clearly it is important, in the absence of parental care, for young people in state care, to have relationships with other adults who actively contribute to the young person's sense of self, who actively facilitate learning opportunities, who actively express expectations regarding an adult career, and who actively foster workforce experiences and participation.

Carer Capacity

Carers emerged as the main influence on young people's aspirations, self-efficacy, outcome expectations and goal attainment and were highly valued for their emotional and tangible support. All participant groups identified that when carers

provided encouragement, high expectations, career modelling and practical assistance such as help with homework, resumes, part-time jobs and transport, career outcomes for young people in care approached more normative levels. Quality of support could however vary depending on the carer's own history of education, work, and the demands placed on their time. While the majority of carers were viewed in positive terms, the demands of caring for large numbers of children, children of varying ages, and children with special needs could limit carer competency regarding career development. The *carer capacity* theme reflects the identified factors that can have an impact on the career development process.

Young people and carers themselves identified that the ability of carers to assist the career development process could be compromised by the load of caring for high numbers of children or children with special needs. When carers were operating under such conditions their time and resources were stretched. As such they could be tempted to rely on adolescents to assist with childcare or other household duties. In such circumstances homework, school, and work activities for the adolescent could receive lower priority and would miss active facilitation.

Caseworkers and young people identified that some carers were operating with limited personal resources, limited personal work histories, and limited access to technology, and that the career assistance they could offer to young people, was linked with these factors. While child protection statistics reveal the characteristics of children placed in foster care, there are few statistics regarding foster carers themselves. A report by McHugh et al. (2004) which examined features of carers in an Australian state, revealed that the typical New South Wales carer was female, aged 48 years, Australian-born, had completed Year 10 schooling, was not in the labour force and had

been fostering five years or less. Sixty-two per cent of female foster carers study participants indicated that they had no post-school qualifications (McHugh et al., 2004).

Carers within my study themselves identified that their ability to assist young people's career development could be influenced by their lack of career knowledge, lack of partnerships with caseworkers, lack of technological skills, and lack of authority or delegation. When carers advocated for resources to support future functioning, or tried to support successful transitions, they could be impaired by a lack of partnership and respect, the caseworker's limited involvement and their own lack of legal delegations or authority. The inability of carers to provide consent for school, and career-related activities left young people to rely on approvals from caseworkers they rarely saw, and whose bureaucratic processes were slow, cumbersome, and often unable to meet the young person's time requirements. This finding exemplified a tension between caseworker reliance on carers to assist career development and carer's capacity to do so with limited authority.

Carer capacity can be explained as both a distal and proximal factor for career development. An unqualified carer, with no or little experience of higher education or training, no workforce participation, no caseworker assistance and onerous approval processes would be challenged to assist a young person translate their career interests to goal attainment (proximal factor). As stated above, proximal factors are particularly important during active phases of educational or career decision making and can shape career choice behaviours. Carer capacity could also influence what the young person is afforded in the caring context. For example, limited finances, limited career modelling and/or limited access to technology could influence learning opportunities made available to the young person, which in turn could influence the young person's judgements of their talents and skills. Young people who have never had the

opportunity to participate in extracurricular opportunities, or who have never resided with people engaged in the labour market, may best exemplify this point.

Highlighting the Themes in the Social Cognitive Career Theory Framework

Lent, Brown & Hackett (2000) represented their social cognitive career theory in a diagrammatical model. This model outlined the social cognitive influences on career choice behaviour and located factors at particular points in the career development process. The model made it clear that career development was a multi-dimensional process. The four key themes of this study, as well as the common experiences of young people in care, have been added to the model to represent how, and where, these factors influence the career development of young people in care. See Figure 2.

The lack of a future focus has been located on the left-hand side of the model, with an arrow pointing away from the career development process. As previously stated, career development is a prospective process. A future focus is essential to the process of building outcome expectations, developing goals and making a plan. Without a future oriented approach, career development does not receive the attention it needs.

The experience of abuse and trauma, common for young people in care, has been added to the *Person Inputs* section of the model. Young people bring these experiences, which, like other person inputs such as gender, disability or health status, may affect their ability and openness to participate in formal and informal learning settings.

Relationships and carer competence have been highlighted in the distal/background affordances. Relationships can have an effect on how young people view themselves and what they are capable of achieving, and the types of learning opportunities made available to young people in care. Whether they are enrolled in

extracurricular activities, participate in work experience or paid employment, or have the skills to regulate their emotional state, can be determined by organisational funding priorities, that is the direction and availability of child-related costs budgets, and the competing needs of the carer environments.

Acute casework and carer competence have been highlighted in the proximal factors. If carers and caseworkers cannot pay the career development process any, or scant, attention because of their practice approach or level of knowledge and resources, there can be a direct impact on the ability of young people to formulate and establish career goals and plans.

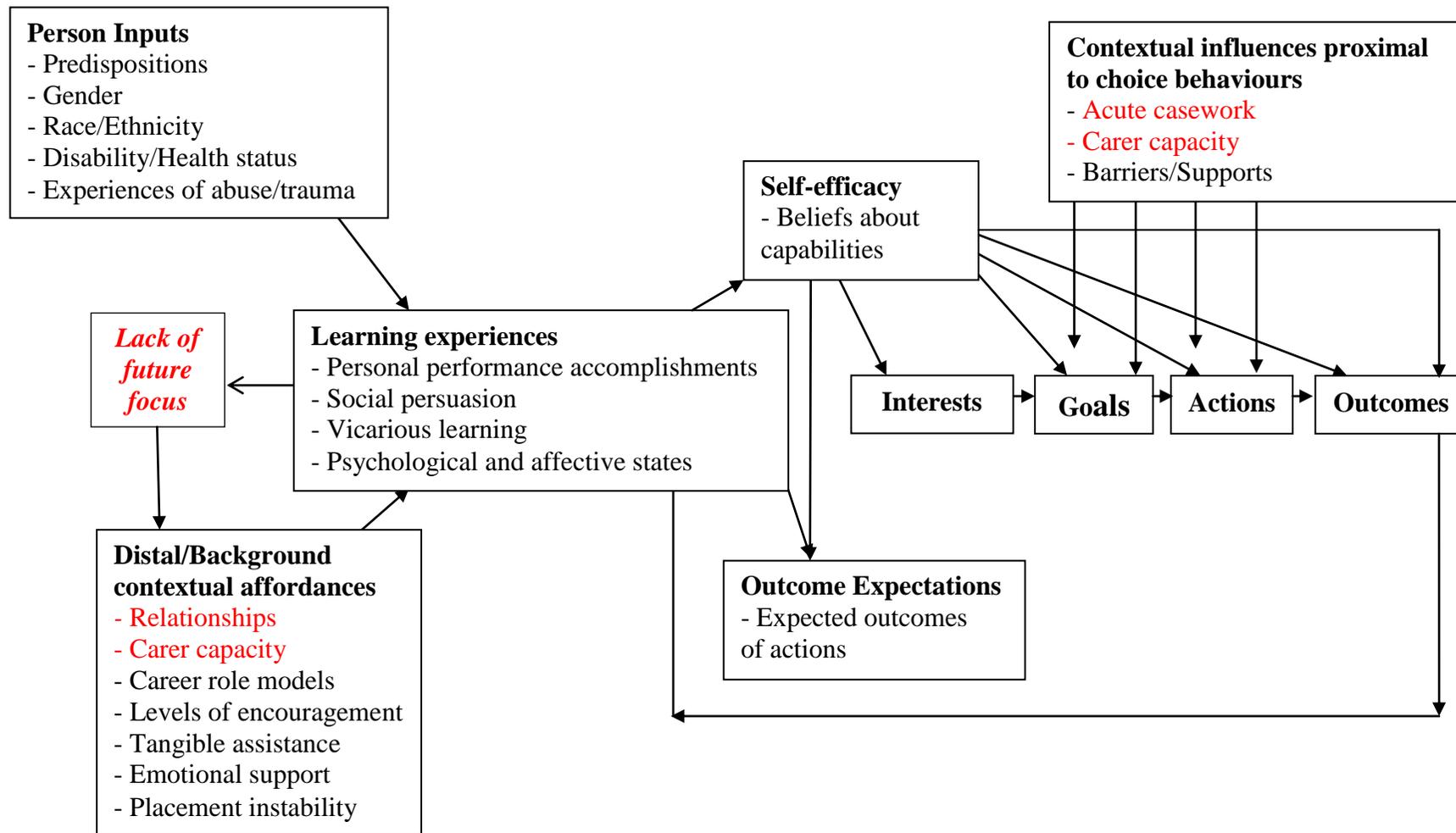


Figure 2. Locating the research themes in the social cognitive career theory model

Practice Directions to Promote Career Development

The knowledge of how the study's themes are located in the social cognitive career theory framework provides the basis for the development of a practice model regarding the career development of young people in care. As a starting point for a practice model, it is suggested the language of current policy should be reviewed. Beland (2011) has said that how a concept is perceived, is a major influence on practice. For adolescents in care the prevailing policy, in Queensland, is *Transition-From-Care*, often referred to as *TFC*. In the UK those transitioning from care are referred to as 'care leavers' (UK), with a legislative framework provided by the *Children (Leaving Care) Act 2000 and a Pathway Plan*, policy. The results of this study have suggested that within a transition-from-care policy framework, workers have a backward glance, focussing on historical events and the psychological effects of abuse. The language of the policy and the reference to 'from care' or 'leaving care' tends to reinforce the retrograde position of the casework lens where the aim is to move from something in the past, not to something in the future. A more strengths-based, future-focussed concept would be *Moving-To-Adulthood*. The language used in such a title would encourage a view of a desired future state and to preparing young people to function as adults, to have a quality adulthood, and to ensure adequate adult resourcing. Potentially, it would increase expectations about the future, and a sense that caseworkers and carers partly owned the responsibility for ensuring young people could function post-eighteen years, as adults. It should be acknowledged that while existing government policy in Queensland does refer to *Transition-From-Care* there have been recent moves, particularly from the Queensland branch of the CREATE Foundation, to incorporate language, that looks more to future functioning. In November 2012, CREATE Queensland launched a *Transition 2 Independence* month to highlight the

ongoing needs of young people moving to adulthood. This month was also held in 2013 and is planned for 2014 and government language is changing in response.

