



Working with youth in-care: implications for vocational rehabilitation practice

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Introduction

Provision of school-to-work transition services for young people with disabilities is an important role function of rehabilitation counselors and involves working closely with the education system to coordinate a range of services for young people with disabilities that lead to employment (Hanley-Maxwell, Szymanski & Owens-Johnson, 1998). A group that has largely been ignored in this process is youth in foster care, 85% of whom are estimated to have significant mental health issues (Anonymous, 2009), and a disproportionate number of whom experience emotional and behavioural problems when compared to youth living with their families (Dworsky & Courtney, 2009; Lenz-Rashid, 2006). Given that poor mental health is a major barrier to obtaining and sustaining employment (Randall & Buys, 2006) it is not surprising that employment outcomes for youth in care are poor. If the challenges faced by youth in care are to be overcome more attention needs to be given to their unique needs by the vocational rehabilitation sector.

Career planning and employment services to youth in foster care is now a key issue for the childrens services system. In the United States, for example, there are over 500,000 children in foster care (Harris et. al., 2009), with 24,000 transitioning out of the system every year (Dworsky & Courtney, 2009). Similarly in Australia there are over 30,000 children in foster care with 2,000 exiting the system per year (Australian Institute of Health and Welfare, 2009). Given the key role that work plays in today's society (Szymanski & Parker, 2010), adequate preparation for transition from school to work is critical to ensure that this population has knowledge and skills necessary to survive in an increasingly complex labour market. In this context it essential that interventions are put in place during the high school years to develop the

occupational knowledge, life skills, career maturity and career planning skills needed to successfully enter the workplace (Creed, Muller, & Patton, 2003).

Youth in foster care face a range of challenges in making the transition from school to work. They have lower levels of educational attainment and participation due to factors such as family deprivation and maltreatment, frequent placement moves, high rates of school suspensions and exclusions, lack of attention to educational needs, poor co-ordination between educational and child protection services, and low expectations of teachers, foster carers and caseworkers (Berridge, 2007; Francis, 2000; Goddard, 2000; Jackson 2006; Stein, 1994). Further, in-care and post-care experiences have impacted employment, education and training. These experiences included substance abuse and offending, placement changes, school disruptions and poor access to housing and support networks (Dixon, 2007).

The impact of these experiences on employment outcomes is profound. Youth in care are more likely than their peers not in care to be unemployed, underemployed, commence work early (rather than completing high school and go onto further education), have lower incomes and progress more slowly in their careers. One study found that that youth leaving care had less than a 55% employment rate with mean quarterly earnings well below the poverty level (Goerge et al., 2002).

Even more perturbing is the consequences of unemployment on mental health. As there is a clear link between unemployment and increased psychological distress and depression (Murphy & Athanasou, 1999), youth in care with mental health issues are vulnerable to a being caught in an ongoing cycle of unemployment and depression. Given the high rates of mental illness it is critical that the vocational rehabilitation service delivery system respond to needs of this population. However, in many countries young people in care with mental health issues do not access VR services

until they transition out of care. From a career development perspective this often too late, given that the developmental tasks associated career exploration commence at a young age. Ideally, that transition process for young people with disabilities should commence at the beginning of school through to job placement (Hanley-Maxwell, Szymanski & Owens-Johnson, 1998). Unfortunately career development services for youth in care are often inadequate as the care system tends to focus on availability and quality of out-of-home care placements, rather than career planning and further education (Tilbury, Buys & Creed, 2010).

This situation is compounded by a lack of research in this area. Despite the importance of career transition services for young people in care, there is little research investigating how this population develops ideas about their future work and careers, including the social and cognitive variables that impact their career decision-making. This information is critical if we are to inform interventions that will facilitate the transition into employment or further education, particularly as anecdotal evidence suggests that vocational rehabilitation outcomes for this population are poor.

Unfortunately the limited studies conducted in this area suffer from a methodological flaw in that they do not include a comparison group (Farruggia et al., 2006), thereby making it difficult to know whether the results are specific to youth in-care or are typical of adolescents in general. One study that has included a comparison group (Creed, Tilbury, Buys & Crawford, in press) has found a number of significant differences between youth in-care and youth not in-care on a number of career-related variables. Youth in-care reported less career planning, higher levels of internal barriers, lower educational aspirations, perceived their parents to have lower levels of educational aspirations for them, experienced more school instability and reported less school engagement than the not in-care group. It was also found that youth in-

care aspired to lower complexity occupations, were more likely to aspire to social occupations and less likely to aspire to investigative and artistic occupations.

Both in-care adolescents and not in-care youth who reported lower career aspirations also reported a less positive career future for themselves, lower career efficacy and more barriers to their career. In-care adolescents who reported lower occupational aspirations also reported lower school achievement and lower self and parental aspirations. Further, less career planning was associated with lower career aspirations, less confidence and poorer expectations for the future for this group.

These findings have considerable implications for vocational rehabilitation practice. First, the low level of career planning, occupational and educational aspirations and parental expectations are not typical of youth in general. This implies that rehabilitation counsellors need to tailor services to youth in-care to raise both their occupational and educational aspirations as well as encourage carer and school involvement in this process. Second, the low level of career planning and career exploration among youth in-care while at school suggests they are giving insufficient attention to their work futures in terms of the educational pathways required to enter 'higher level' jobs in the labour market. Rehabilitation counsellors therefore need to ensure that career planning services youth in-care are integrated with their educational experiences. Third, it is evident that services must address the multiple internal (eg low levels of self-efficacy) and external barriers (low parental expectations) that hinder the career development of youth in-care. Finally, the strong focus on social occupations may arise from an over-exposure to helping professionals who have been involved in their lives and a desire to ensure that others don't experience the same level of disadvantaged they have faced. It is important that rehabilitation counsellors

assist clients in-care to explore a wider range of careers to ensure they are not confined to a narrow range of occupational choices.

While Creed et al. article offers important insights to guide vocational rehabilitation practice it only presented results from a quantitative survey instrument that focussed on a discreet range of career-related variables. The research project of which the survey was part also contained a significant qualitative component that was designed to explore in greater depth the influences on career development for youth in-care, as well as factors that support or impede their transition from school to work or further education, including mental health issues. The research also aimed to understand the processes and factors relevant to young people in care developing ideas and expectations about their work futures. Further, the perceptions of the multiple stakeholders in the lives of youth in-care were sought as previous research has shown that professionals involved in the lives of young people in care are influential in enabling or constraining their career expectations. This paper reports on the findings of this research and its implications for vocational rehabilitation practice.

Method

Participants

Semi-structured interviews were conducted with youth in-care, foster carers, caseworkers and school personnel. A sample of 65 youth in-care was chosen with the intention of interviewing them three times over an 18-month period to gain an understanding of issues that arose as they transitioned through the education system or from school to work. The sample, which included 43 females and 22 males, was drawn from a variety of placement types, with varying pre-care and in-care experiences, and at different stages of their education and career exploration. All participants were recruited with the assistance of the statutory child protection agency,

which provided addresses for young people in care, address and phone contact details for carers, and approval for caseworker participation in the study. The total sample was interviewed at least once, 50 were interviewed twice and 25 were interviewed three times over the 18-month period. This level of attrition is to be expected in a population that is highly transient and difficult to contact.

Interviews were also conducted with 27 carers, 14 caseworkers and 21 guidance officers. The 27 carers were recruited via letter, advertisement in the representative foster care body newsletter and direct telephone calling. 20 of the carers were female and seven were male and 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. The 14 child protection