In addition to changing the language of transition-from-care policy, caseworkers and workers from government agencies such as health and education, would benefit from an understanding of, and the use of the concept, 'corporate parenting'. This study suggested that young people in care and carers expected child protection caseworkers to meet the parenting requirements of young people, but were disappointed and frustrated by their low levels of contact, lack of respectful partnerships, and lack of involvement in a young person's life. If the concept and language of 'corporate parenting' was introduced to current policy, caseworkers from a range of agencies may better understand the significance of their role for young people in care. In particular, they may better understand the young person's reliance on them to provide for their wellbeing factors, like stability, a sense of belonging and purpose, learning or development opportunities, physical and emotional health, educational prospects (including completion of Education Support Plans), and career development. Potentially, the use of the concept 'corporate parenting' would expand a worker's thinking regarding a young person's needs, would diminish the acceptance of the acute casework approach, and would increase a collaborative position with other state-provided agencies to enhancing outcomes for young people in care.

Delegations

One of the clear messages from this study was the failure of current decision-making delegations to meet the transitional and adult needs of young people in care. Despite the caseworker view that carers were seen as a conduit to opportunities and adulthood, when young people wanted to attend school camps, excursions, or training courses, they often had to seek the approval of the delegated official from their Child

Safety office. When approvals were not signed in a timely manner young people missed learning or development opportunities. Carers expressed great frustration regarding their lack of ability to make decisions for young people, who had been entrusted to their care. Given that carers do meet the day-to-day requirements of young people, delegation regarding such matters as school enrolment, school excursions, training courses, work experience participation, and part-time work may be better shared with carers, within certain policy limits. This would minimise the problem, for young people placed with carers, of accessing signatures from departmental staff who rarely saw the young person, and did not have the capacity to respond in a timely manner.

Carer Recruitment

Given the role carers play in the career development of young people in care, and the finding in this study that carer capacity can influence the process, suggestions for carer recruitment and maintenance are offered. We know that young people learn from career role models, and that the types of role models to which young people are exposed contribute to the development of career interests (Lent et al., 2000). Furthermore, we know that personal networks increase access to employment opportunities (Rothwell, 2013). Carer recruitment campaigns should be targeted at adults who have completed employment training, or higher education, and are engaged in the labour market. Carer recruitment campaigns concentrated in workplaces and marketed to employed adults may yield suitable potential carers. Additionally, efforts should be enhanced to ensure carers are not overwhelmed, and actually have the ability, resources and capacity, to meet the individual needs of children placed in their care.

Timing the Move to Adulthood-Remaining in Care Longer

Young people may remain in care until age eighteen years, the age at which they legally become adults in Australia. At the age of eighteen years most young people are just finishing high school and are preparing to enter training, higher education or employment. It is a time of uncertainty and challenging experiences. For young people in the general population the transition to adulthood is a gradual process, increasingly protracted by longer periods of education, part-time work during higher education, labour market changes, and the return to a safe base (Fitzsimmons & Sandrejko, 2004). Nearly 60 per cent of 15 to 24 year olds live with their parents, and the proportion of 20 to 24 year olds living at home has increased over recent years (Fitzsimmons & Sandrejko, 2004). Generally, young people are financially dependent on their families for longer, with parents providing their young adult children with material assistance totalling approximately \$38, 000 between the ages of 18 and 34 years (Schoeni & Ross, 2004). The average family's expenditure on a child aged 18 to 24 years is greater than for a child aged between 15 to 17 years, and this remains true at all levels of income (Percival & Harding, 2003). Young people in care cannot typically rely on their families of origin for such support and are without access to extra or 'safety net' finances, after the age of 18 years. American authorities have identified that young people experience better outcomes if they remain in care to at least age 21 years (Peters, Dworsky, Courtney, & Pollack, 2009), perhaps reflecting the more normative experience for contemporary young people.

From a career development perspective we know that the translation of career interests to career goals, entry to training, and goal attainment can be influenced by proximal factors like lack of finances, lack of accommodation and lack of emotional support (Lent et al., 2000). Young people leaving care at age 18 years often face such

barriers, making it far more difficult to achieve career goal attainment. To increase the capacity of young people in care to transfer their career aspirations to career expectations, gain qualifications and attain their career goals, basic support like accommodation and finances needs to be ensured, up to an age, and at a level, where most people can complete training or higher education. Supported housing, training and higher education bursaries or trust funds, access to study resources like computers and internet access, and entry to employment readiness programs, or assisted work placements, should be available for young people to at least the age of 21 years, and preferably to age 25 years. The provision of these resources alone does not however ensure better adult outcomes (Carlos, 2012; Davis, 2011; Day et al., 2011).

Connections to Caring Adults

As this study revealed, ongoing relationships are very important to the career development process and efforts must be made to ensure young people can access others who will support their career planning and progress. One of the best ways to build skills for transition is to have a caring adult teach you life skills, but one who is not paid to do that and who will be with you beyond age 18 years. Ongoing relationships with caring adults should be aggressively sought and fostered, particularly with extended family members like grandparents, and with siblings. This study showed the importance of these relationships to career aspirations and long-term success. Marsh & Peel (1999) conducted a study on the role of extended families in the leaving care process. They found that social workers were not especially good at identifying these key kin, and rarely involved them in leaving care planning (Marsh & Peel, 1999). The implication for policy is that family contact needs to be broader than parental contact. As young people enter adolescence their contact with kith and kin members, likely to be permanent fixtures in the young person's life, should be sought, encouraged

and facilitated. Those with and without work experience should receive a particular focus in network searches.

Career Planning Specialists

To enhance a future focus, and assist young people in care actualise their career aspirations, the statutory child welfare department would have specialised career preparation staff to provide one-on-one career guidance for all young people in care. Such staff could operate from an agency-endorsed relationship-based perspective, within a psychosocial framework, concerned with meeting the young person's inner and outer needs (Schofield, 1998). Appreciating the young person's need for a relational model of service (Dietz & Thompson, 2004) workers would focus on the psychological and emotional issues of identity and self-esteem, to provide encouragement and career guidance to assist young people develop and reach career goals. Part of this role could focus on career planning, decision-making, exploration and problem solving, including assisting young people to develop written goals and to record steps to reach goal acquisition, all recommended to improve career outcomes (Koen, Klehe, & Van Vianen, 2012). Such staff would provide clear and specific information regarding individual career pathways, like subject selection, apprenticeship information, or higher education requirements, and would encourage the acquisition of workplace skills through participation in casual employment. Staff providing such information, and operating in such positions, would have the potential to address the young person's contextual factors (Schofield, 1998) and develop networks with established education, employment and higher education providers, increasing work experience, career research, mentoring and support opportunities for young people in care. Most importantly however, specialised career staff would provide a young person access to an ongoing relationship

in which expectations and encouragement regarding career acquisition would be a priority.

It is acknowledged that for such a role to work effectively young people in care would need to be viewed by the child welfare agency as more than service users whose needs could be addressed superficially. Young people would need to be viewed as individuals with unique needs, deserving of a relational service model. This would involve considerable funding and would require specialist professionals with a commitment to the role. Such staffing would have the capacity to support pathways to employment and reduce future welfare dependence. When young people exit the care system they are often referred to ‘adult’ agencies, which do not respond to the uniqueness of their experiences. Young people need access to professionals who understand the dynamics of being in care, and can provide a mix of therapeutic, practical, and career development responses.

Caseworker and Carer Training

This study suggested that the prevailing casework focus is to keep children in out-of-home care, physically safe, or accommodated. This need is an obvious priority and appears to overwhelm an attention to other issues. This study has emphasised the importance of relationships to young people in care and has outlined repeatedly that it is both individual and environmental factors that influence career development.

Caseworker participants, when asked about barriers to the school-to-work transition made particular reference to young people’s personal motivation, and the impaired psychological functioning of young people in care. Thus, the theme of a lack of future focus, with a backward caseworker glance, emerged.

Given that career development is a life-long process and our labour market is an ever-changing and increasingly competitive landscape, carers and caseworkers would

benefit from an explicit, theoretical understanding of career development, not currently emphasised in departmental training or practice manuals. As identified in this study, caseworkers had very little knowledge of career development and some of the carers in this study had never worked, or had been out of the workforce for some years. While career development knowledge could be introduced through existing caseworker and carer training, these players also need access to career development tools and resources. Participants in this study could not identify where to access career development support for young people in care. Many would benefit from a career-focussed guide to local and Australian web, and hard copy, career resources. Armed with a greater understanding of career development, caseworkers and carers may collaborate more effectively with education and job training specialists. Furthermore, they would understand the need to assist young people identify career interests, research career options and develop clear short and long term career goals.

Practical Supports for Adulthood

This study suggested that, despite the clarity of existing transition-from-care policy, the majority of young people did not receive transitional supports and there were various interpretations of transition-from-care policy. When they were delivered, existing transition-from-care supports tended to be limited to whitegoods, like fridges, and ‘glory box’ belongings, like linen and crockery. Such items allowed a young person to equip an independent home. Whilst such appliances and belongings were needed, there was rarely preparation for entry to the workforce, or support for training or higher education. As a minimum, young people in care should, in addition to their ‘glory box’, be supplied with an Adult Passport including their birth certificate, Medicare card, a bank account, resume and a tax file number before they move to adulthood. They should be assisted to obtain their driver’s licence, often required for

employment participation. The Commonwealth TILA allowance should be applied for as a matter of course, and there should be moves to increase the amount of the TILA allowance which falls well below the level of financial support offered to not-in-care peers, as reported by Percival & Harding (2003).

Extracurricular and Casual Work Participation

From the age of 13 years, or entry to high school, a career development lens should be applied to child protection casework. Emphasis must be placed on developing a young person's natural skills and talents, with a view to encouraging career interests, and their employability skills. Most young people learn what they are good at, and the skills employers value, through their involvement in extracurricular activities. All young people in care should be offered extracurricular participation in an activity that interests them, be it, sport, music, art, drama, or volunteer activities. Such undertakings could occur inside or outside the school environment to facilitate an expansion of a young person's informal networks and exposure to others with similar interests.

This study revealed that few young people in care participated in casual work. From the age of 15 years, young people should be encouraged to participate in work experience opportunities and casual employment, while they still attend school. Caseworkers would need to ensure young people had access to the resources they needed for casual employment such as a resume, birth certificate, tax file number, bank account and appropriate attire. Casual employment is a normative experience for Australian adolescents and greatly enhances the acquisition of employability skills, job knowledge and an understanding of employer expectations (Creed et al., 2008). Work experience gained as an adolescent later assists adult job seeking and attainment, and young people in care should be supported to experience these benefits.

A Practice Framework: Moving to Adulthood

The *Moving-to-Adulthood* framework incorporates the above conclusions and represents a practice approach to the transition to a quality adulthood for young people in care. It specifies the findings of this study namely the suggestions of a change in policy language, a future focus for casework and a corporate parenting approach. It is suggested that as a corporate parent, the state should incorporate four key principles in the practice interventions for young people in its care: (1) Quality care; (2) Relationships for wellbeing; (3) Learning; and (4) Preparation for adulthood.

As the child's corporate parent the state needs to ensure quality care, through targeted recruitment, training and placement processes, and the resourcing of carers and caseworkers. The relationships for wellbeing principle would guide placement stability, relationships with extended family members, extension of the age of support, and a greater focus on a child's wellbeing, including their sense of security and belonging.

In line with the normative adolescent experience, young people in care require learning experiences such as those provided in school, extracurricular activities and casual or part-time employment. Most Australian adolescents participate in paid employment while they are still at school and reap the multiple benefits of this work experience. Corporate parents, operating within a learning principle, should have the same aspirations and expectations of parents of children not in care, that is, that young people will participate in a schooling system that is responsive to their individual needs, they will develop skills and networks within extracurricular activities, and they will develop career goals and actions. Under the preparation for adulthood principle the corporate parent would assist young people with specialist career guidance, that is, assistance to identify career interests, goals and plans. Like parents in the general population the 'corporate parent' should also provide the necessary passport of

documents, assistance and resources to equip young people for adulthood. The *Moving to Adulthood* framework is represented in a diagrammatical model below. See Figure 3.

*Moving to Adulthood
planning for*

In care



Adult quality of life

The State as *Corporate Parent*

The State as *corporate parent* includes a shared responsibility by all government departments, that is, child welfare, health, education, housing, disability. Four principles guide interventions:

Quality Care

Relationships for Wellbeing

Learning

Preparation for adulthood

- Targeted carer and caseworker recruitment
- Enhanced carer and caseworker role and delegations
- Resources for carer and caseworker capacity
- Carer and caseworker training re career development

- Placement stability
- Broaden family contact: parents, siblings, and extended family members such as grandparents, aunts and uncles
- Support beyond 18 years
- Focus on child wellbeing including health, education, social, housing, financial, psychological, cultural, relationship and spiritual factors.

- Increase learning opportunities
- Schooling/education with individual Education Support Plans
- Extracurricular participation
- Casual/part-time employment

- Adult Passports: birth certificates, personal bank accounts, Medicare card file numbers, driver's licence
- Specialist career guidance operates from a relationship basis and incorporates identification of career interests, career exploration, goal setting and acquisition, resume and interview preparation
- Ensure work readiness

Figure 3. Moving- to-Adulthood practice framework

Chapter Conclusion

This chapter has reviewed the four key themes identified in this study: acute casework, lack of a future focus, relationships, and carer capacity and has located them within the social cognitive career framework. Drawing on a theoretical understanding, the chapter has synthesised the study's themes to articulate the practice and policy implications of the findings and produce suggestions for policy and practice directions. These suggestions have been depicted in a *Moving-to-Adulthood* practice framework. The *Moving-to-Adulthood* model outlines a number of principles and practices to increase distal and proximal supports and reduce the barriers to successful school-to-work transitions. These include changing the vision for young people in care by adopting future focussed policy speak with the underlying principles of providing quality care, relationships for wellbeing, learning and preparation for adulthood. The *Moving-to-Adulthood* model includes a focus on recruitment of carers with employment experience, incorporating career development theory in carer and caseworker training, extending the age of state care, and incorporating specialist career guidance roles in the child welfare agency. To increase the normative adolescent experience the model also suggests reviewing delegations for educational and learning activities, expanding the notion of family contact, increasing opportunities for the development of career interests, knowledge and skills through extracurricular participation and casual work, ensuring access to career and adult-related documents, and increasing access to career resources. This framework suggests a change in thinking about the casework offered to young people in care, that is, casework should reflect general parenting responsibilities, be relational in nature, and be future focussed with an aim to ensuring young people in care enjoy a quality adulthood. The following Conclusions Chapter overviews the

contribution of this study, including the study's limitations, and details possible areas for further research.

Chapter 6: Conclusions

This exploratory research aimed to examine the transition from school-to-work process for young people in care and the role of carers and caseworkers in this progression. With the underlying assumption that both quantitative and qualitative approaches could produce knowledge and different perspectives of the same problem, mixed methods were designed to elicit the lived-experience knowledge and interpretations of carers, caseworkers and young people in care. The research design incorporated the view that young people were competent and capable research participants and that a comprehensive understanding of the role of the state in preparing young people for their school-to-work transition would be gained by including three participant groups.

Contribution to Knowledge

This study has made an original contribution to the knowledge of young people in care and their transition to adult career activities and lays the groundwork for the development of comprehensive theory, informed programs and strategies that aim to improve the school-to-work transition. The study found that most young people: (a) had identified career interests; (b) maintained these interests over time and across placement changes; (c) had expectations they would finish school and go on to TAFE or university which mirrored their carer's expectation of their educational attainment; (d) had career aspirations that were independent of placement types but were higher in complexity than expressed career expectations; (e) had caseworkers who did little to assist career development; and (f) received most career development assistance from carers who largely felt they were unsupported by the staff of the child welfare agency. The findings suggested that caseworkers were constrained by a casework approach that looked to basic needs and past deficits in the individual child, rather than to a future of

possibilities and aspirations. Casework was characterised by an emphasis on placement and parental contact, rather than on wellbeing, or longer-term concerns of adult functioning. This acute casework approach in which caseworkers had irregular contact and limited relationships with young people, teamed with a ‘backward glance’ perspective meant that existing policies designed to assist young people in later life were under-utilised, and planning for an adult future rarely occurred, or was limited in scope. Young people did not generally have their talents and skills fostered, and those who did try and gain work experience or access to higher education found it difficult to combat negative perceptions of young people in care, and/or were challenged to access the resources they required to facilitate employment or training.

The study found that career development generally fell to carers who raised aspirations and expectations of educational performance, provided an attachment relationship from which the young person could explore career options, and assisted with the practical requirements of education, training and work experience. The study’s correlate data found that when carers had high expectations of educational success, young people had higher career aspirations, that is, they wanted to be leaders and manage others within their careers. Carers could be hampered or frustrated in their efforts however when they were not afforded delegations or authority to make decisions, did not have access to caseworkers or resources, had little knowledge or experience of employment pathways, and felt they were left to manage the career development process on their own.

Young people were clear that while they appreciated practical assistance, like transport and housing, access to casual employment, help with homework and access to career information, the greatest support was encouragement and expectations of success. Such encouragement could be derived from carers, siblings, extended family members,

and teachers who offered high expectations, and career modelling, which in turn contributed to what young people expected and wanted for themselves in their future career. This was also borne out, albeit a weak correlation, in the higher career aspirations of young people who reported a positive relationship with their caseworker. When I commenced this research I assumed that young people placed in foster care would have higher career aspirations than those placed in other types of placements. The study revealed that there was no correlation between career aspirations and placement types, thus placement type did not influence a young person's career aspirations.

This study was unique as it identified current career development practices, supports and barriers for young people who were still in the care system, and considered them within a theoretical understanding of the development of career. Most studies regarding education and work outcomes have examined educational achievement and performance in the labour market, rather than the processes undertaken which engender interest and assist planning and entry to any chosen career. The themes identified in this study were analysed within the Social Cognitive Career Theory model, which assisted the understanding and significance of current practices. The finding that a lack of a future focus prevailed in child protection casework helped explain why many young people have poor adult employment outcomes. To progress along the career development continuum young people need opportunities to increase self-efficacy and outcome expectations. When casework was acute in nature such opportunities were generally not created and incorporated in casework.

All young people have to feel that they can achieve and have expectations of what they can achieve, before they can enter the goal-setting and acquisition phase of career development. They need early exposure to learning opportunities, including

participation in extracurricular activities and paid work to increase what they understand about their competencies and what they want for their futures. Armed with these experiences and aspirations they can develop career goals. This is the normative experience for young people not in the care system, and research is clear that when young people have such experiences, they have a more successful transition to employment as adults.

Social Cognitive Career theory outlines clearly that provision of finances, accommodation and other practical assistance are proximal and crucial when young people are translating their career goals into actions. Without support at this particular point in the career development process young people are unlikely to be able to translate goals into actions and subsequently successful outcomes. Young people interviewed three times across an eighteen month period within this study reinforced, as they came closer to exiting care, just how important practical proximal supports like housing and driving licences were to their career possibilities. These young people did not change in their job interests over time, but did lower their job expectations to less complex jobs, which typically required less training. A number also expressed an interest in Defence Force entry, perhaps because this would ensure proximal supports like accommodation, wages, and a sense of belonging to a distinct community.

Study Limitations

The insights and outcomes gained from this study's methods need to be considered in the light of the limitations of the study. This was a small-scale study conducted in one state of Australia, which operates a similar tertiary child protection system to the other Australian states and territories. Whilst the broader *WAY project* study, in which this study of carer and caseworker roles was located, used a comparative sample of not-in care peers, this study did not reference the comparative data. The

return rate for the questionnaire delivered to the population of young people in care aged 13 years and over, was low (265 from 1465 posted). As it was self-administered, the in care youth who did respond were likely to have had higher literacy levels. I know that those who did respond indicated relatively high self-expectations and carer expectations of educational achievement, that is, most expected to complete Year 12 + TAFE, which is contrary to the research regarding rates of education achieved by young people in care. Respondents also indicated high levels of carer education and training, that is, almost 40 per cent of the respondent's carers had attended university and around 60 per cent had attended a TAFE college or completed an apprenticeship. This could suggest that the young people who responded were more likely to be higher education and job-focussed. It might be speculated that those who did not respond had lower literacy levels and perhaps less stability, and lower levels of career modelling, engagement in school or training.

The young people and adults who volunteered for the semi-structured interviews may not be representative of all children in care, or all carers and caseworkers. The number of interview participants was low. Those young people who did not respond to the invitation for interview were likely to have been less engaged with school and less likely to have had stable placements. Those young people who participated over time were likely more engaged with the topic and more easily located.

Carers did not respond to the initial recruitment strategies of a posted invitation, advertisements regarding the study on the CREATE website, Foster Care Queensland website and within the Foster Care Queensland newsletter, and my presentations at foster carer forums. It was only when I used phone numbers and started telephone calling carers that I received carers willing to participate in the study. The implication is that carers who were more articulate and felt more confident to be interviewed may

be over-represented and those who were away from their house during the day, when calls were attempted, were not accessed for participation.

Caseworkers were similarly difficult to recruit. Written invitations distributed via managers and senior practitioners yielded few participants. The majority of those recruited responded to face-to-face contacts with researchers in their service centres. Professionals with more time and those who felt they had something to contribute to understanding the career development of the young people on their caseloads may have been more likely to volunteer to be interviewed.

It is acknowledged that a relatively high proportion of young people in-care have significant disability and that despite efforts to engage those with diagnosed disabilities, this study may not represent the specific needs of such young people. It is further acknowledged that while almost one-fifth of survey respondents identified as Indigenous, Aboriginal and Torres Strait Islander children and young people are overrepresented in the out-of-home care population, and this study does not reflect their specific needs.

Despite these limitations, the study gives a fuller understanding of the school-to-work experiences of young people in care, and clarifies the perspectives of carers and caseworkers regarding their roles in assisting youth in care to plan and prepare for their adult careers. Increased knowledge about the educational and work expectations and aspirations of young people in care, the career supports valued by young people in care, and common barriers to the career development process can inform child welfare policy and practice development to better meet the career development needs of this population.

Future Research

In light of these limitations, additional research, which targets the needs and specific career development needs of Indigenous and disabled young people in care, including traumatised young people with complex needs, is needed. Many of these young people are not given opportunities to participate in employment and career pathways, and research regarding the possibilities of such engagement could assist.

Given the finding that relationships and the support offered in relationships contribute to career self-efficacy and outcome expectations, and that career aspirations were not correlated with placement type, it would be advantageous to know how relationships formed with youth workers, within residential care or youth shelters, contribute to the career development of the five percent of young people in care, located in such placements.

One of the suggestions of this study, and others, is to extend support beyond age 18 years. Research to identify how adult support should be structured and delivered, and the longer-term adult outcomes of this support, would be beneficial.

This research focussed on process and how young people were prepared for future career. Studies of outcomes are also needed to test different career development programs for young people in care and what difference they made to work outcomes.

Conclusion

Young people, who enter and grow up in-care, may experience great disadvantage and poor adult outcomes. Pre-care experiences of abuse or neglect, together with poor in-care experiences including high levels of placement instability, fractured schooling experiences, lack of continuous relationships, limited finances, and the expectation that at age 18 years, or earlier, they will fend for themselves, make many susceptible to poor adult functioning. Careers provide many benefits such as

income, structure, purpose, increased self-esteem, skills, knowledge, and access to friendship networks. Like their not-in-care peers, young people who grow up in state care need the opportunity to experience the benefits of career. But, it will be very difficult for them to engage in, and sustain, employment or activity that is not planned for, or is ill-matched to their personality, talents, values and interests.

This study has reinforced that young people in-care have educational, job and career aspirations and are interested in gaining and actioning career information. People tend not to stay in jobs that do not interest them, are at odds with their personal values, or do not match their strengths and talents, making timely and individual career planning and development advice a necessity for all. Undertaking the career development process on your own and without assistance, is very difficult, and should not be expected of young people in-care. It is time to rethink and extend the supports offered to young people as they transition to adulthood and work, and to apply a theoretical understanding of career development, to the attempts to improve adult outcomes for young people in care. It is not enough to provide casework that is focussed only on physical safety and parental contact, and which does not extend across the full complement of services provided by government and the full range of issues that parents typically attend to. As practitioners and policy makers we should operate as ‘corporate parents’ to increase young people’s human capital, such as education, talents, skills and work experience; social capital such as personal relationships, which facilitate a desire to engage in work and the informal access to employment; and personal capital as exemplified by levels of self-efficacy and outcome expectations. The study’s suggested *Moving-to-Adulthood* model with its four guiding principles and focus on career and quality adult life could steer practice when a child in care approaches adolescence. This would allow learning opportunities to be fostered, career goals to be

formulated, and proximal career supports to be identified and actioned, in accordance with the tenets of career development theory.

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Appendices

Appendix A

Interview Schedules for Young People in Care

Time 1 and Time 2 Interview Schedule

Instructions to facilitator: A general statement or question will open up the topic for discussion. These participants have all completed a WAY survey detailing their ideas about school, work and further education. Depending on how much info is given in reply, some or all the additional prompts may be used. The purpose is to obtain as many different views as possible about aspects of the school to work transition.

IDEAS ABOUT FUTURE WORK

Can you tell me about the job you would most like to have and the job you expect to have? How did you develop an interest in these jobs? What will you need in order to get the job you want? What are the barriers for you in getting your ideal job? How confident/optimistic are you about your future in the workforce?

Other goals and plans for life after school?

Do you know of any supports that are in place for YP in care to succeed at school and to go on to further education? eg explore knowledge of ESPs, Charter of Rights for YP in Care, any access to funds after the age of 18? What do you think you and other young people in care need, to prepare you for life after school?

How would you describe your school experience? eg explore issues of behaviour, managing authority and structures, access to resources.

Who would you identify as the most influential person/people, regarding school and work, in your life? What have they done to help you decide about your future work and education? Who would you identify as the person who provides you with the most emotional support in your life?

Do you think your history of being in care has had any impact on your decisions about work and further education? What are the circumstances of your entering care- explore pre care and in care risk factors- a) effects of trauma, abuse b) placement type and stability, number of school moves, access to particular school subjects, relationships with school peers, level of interest by carers. How would you describe your relationship with your parents- do you have contact with them and siblings- if so where and how often? Do you ever discuss school and your ideas about work/education with your family?

Are there other things about you that have influenced your decisions about school and future work? eg gender, academic successes or failures, cultural background, access to money and resources

What do you think of having a paid job now? Do you think paid jobs help prepare you for work as an adult- in what ways? Would you like a job/do you like your job- what do

you/would you like about it. Have there been any barriers for you in participating in a paid job?

Do you think leisure activities/extra curricular activities help prepare you for work as an adult- in what ways? What do you like about doing extra curricular activities? Have there been any barriers for you in participating?

PREPARATION

What do your caseworker and your carer do to help prepare you for leaving school?

Relationship with carer- how does your carer influence your schooling and ideas about future work and education? (eg are they involved in school activities, do they attend info sessions and activities at the school, do they assist the school in any way through P& C involvement or other volunteer activities, do they check your assignments or help you prepare for exams, have they kept records of your academic achievements, do they spend time talking with you about their own education or work or suggest options for you, have they supported you in getting a part time job- helping with applications, transport or contacts, how would you describe your r'ship with your carer- do you see them as committed, caring, interested, concerned, involved? Gather info- length of current placement, age when placed with this carer, do you envisage staying with them until the age of 18 and having a r'ship with them after the age of 18?)

Relationship with caseworker- how does your caseworker influence your schooling and ideas about future work and education? (eg have they explained the ESP, have they kept records of your academic achievements, do they have info about educational options or can they refer you to appropriate personnel, do they ever discuss what you will do as a job when you leave care, are you involved in case planning. In your survey you said you saw your caseworker X, that you got on with them Y and rated their helpfulness as Z, can you describe your r'ship with your caseworker- do you see them as committed, caring, interested, concerned, involved. What sort of expectations does your caseworker have for your future eg that you will have a job? What do you think might improve the r'ship you have with your caseworker?

Do you know of any other agencies/people/organisations which could help you make decisions about school and further education? Can you access information about future options eg seminars, guidance officers, internet?

CURRENT ISSUES

What are the things that influence you most right now re your performance at school? Do you have any concerns about the future?- eg access to housing, income, transport, emotional support

T1 and T2 demographic details noted: Gender, Age, Time in Care, Placement Type, Number of Placements. At T2 changes in placement were noted.

Time 3 interview schedule

Changes in Aspirations/Circumstances

- At T1 you said you wanted to be a ..., at T2 you said you wanted to be, what are your current job aspirations?
- If there has been a change, what is it that has influenced that change?
- (Identify any changes and ask 'if' questions)
- Are you clear about what you need to do to be X. What information do you need?

Include a significant amount of probing to explore whether there had been any changes in terms of developing a sense of career, further exploration of career options, crystallisation of ideas around jobs that is based more on factual information rather than specific influences eg carer etc etc. It is critical we get some sense of whether the ways the YP in care develop ideas about jobs, sense of self-efficacy changes or is impacted by their status. This will help inform interventions and these interventions may need to be different depending on age etc

Influences

- Some YP develop ideas about future work from their families, their friends or their involvement in part time work- what has been the major influence for you in your development of ideas around work? (ie why do you want to explore being X?)
- Has any particular person or event influenced your ideas and aspirations about work/career?

Role of carer

- What have your carers done to help you at school and to develop ideas about work/further education? What has been most helpful?

Role of CSO

- What have your CSOs done to help you at school and to develop ideas about work/further education? What has been most helpful?

Role of schools

- What have your teachers or GO done to help you at school and to develop ideas about work/further education. What has been most helpful?

YP's expectations

- What should carers and caseworkers and school personnel do to assist you to develop ideas about work/further education?

YP's ideas of current assistance

- Do you think your educational needs have been considered and met? How?
- Do you think your career planning needs have been considered and met? How?
- What would assist you in terms of school performance and development of ideas around future work?

The future How prepared do you feel for future work/study and adulthood? What do you need?

T3 demographic details noted: Gender, Age, Time in Care, Placement Type, Number of Placements. T2 to T3 changes in placement were noted.

Appendix B
Interview Schedule for Carers

Interview schedule for carers

The interview will commence with the gathering of demographic details and discussion re provision of care to vulnerable young people

PREPARATION

What sort of supports/policies/programs exist to assist young people in care transition from school to work?

What do you as an individual do to assist young people in your care with school and decisions re future work?

What do young people in care expect from you in their preparation process?

If you needed advice re a young person's pathway to further education, where could you access information?

What sorts of activities do you think would assist young people to develop ideas about work?

EXPECTATIONS

What are your levels of optimism and expectations regarding young people's transition from school to work.

What sorts of barriers exist?

What would assist YP?

Have you encountered particular perceptions of young people in care?

RELATIONSHIPS

How important are relationships to young people's career decisions?

Who do you think has the most influence on young people's career decision making?

How would you rate your level of influence on a young person's transition from school to work? What factors are most significant eg level of encouragement, continuity of relationships etc

Appendix C

Survey Questions and Scales Used in the *WAY Project Study*



Complete the survey and you could win your choice of an Ipod, Nintendo DS or DVD player to the value of \$250.

These questions are about you

1. How old are you? _____ years _____ months
2. Are you: Male Female
3. What school year are you in? _____
If not at school tick this box

These questions are about you and your family

4. Who do you live with now? (You can tick more than one)
 - Both parents (throughout this survey 'parent' refers to your birth parent)
 - One parent only Tick either: Mother only OR Father only
 - One parent and one step-parent
 - Brother(s) / sister(s) or step brothers(s) / sister(s)
 - Grandparent/ aunt/ uncle/ other relative
 - Foster carer(s) or other guardian(s)
 - Youth shelter/youth housing
 - Living on my own
 - Someone else Who is that? _____
5. In what country were you born? _____
6. Is English your main language? Yes No
7. In Australia, some young people think of themselves as Australian, while many come from different cultural backgrounds, eg, Aboriginal, Maori, Japanese, Italian, Vietnamese. What is your family's cultural background?

8. How often have you moved schools since starting in Year 8?
(If you are no longer at school, how often did you move after starting Year 8?)
Hardly at all (0-1 times) A few times (2-5 times) Many times (more than 5 times)
9. Has anyone in your family studied at university? Yes No
10. Has anyone in your family studied at TAFE / another college / or done an apprenticeship?
Yes No
11. On average, how many hours do you spend each week doing a paid job? _____ hours
12. On average, how many hours do you spend each week on leisure activities (eg, sport, hobbies, music, groups such as church groups or Scouts)? _____ hours



13. If you were completely free to choose any job you like, what job would you MOST LIKE to have?

14. Sometimes we are not able to do what we want most. What job do you REALLY EXPECT to have?

15. Overall, what school grade do you typically get?
(If you are no longer at school what grade did you typically get?)
Pretty low - bottom 10%
A bit below average
About average
A bit above average
Pretty high - top 10%
16. What is the highest level of education you expect to complete?
(If you have left school, what is the highest level that you did complete?)
Year 10
Year 10 plus TAFE or other training (eg, traineeship / apprenticeship)
Year 11
Year 11 plus TAFE or other training (eg, traineeship/apprenticeship)
Year 12
Year 12 plus TAFE or other training (eg, traineeship/apprenticeship)
University degree
17. What is the highest level of education your parents would like you to complete?
(If you have left school, what was the highest level your parents wanted you to complete?)
Year 10
Year 10 plus TAFE or other training (eg, traineeship / apprenticeship)
Year 11
Year 11 plus TAFE or other training (eg, traineeship/apprenticeship)
Year 12
Year 12 plus TAFE or other training (eg, traineeship/apprenticeship)
University degree
18. Staying at school until year 12 would...
Have no effect on me getting a job
Might improve my chances of getting a job
Greatly improve my chances of getting a job
19. How many friends do you have at school? _____
(If you have left school, how many friends did you have at school?)
20. How many of your school friends like attending school?
(If you are no longer at school - how many of your friends did like school?)
Not many Some Most All

21. How many of your school friends intend to complete Year 12?
(If you are no longer at school – how many of your friends did finish year 12?)
Not many Some Most All

22. These questions ask about your future work goals

| | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
|---|-------------------|----------|-----------|-------|----------------|
| Compared to other people I have got high work goals | 1 | 2 | 3 | 4 | 5 |
| I spend a lot of time thinking about how I can achieve the job I want | 1 | 2 | 3 | 4 | 5 |
| I plan to talk to lots of people about jobs I am interested in | 1 | 2 | 3 | 4 | 5 |
| My work goals are challenging but not too high | 1 | 2 | 3 | 4 | 5 |
| I spend a lot of time learning about jobs I am interested in | 1 | 2 | 3 | 4 | 5 |
| Achieving the job I want is often in the back of my mind | 1 | 2 | 3 | 4 | 5 |
| My parents encourage me to aim high for a job | 1 | 2 | 3 | 4 | 5 |
| Having a high job goal makes school more interesting for me (Or how interesting did it make school, if you have left school?) | 1 | 2 | 3 | 4 | 5 |

23. How much time and thought have you given to...

| | Not much at all | A little bit | A fair bit | Quite a bit | A great deal |
|---|-----------------|--------------|------------|-------------|--------------|
| ...choosing school subjects (including options and electives) | 1 | 2 | 3 | 4 | 5 |
| ...choosing a career in general | 1 | 2 | 3 | 4 | 5 |
| ...talking over work plans with an adult who knows something about me | 1 | 2 | 3 | 4 | 5 |
| ...taking school subjects that will help me in the work I go into when I finish my education | 1 | 2 | 3 | 4 | 5 |
| ...taking school subjects that will help me in college or university, in job training or on the job | 1 | 2 | 3 | 4 | 5 |

24. When you think about the job you really want to have, how much do you know about ...

| | Not much at all | A little bit | A fair bit | Quite a bit | A great deal |
|---|-----------------|--------------|------------|-------------|--------------|
| ...what people really do in that job | 1 | 2 | 3 | 4 | 5 |
| ...the abilities/skills needed for that job | 1 | 2 | 3 | 4 | 5 |
| ...the chances of being promoted in that job | 1 | 2 | 3 | 4 | 5 |
| ...the working conditions that go with that job | 1 | 2 | 3 | 4 | 5 |

25. Would you ask any of these people for information or help to make plans for work or further education?

| | Definitely not talk to these people | Unlikely to talk to these people | I might talk to these people | Likely to talk to these people | Very likely to talk to these people |
|---|-------------------------------------|----------------------------------|------------------------------|--------------------------------|-------------------------------------|
| ...careers teachers, careers advisors, guidance officers | 1 | 2 | 3 | 4 | 5 |
| ...other school teachers | 1 | 2 | 3 | 4 | 5 |
| ...adults outside school who know things and can help people | 1 | 2 | 3 | 4 | 5 |
| ...people in the job or in the university or college you are thinking about attending | 1 | 2 | 3 | 4 | 5 |

26. Who has already supplied helpful information about making future plans for work or further education?

| | I have not spoken to these people | I spoke to these but got little useful info | I spoke to these and got some useful info | I spoke to these and got a lot of useful info | I spoke to these and got very useful info |
|---|-----------------------------------|---|---|---|---|
| ...a member of my immediate family (eg, parent/guardian, brother/sister) | 1 | 2 | 3 | 4 | 5 |
| ...teachers, guidance officers | 1 | 2 | 3 | 4 | 5 |
| ...youth worker, counsellor | 1 | 2 | 3 | 4 | 5 |
| ...other adults outside of school who know about things and can help people | 1 | 2 | 3 | 4 | 5 |
| ...books, handbooks, pamphlets or DVDs with the information you need | 1 | 2 | 3 | 4 | 5 |
| ...the internet | 1 | 2 | 3 | 4 | 5 |
| ...people in the job or in the university or college you are thinking about attending | 1 | 2 | 3 | 4 | 5 |

27. When you think about your future work...

| | Strongly Disagree | Disagree | Uncertain | Agree | Strongly Agree |
|---|-------------------|----------|-----------|-------|----------------|
| I hope to become a leader in my field of work | 1 | 2 | 3 | 4 | 5 |
| When I am established in my working life I would like to manage other workers | 1 | 2 | 3 | 4 | 5 |
| I would be satisfied just "doing my job" in the area I am interested in | 1 | 2 | 3 | 4 | 5 |
| I hope to get promoted in any job I work in | 1 | 2 | 3 | 4 | 5 |
| It is important to plan for my future job | 1 | 2 | 3 | 4 | 5 |
| It is important to discuss my future job plans with my parents | 1 | 2 | 3 | 4 | 5 |
| It is important to my parents that I complete my education | 1 | 2 | 3 | 4 | 5 |
| Once I finish the basic level of education needed for my job, I see no need to continue with my education | 1 | 2 | 3 | 4 | 5 |
| I plan on becoming an expert in my field of work | 1 | 2 | 3 | 4 | 5 |
| I would like to go to university to get training for the work I am interested in | 1 | 2 | 3 | 4 | 5 |

28. How involved are your parents in your studies at school?
(Or how involved were they, if you have left school?)
Not much involved A little involved A fair bit involved A great deal involved
29. How involved are your parents in your school activities?
(Or how involved were they, if you have left school?)
Not much involved A little involved A fair bit involved A great deal involved
30. How involved are your parents in helping you decide on a future career?
Not much involved A little involved A fair bit involved A great deal involved
31. How clear are your plans for "after secondary school"?
(If you are no longer at school, how clear were your plans when you left?)
Not very clear Somewhat clear Quite clear Very clear

Complete the survey and you could win your choice of an Ipad, Nintendo DS or DVD player to the value of \$250.

32. How much will these keep you from getting the job you want?

| | Not at all | A little bit | A fair bit | Quite a bit | A great deal |
|--|------------|--------------|------------|-------------|--------------|
| ...lack of interest by the adults in your life | 1 | 2 | 3 | 4 | 5 |
| ...the school you are or were attending | 1 | 2 | 3 | 4 | 5 |
| ...not enough money to attend TAFE/college or university | 1 | 2 | 3 | 4 | 5 |
| ...shortage of "good" jobs | 1 | 2 | 3 | 4 | 5 |
| ...no TAFE/college or university nearby | 1 | 2 | 3 | 4 | 5 |
| ...lack of information about job opportunities | 1 | 2 | 3 | 4 | 5 |
| ...how smart you are | 1 | 2 | 3 | 4 | 5 |
| ...your cultural background | 1 | 2 | 3 | 4 | 5 |
| ...where you live | 1 | 2 | 3 | 4 | 5 |
| ...your gender | 1 | 2 | 3 | 4 | 5 |
| ...your family background | 1 | 2 | 3 | 4 | 5 |

33. How confident are you that you could...

| | Not at all confident | A tiny bit confident | Some-what confident | Pretty confident | Very confident |
|---|----------------------|----------------------|---------------------|------------------|----------------|
| ...find information in the library about a career you are interested in? | 1 | 2 | 3 | 4 | 5 |
| ...make a plan of the education/training you will need for the job you are interested in? | 1 | 2 | 3 | 4 | 5 |
| ...pick one job from a list of possible jobs you are interested in? | 1 | 2 | 3 | 4 | 5 |
| ...decide what job would be best for you? | 1 | 2 | 3 | 4 | 5 |
| ...work out what you value most in the job that interests you? | 1 | 2 | 3 | 4 | 5 |
| ...resist if your parents or carers tried to push you into a job that you did not want? | 1 | 2 | 3 | 4 | 5 |
| ...describe the skills needed for the job you are interested in? | 1 | 2 | 3 | 4 | 5 |
| ...choose a job that would suit your interests? | 1 | 2 | 3 | 4 | 5 |
| ...work out the schooling you need to get into the job you are interested in? | 1 | 2 | 3 | 4 | 5 |

45. How helpful is your Dept of Child Safety Officer?
 Not helpful Somewhat helpful Fairly helpful Very helpful
46. How often do you have contact with your Dept of Child Safety Officer?
 Weekly Monthly Every 6 months Once a year or less
- Question 28-30 asked about the involvement of your birth parents, these questions ask about your carers
47. How involved are your foster carers/other carers in your studies?
 (Or how involved were they, if you have left school?)
 Not much involved A little involved A fair bit involved A great deal involved
48. How involved are your foster carers/other carers in your school activities?
 (Or how involved were they, if you have left school?)
 Not much involved A little involved A fair bit involved A great deal involved
49. How involved are your foster carers/other carers in helping you decide on a future career?
 Not much involved A little involved A fair bit involved A great deal involved
50. What is the highest level of education your foster carers/others would like you to complete?
 (If you have left school, what was the highest level they wanted you to complete?)
 Year 10
 Year 10 plus TAFE or other training (eg, traineeship / apprenticeship)
 Year 11
 Year 11 plus TAFE or other training (eg, traineeship / apprenticeship)
 Year 12
 Year 12 plus TAFE or other training (eg, traineeship / apprenticeship)
 University degree
51. Have any of your current carers studied at university?
 Yes No
52. Have any of your current carers studied at TAFE / another college / or done an apprenticeship?
 Yes No

As we would like to send you a newsletter about the project, and also contact you again early next year, can you provide a contact point for us to do this?

Name.....

Postal Address.....

.....P/Code ..

Telephone (home)..... (mobile).....

Email.....

If you think your address will be different in 3 months time, can you give the name and address of someone who will pass on a letter to you?

.....

.....

.....

PRIZE DRAW PRIZE DRAW PRIZE DRAW PRIZE DRAW

(This section will be detached to preserve anonymity for those who do not wish to go into the draw)

I would like to have my name placed in the draw to win my choice of an IPOD, Nintendo DS or Portable DVD player.

YES

NO

After we contact you early next year, you can have your name placed in a draw for a second prize draw as a thank-you for participating.

THANK YOU FOR TAKING PART IN THIS RESEARCH PROJECT. PLEASE RETURN YOUR SURVEY IN THE ATTACHED REPLY-PAID ENVELOPE WITH YOUR CONSENT FORM.

Appendix D

Project Information Published on CREATE's Website

WAY Project

Work and Youth 'WAY' Project. A team at Griffith University, in partnership with the Department of Child Safety and Education Queensland, is currently researching the school to work transition for young people in care and is keen to involve Queensland young people in care aged 13-17 years.

You may have already received a WAY survey in the post, but if not you can contact Meegan Crawford ph 07 3382 1197 or m.crawford@griffith.edu.au to get one. Everyone who completes a survey can enter a prize draw for an Ipod, Nintendo DS or portable DVD player to the value of \$250.

In addition to the survey the researchers are keen to talk to some young people in care to further explore their views of school and work. All young people who participate in an interview will receive a \$20 thank you payment.

The WAY Project will be running until the end of 2009 and has as one of its aims the development of intervention strategies to improve education and work outcomes for young people in care. If you would like assist by sharing your knowledge, get in contact with the WAY team ph 3382 1197 or via Meegan Crawford's email m.crawford@griffith.edu.au

Appendix E

Information Sheet and Consent Package Related to Survey for Young People in Care



School of Human Services

Telephone +61 (7) 3382 1201
Facsimile +61 (7) 3382 1210

www.griffith.edu.au

Logan Campus, Griffith
University
University Drive,
Meadowbrook

INFORMATION SHEET

Project Title: Work and Youth 'WAY' Project

Investigators: Prof Peter Creed¹, Assoc Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager
Tel: 07 3382 1197; Fax: 07 3382 1210;
Email: m.crawford@griffith.edu.au

Dear Student

We are seeking to gain information about your attitudes and activities in relation to your future education and career, and the factors that may influence you in making decisions in these areas.

What we are asking you to do

We are asking that you join this research project by (a) completing one survey now (attached), (b) completing a second survey in Mar/April 2008 (which we will post to you), and (c) completing a third survey in Mar/Apr 2009 (which we will also post to you). You can complete the attached survey in your own time and return it to us in the enclosed stamped, self-addressed envelope. This survey, and the second and third one we will post to you, will take you about 15-20 minutes to complete.

What we will do in return

As a thank-you for participating, each time you return a survey to us, we will (a) place your name in a draw to win your choice of an Ipod, Nintendo DS or DVD player to the value of \$250, and (b) send you a short newsletter that will give you the results of the survey you completed. This newsletter will give you information about what young people your age are reporting about their education and careers.

To take part

In order to take part, you need to give your informed consent on the page that is attached to this one. You can keep the page you are reading now as it tells you about the project.

Ethical guidelines

Your participation in the project is entirely voluntary. You may withdraw from participating at any time without providing an explanation. The information supplied by you will be strictly confidential and will not be disclosed to anyone but the Griffith University researchers. Any written reports or feedback on the findings from the project will only describe information at the group level; it will not identify any specific individuals.

If you have any complaints concerning the manner in which this research project is conducted it may be given to the researchers, or, if an independent person is preferred, please contact either (a) the University Research Ethics Officer, Office for Research, Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 6618), or (b) the Pro-Vice Chancellor (Administration), Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 7343).

The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of these data may be used for other research purposes. However, your anonymity will be safeguarded at all times. For further information consult the University's Privacy Plan at www.griffith.edu.au/ua/aa/vc/pp or telephone (07) 3735 5585.

To get further information

If you have further questions or concerns, please feel free to contact the Project Manager, Meegan Crawford, on the above numbers.

Thank you for helping with this important research.

Your Expression of Consent

Project Title: Promoting successful transitions to further education and/or work

Investigators: Prof Peter Creed¹, Assoc Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager
Tel: 07 3382 1197; Fax: 07 3382 1210;
Email: m.crawford@griffith.edu.au

By signing this consent form I confirm that I have read and understood the Information Sheet and in particular that:

- ❖ I understand that my participation in this project will involve me completing surveys about my education and career plans;
- ❖ I have had my questions answered to my satisfaction;
- ❖ I understand that my participation is voluntary;
- ❖ I understand that I can withdraw from the study at any time without providing an explanation
- ❖ I understand that if I have any additional questions I can contact the research team.
- ❖ I understand that I can contact the Manager, Research Ethics, Officer for Research, Bray Centre, Nathan campus, Griffith University, Telephone: (07) 3735 5585 or researchethics@griffith.edu.au, if I have any concerns about the ethical conduct of the project, and
- ❖ I agree to participate in this project.

Name:
.....

Signature:
.....

Date:
.....



We plan to post you the 2nd survey in about 6 months time. If you think your address will be different then, please print the name and address of someone who will pass on a letter to you.

Name:
.....

Address:
.....

.....
.....

Email address:
.....

Telephone No:
.....

After completing this form, please place it, along with your completed survey, into the stamped, addressed envelope, and mail it back to the researchers.



Many thanks, Meegan Crawford

Prize Draw

I would like to have my name placed in the draw to win my choice of an Ipod, Nintendo DS or DVD player to the value of \$250.

YES

NO

If you indicated that you would like your name placed in the prize draw, place this sheet, along with your completed survey and consent form, into the stamped, addressed envelope and mail it back to the researchers.

Terms and conditions of entry to Draws

1. When you enter the competition you accept these terms and conditions of entry
2. Employees of Griffith University and their immediate families are ineligible to enter
3. Entry into the first draw is by returning the first completed survey to Griffith University
4. Entry into the second draw is by returning the second completed survey to Griffith University. This will be posted to you in March/April, 2007
5. Entry into the third draw is by returning the third completed survey to Griffith University. This will be posted to you in March/April, 2008
6. On each occasion, the first random drawn entry will receive their choice of an Ipod, Nintendo DS or DVD player to the value of \$250
7. The decisions of Griffith University are final and no correspondence will be entered into
8. The prizes are not refundable
9. The winners release Griffith University from any and all causes of action, losses, liability, damage, expense (including legal expenses) cost or charge suffered, sustained or in any way incurred by the winners as a result of any loss or damage to any physical property of the winners, or any injury to or death of any person arising out of, or related to or in any way connected with Griffith University or the prizes
10. Any winner drawn for a prize who is unable to fulfil all of these terms and conditions will forfeit the prize and another winner will be drawn
11. The first winner will be notified by post no later than 31/12/2007; the second winner no later than 30/6/2008; the third winner no later than 30/6/2009
12. The competition opens to entries at 01/10/07 and the competition closes at 5pm 31/12/09. The first competition will be drawn at 1pm 10/12/2007; the second at 1pm 9/6/2008; the third at 1pm 8/6/2009. You do not have to be present at the draw to win
13. The winners will be notified by mail immediately after the draw, and the prizes posted to the winner.

Appendix F

Invitation to Participate in Interviews and Consent Package for Young People in Care



February 2008

School of Human Services

Telephone +61 (7) 3382 1201

Facsimile +61 (7) 3382 1210

www.griffith.edu.au

Logan Campus, Griffith
University
University Drive,
Meadowbrook

Dear Student,

Thank you for completing the WAY survey!

You are now invited to participate in the WAY research interviews.

Recently you completed the WAY survey about your ideas on school, further education and work.

We are very interested in your views on this topic and would now like to invite you to participate in the next phase of the study, which involves interviews with a researcher. Everyone who participates in an interview will receive a thank-you payment of \$20. This payment will be made to you on the day of the interview, following the discussion with the researcher.

Attached to this letter you will find an information sheet and a consent form providing details about the interviews and the timeframes.

If you would like to participate, please return the consent form in the reply paid envelope.

If you have any questions do not hesitate to contact Meegan Crawford on 07 3382 1197 or via email m.crawford@griffith.edu.au

We look forward to your response.

Regards

WAY RESEARCH PROJECT INTERVIEW INFORMATION SHEET

Project Title: Work & Youth 'WAY' Research Project

Investigators: Prof Peter Creed¹, Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager Tel: 07 3382 1197;
Fax: 07 3382 1210; Email: m.crawford@griffith.edu.au

Dear Student

We are researching the school to work transition for young people in care. We are seeking to gain information about your attitudes and activities in relation to your future education, work and career, and the factors that may influence you in making decisions in these areas.

What we are asking you to do

We are asking that you talk with one of our researchers, either face-to-face or over the telephone. The researcher would ask you about your school and work experiences, and your thoughts about what you would do after you left school. We are interested in all of your thoughts and ideas about supporting young people in-care to make a successful school to work transition. We would like to interview you two times in 2008 and once in 2009. With your permission, we would audio-tape the meetings so that they can be typed up later. The meetings would last between $\frac{3}{4}$ to $1\frac{1}{2}$ hours.

What we will do in return

As a thank-you, we would pay you \$20 each time you are interviewed. After each interview, we would also send you a short newsletter about the research. This newsletter will give you information about what young people your age are reporting about their education and work pathways.

To take part

In order to take part, you need to give your informed consent on the page that is attached to this one. You can keep the page you are reading now as it tells you about the project.

Ethical guidelines

Your participation in the project is entirely voluntary. You may withdraw from participating at any time without providing an explanation. The information supplied

by you will be strictly confidential and will not be disclosed to anyone but the Griffith University researchers. Any written reports or feedback on the findings from the project will only describe information at the group level; it will not identify any specific individuals.

If you have any complaints concerning the manner in which this research project is conducted it may be given to the researchers, or, if an independent person is preferred, please contact either (a) the University Research Ethics Officer, Office for Research, Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 6618), or (b) the Pro-Vice Chancellor (Administration), Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 7343).

The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of these data may be used for other research purposes. However, your anonymity will be safeguarded at all times. For further information consult the University's Privacy Plan at www.griffith.edu.au/ua/aa/vc/pp or telephone (07) 3735 5585.

To get further information

If you have any further questions or concerns about the project, please feel free to contact Meegan Crawford, the project manager, using the above contact number.

Thank you for helping with this important research.

Interview Consent Form

Project Title: Work & Youth ‘WAY’ Research Project

Investigators: Prof Peter Creed¹, Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager. Tel: 07 3382 1197;
Fax: 07 3382 1210; Email: m.crawford@griffith.edu.au

By signing this consent form I confirm that I have read and understood the Information Sheet, and in particular that:

- ❖ I understand that my participation in this project will involve me talking with a researcher who will ask me questions about my school experiences and my thoughts about my career
- ❖ I have had my questions answered to my satisfaction
- ❖ I understand that my participation is voluntary
- ❖ I understand that I can withdraw from the study at any time without any explanation
- ❖ I understand I will receive \$20 as a thank-you for participating
- ❖ I understand that if I have any additional questions I can contact the research team
- ❖ I understand that I can contact the Manager, Research Ethics, Office for Research, Bray Centre, Nathan Campus, Griffith University, researchethics@griffith.edu.au, or Tel: (07) 3735 5585, if I have any concerns about the ethical conduct of the project, and
- ❖ I agree to participate in this project.

Name:
.

Address: Post
Code.....

Email address.....

Telephone number for us to ring you to arrange a meeting time:
.

Signature: Date:
.



We plan to contact you again in about six months time (August 2008). If you think your address will be different then, please print the name and address of someone who will pass on a letter to you.

Name:
.

Address:Post
Code:

Telephone No:
.

After completing this form, please place it into the reply paid envelope, and mail it back to the researchers. When we receive this consent form, one of the researchers will ring you to arrange a meeting time.



Many thanks, Meegan Crawford

Appendix G
Courtesy Letter to Carers

1st November 2007

Dear Carer

RE: WAY (Work & Youth) Project

I am writing to advise you that in the coming weeks all young people in care, aged 13-17 years, will be sent an invitation to participate in a research project regarding their transition from school to work or further education. The project is aiming to improve knowledge and understanding of the views of young people in care about their future education and work. This will assist in the development of programs and strategies to assist young people in making successful transitions from school and care, and to enhance their well-being into the future.

The research is being conducted by a research team from Griffith University and is supported by the Department of Child Safety and Education Queensland.

Young people are asked to join the project by a) completing one survey now (which will shortly be posted to them with an information sheet and consent form), b) completing a second survey in March/April 2008 (which will also be posted) and c) completing a third survey in March/April 2009 (also to be posted). The survey can be completed in young people's own time and returned to the researchers in a reply paid envelope, which will be supplied. It is expected that the survey will take about 15-20 minutes to complete. All young people who take part in the survey will be able to enter a prize draw to win their choice of an Ipad, Nintendo DS or portable DVD player.

We look forward to hearing from young people in care about this important aspect of their journey into adulthood.

In addition to seeking the views of young people in care we will be surveying adolescents in schools and inviting a sample of young people in care, foster parents, departmental caseworkers and guidance officers to participate in a face to face or telephone interview. Further details regarding the interview phase will be forwarded to you next year.

To make this research project a success we do need to receive information from as many young people as possible and would appreciate your support in this endeavour. As stated, young people will receive an information sheet, consent form and survey in the next few weeks. If you could discuss the project with them and encourage participation and return of the survey and consent form it would be much appreciated.

If you have any questions regarding the project please do not hesitate to contact me on 07 3382 1197.

Yours sincerely



Meegan Crawford

Project manager for the research team: Prof Peter Creed,
A/Prof Nick Buys and Dr Clare Tilbury

Appendix H

Carer Recruitment Information as Published in Foster Care Queensland's Newsletter

Griffith University's WAY Project Needs The Views of Carers!!

The WAY Project, a study examining the school- to-work transition for young people in care, is now recruiting carers. If you have experience caring for young people aged 13-17 years and would like to share your ideas about supporting young people in-care to make a successful school- to- work transition, we would love to hear from you. Carers from around the state will participate in a face-to face or telephone interview with a researcher. These interviews will take approx 45 minutes and all carers who participate will be offered entry to a \$100 shopping voucher prize draw (store of your choice). To register please contact Meegan Crawford, research assistant, on 07 3382 1197 or via email m.crawford@griffith.edu.au. We look forward to hearing from you!

Appendix I

Carer Recruitment Information as Published on Foster Care Queensland's Website

WE NEED YOUR HELP!!!

Work & Youth 'Way' Project

Griffith University, the Dept of Child Safety and Education Queensland, are currently undertaking a research project, which examines the school-to-work transition for young people in care. The aims of the project include: understanding how young people in care develop ideas about their future work; investigating current practices for preparing young people for their school-to-work transition; identifying key points for intervention and; developing intervention strategies to improve education and work outcomes.

Your assistance to the project would be greatly appreciated! In December 2007 all young people in care aged 13 to 17 years were posted a survey seeking their views on school and work. A February 2008 reminder mail out was then made to all the young people who had not responded. A large number of surveys have been returned due to inaccurate addresses. 250 completed surveys have been received but the researchers are keen to hear from more young people.

Encouragement and information carers provide to young people regarding involvement in the project would assist.

All young people who complete the survey can enter a prize draw to win an Ipod, Nintendo DS or portable DVD player. The first prize draw winner, a 13 year old girl from Oakey, chose the portable DVD player. Any young person who would like to participate but does not have a survey can contact Meegan Crawford at Griffith University ph 07 3382 1197 or m.crawford@griffith.edu.au

Phase 2 of the research has recently commenced with the young people who completed the survey, invited to participate in interviews with a researcher. The plan is to involve 100 young people in these interviews and all young people who participate will receive a \$20 thankyou payment.

In July 2008 the study will be seeking the views of CSOs, carers and teachers regarding the preparation young people receive for work and further education. Any carers who are interested in participating can contact Meegan Crawford at Griffith University on ph 07 3382 1197 or m.crawford@griffith.edu.au

The WAY Project will continue until the end of 2009. YP in care will be asked to complete a second survey in July 2008 and a third survey in 2009. The young people who participate in interviews will be spoken to in March 2008, November 2008 and March 2009.

We look forward to the future involvement of carers and the increased participation of 13-17 year old, young people in care. Remember if any young

person needs a survey they can be accessed from Meegan Crawford, Griffith University.

Appendix J
Carer Information Sheet and Consent Package

August 2008

‘WAY PROJECT’ INFORMATION SHEET

Project Title: Promoting successful transitions to further education and/or work

Investigators: Prof Peter Creed¹, Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager
Tel: 07 3382 1197; Fax: 07 3382 1210;
Email: m.crawford@griffith.edu.au

Dear Carer

We are seeking to gain information about your attitudes and activities in relation to assisting youth in-care to make a successful transition from school to work and/or further education.

What we are asking you to do

We are asking that you meet with one of our researchers, either face-to-face or over the telephone. We are interested in your thoughts and ideas about supporting young people in-care to make a successful school to work transition. We would like to meet with you in 2008 (in August-September). With your permission, we would like to audiotape the meetings so that they can be typed up later. The meeting would last between ¾ to 1½ hours.

What we will do in return

As a thank-you for participating, we can place your name into a draw to win a voucher to the value of \$100 at the store of your choice. We would also send you a short newsletter with the results of the interviews with you and the other people we talk to. This newsletter will give you information about what others are reporting about the school to work and/or further education of youth in-care.

To take part

In order to take part, you need to give your informed consent on the page that is attached to this one. You can keep the page you are reading now as it tells you about the project.

Ethical guidelines

Your participation in the project is entirely voluntary. You may withdraw from participating at any time without providing an explanation. The information supplied by you will be strictly confidential and will not be disclosed to anyone but the Griffith University researchers. Any written reports or feedback on the findings from the project will only describe information at the group level; it will not identify any specific individuals.

If you have any complaints concerning the manner in which this research project is conducted it may be given to the researchers, or, if an independent person is preferred, please contact either (a) the University Research Ethics Officer, Office for Research, Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 6618), or (b) the Pro-Vice Chancellor (Administration), Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 7343).

The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of these data may be used for other research purposes. However, your anonymity will be safeguarded at all times. For further information consult the University's Privacy Plan at www.griffith.edu.au/ua/aa/vc/pp or telephone (07) 3735 5585.

To get further information

If you have any further questions or concerns about the project, please feel free to contact Meegan Crawford, the project manager, using the above contact number.

Thank you for helping with this important research.

Carer Expression of Consent

Project Title: Promoting successful transitions to further education and/or work

Investigators: Prof Peter Creed¹, Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager
Tel: Ph 07 3382 1197; Fax: 07 3382 1210;
Email: m.crawford@griffith.edu.au

By signing this consent form I confirm that I have read and understood the Information Sheet, and in particular that:

- ❖ I understand that my participation in this project will involve me meeting with a researcher who will ask me questions about the school to work/further education transition of youth in-care
- ❖ I have had my questions answered to my satisfaction
- ❖ I understand that my participation is voluntary
- ❖ I understand that I can withdraw from the study at any time without any explanation
- ❖ I understand that if I have any additional questions I can contact the research team
- ❖ I understand that I can contact the Manager, Research Ethics, Office for Research, Bray Centre, Nathan Campus, Griffith University, researchethics@griffith.edu.au, or Tel: (07) 3735 5585, if I have any concerns about the ethical conduct of the project, and
- ❖ I agree to participate in this project.

Name:
.

Telephone number for us to ring you to arrange a meeting time:
.

Mobile.

Signature: Date:
.



After completing this form, return it to the researchers. When we receive this consent form, one of the researchers will ring you to arrange a meeting time.



Many thanks, Meegan Crawford

Name:-----

\$100 Draw

I would like to have my name placed in the draw to win a voucher to the value of \$100 at the store of my choice.

YES

NO

If you indicated that you would like your name placed in the draw to win the \$100, fax this sheet, along with your consent form, to the researchers Fax 07 3382 1210.

Terms and conditions of entry to Draws

1. When you enter the competition you accept these terms and conditions of entry
2. Employees of Griffith University and their immediate families are ineligible to enter
3. Entry into the draw is by returning the Informed Consent form to Griffith University
4. The first random drawn entry will receive a voucher to the value of \$100 at the store of their choice
5. The decision of Griffith University is final and no correspondence will be entered into
6. The prizes are not refundable
7. The winners release Griffith University from any and all causes of action, losses, liability, damage, expense (including legal expenses) cost or charge suffered, sustained or in any way incurred by the winners as a result of any loss or damage to any physical property of the winners, or any injury to or death of any person arising out of, or related to or in any way connected with Griffith University or the prizes
8. Any winner drawn for a prize who is unable to fulfil all of these terms and conditions will forfeit the prize and another winner will be drawn
9. The first winner will be notified by post no later than 31/12/2008
10. The competition opens to entries at 01/07/08 and the competition closes at 5pm 30/10/08. The competition will be drawn at 1pm 10/11/2008. You do not have to be present at the draw to win
11. The winner will be notified by mail immediately after the draw; the prize will be posted to the winner.

Appendix K

Letter Sent to the Managers Child Safety Service Centre to Recruit Caseworkers



School of Human Services

Telephone +61 (7) 3382 1201
Facsimile +61 (7) 3382 1210

www.griffith.edu.au

11th July 2008

Logan Campus, Griffith
University
University Drive,
Meadowbrook

Dear CSSC Manager,

RE: AN INVITATION FOR YOUR CSOs TO PARTICIPATE IN THE WORK & YOUTH 'WAY' PROJECT

The WAY Project, a study which examines the school to work transition for young people in care, is currently seeking contact with CSOs, or other related staff, who may be interested in participating in a research interview. This interview will seek caseworker views on how young people in care, are prepared for school, further education and career.

The study has Director-General approval and has already involved young people in care aged 13-17 years with surveys and interviews. In the coming months interviews will also occur with guidance officers and carers. Below is a brief outline of the study for your consideration. Could you please provide CSOs with information about the project, perhaps in a staff meeting, and supply interested staff with the attached Information Sheet and Consent Form, for their personal consideration. The interviews will best suit CSOs who have experience working with young people in care aged 13-17 years.

Project Details:

The WAY Project, brings together cross-disciplinary academic expertise and policy skills from Griffith University, Education Queensland and the Department of Child Safety, to improve the life prospects of young people in care. It will result in policy and program responses to enhance the career development and work outcomes of these young people. Specifically the project aims to:

- 1) understand how young people in care develop ideas about their future work and careers, including the social/cognitive variables that influence career decision making
- 2) investigate current practices for preparing youth in care for their transition to work or further education and the factors that support or impede the transition
- 3) identify variables that predict successful transitions and therefore identify the key points for intervention; and
- 4) develop intervention strategies to improve education and work outcomes.

What the study involves:

- 1) surveying 13-17yo youth in care on academic, career and life variables and on contextual influences
- 2) surveying a comparison group of adolescents- from Browns Plains SHS, Beenleigh SHS, Miami SHS, Pimlico SHS and Townsville SHS
- 3) conducting semi-structured interviews with a sample of adolescent youth in care
- 4) conducting semi-structured interviews, at one time only during 2008 (July/August), with child protection caseworkers, foster carers, and teachers/guidance officers to examine how the State as 'corporate parent' prepares youth in care for leaving school.

Many thanks for your time and assistance. Interested staff could contact me via email m.crawford@griffith.edu.au, via phone 07 3382 1197 or could return the CSO consent form.

Regards

Meegan Crawford
Research Assistant
WAY Project Ph 07 3382 1197

Appendix L

Information Placed on Department of Child Safety Website



Work & Youth 'Way' Project

The WAY Project, the joint Griffith University, Dept of Child Safety and EQ research project, which examines the school to work transition for young people in care, is underway and assistance is needed! In December 2007 all young people in care aged 13 to 17 years were posted a survey seeking their views on school and work. A February 2008 reminder mail out was then made to all the young people who had not responded. Thus far 250 completed surveys have been received but the researchers need more.

Encouragement and information CSOs, or others, can provide to young people regarding involvement in the project would assist.

All young people who complete the survey can enter a prize draw to win an Ipod, Nintendo DS or portable DVD player. The first prize draw winner, a 13 year old girl from Oakey, chose the portable DVD player. Any young person who would like to participate but does not have a survey can contact Meegan Crawford at Griffith University ph 07 3382 1197 or m.crawford@griffith.edu.au. Alternatively surveys could be made available in CSSCs.

Phase 2 of the research has recently commenced with survey respondents invited to participate in interviews with a researcher. The plan is to involve 100 young people in these interviews and all young people who participate will receive a \$20 thankyou payment.

In July 2008 the study will be seeking the views of CSOs, carers and teachers regarding the preparation young people receive for work and further education. Any interest or queries can be directed to Meegan Crawford ph 07 3382 1197 m.crawford@griffith.edu.au

The WAY Project will continue until the end of 2009. YP in care will be asked to complete a second survey in July 2008 and a third survey in July 2009. The young people who participate in interviews will be spoken to in March 2008, November 2008 and March 2009.

We look forward to your involvement and the increased participation of 13-17 year old, young people in care.

Appendix M
Consent Package for Caseworkers



School of Human Services

Telephone +61 (7) 3382 1201
Facsimile +61 (7) 3382 1210

www.griffith.edu.au

July 2008

Logan Campus, Griffith
University
University Drive,
Meadowbrook

WAY PROJECT INFORMATION SHEET

Project Title: WAY Project: Promoting successful transitions to further education and/or work

Investigators: Prof Peter Creed¹, Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager
Tel: 07 3382 1197; Fax: 07 3382 1210;
Email: m.crawford@griffith.edu.au

Dear Child Safety Officer/Child Safety Support Officer/Caseworker

We are seeking to gain information about your attitudes and activities in relation to assisting young people in-care to make a successful transition from school to work and/or further education.

What we are asking you to do

We are asking that you meet with one of our researchers, either face-to-face or over the telephone. We are interested in your thoughts and ideas about supporting young people in-care to make a successful school to work transition. We would like to meet with you in 2008 (July to October). With your permission, we would like to audio-tape the meetings so that they can be typed up later. The meeting would last between ¾ to 1½ hours.

What we will do in return

As a thank-you for participating, we can place your name into a draw to win a voucher to the value of \$100 at the store of your choice. We would also send you a short newsletter with the results of the interviews with you and the other people we talk to. This newsletter will give you information about what others are reporting about the school to work and/or further education of young people in-care.

To take part

In order to take part, you need to give your informed consent on the page that is attached to this one. You can keep the page you are reading now as it tells you about the project.

Ethical guidelines

Your participation in the project is entirely voluntary. You may withdraw from participating at any time without providing an explanation. The information supplied by you will be strictly confidential and will not be disclosed to anyone but the Griffith University researchers. Any written reports or feedback on the findings from the project will only describe information at the group level; it will not identify any specific individuals.

If you have any complaints concerning the manner in which this research project is conducted it may be given to the researchers, or, if an independent person is preferred, please contact either (a) the University Research Ethics Officer, Office for Research, Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 6618), or (b) the Pro-Vice Chancellor (Administration), Bray Centre, Griffith University, Kessels Road, Nathan, Qld 4111 (Tel: 07 3735 7343).

The conduct of this research involves the collection, access and/or use of your identified personal information. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements. A de-identified copy of these data may be used for other research purposes. However, your anonymity will be safeguarded at all times. For further information consult the University's Privacy Plan at www.griffith.edu.au/ua/aa/vc/pp or telephone (07) 3735 5585.

To get further information

If you have any further questions or concerns about the project, please feel free to contact Meegan Crawford, the project manager, on 3382 1197.

Thank you for helping with this important research.

CSO Expression of Consent

Project Title: WAY Project: Promoting successful transitions to further education and/or work

Investigators: Prof Peter Creed¹, Prof Nick Buys², Dr Clare Tilbury²
School of Psychology¹ and School of Human Services²

Contact: Meegan Crawford, Project Manager
Ph 07 3382 1197; Fax: 07 3382 1210;
Email: m.crawford@griffith.edu.au

By signing this consent form I confirm that I have read and understood the Information Sheet, and in particular that:

- ❖ I understand that my participation in this project will involve me meeting with a researcher who will ask me questions about the school to work/further education transition of young people in-care
- ❖ I have had my questions answered to my satisfaction
- ❖ I understand that my participation is voluntary
- ❖ I understand that I can withdraw from the study at any time without any explanation
- ❖ I understand that if I have any additional questions I can contact the research team
- ❖ I understand that I can contact the Manager, Research Ethics, Office for Research, Bray Centre, Nathan Campus, Griffith University, researchethics@griffith.edu.au, or Tel: (07) 3735 5585, if I have any concerns about the ethical conduct of the project, and
- ❖ I agree to participate in this project.

Name:
.....

Telephone number for us to ring you to arrange a meeting time:
.....

Signature: Date:
.....



After completing this form, please return it to the researchers on Fax 07 3382 1210. When we receive this consent form, one of the researchers will ring you to arrange a meeting time.



Many thanks
Meegan Crawford

Name:.....

\$100 Draw

I would like to have my name placed in the draw to win a voucher to the value of \$100 at the store of my choice.

YES

NO

If you indicated that you would like your name placed in the draw to win the \$100, place this sheet with your consent form, and fax it to the researchers on Fax 07 3382 1210.

Terms and conditions of entry to Draws

1. When you enter the competition you accept these terms and conditions of entry
2. Employees of Griffith University and their immediate families are ineligible to enter
3. Entry into the draw is by returning the Informed Consent form to Griffith University
4. The first random drawn entry will receive a voucher to the value of \$100 at the store of their choice
5. The decision of Griffith University is final and no correspondence will be entered into
6. The prizes are not refundable
7. The winners release Griffith University from any and all causes of action, losses, liability, damage, expense (including legal expenses) cost or charge suffered, sustained or in any way incurred by the winners as a result of any loss or damage to any physical property of the winners, or any injury to or death of any person arising out of, or related to or in any way connected with Griffith University or the prizes
8. Any winner drawn for a prize who is unable to fulfil all of these terms and conditions will forfeit the prize and another winner will be drawn
9. The first winner will be notified by post no later than 30/11/2008
10. The competition opens to entries at 01/07/08 and the competition closes at 5pm 30/10/08. The competition will be drawn at 1pm 10/11/2008. You do not have to be present at the draw to win
11. The winner will be notified by mail immediately after the draw; the prize will be posted to the winner.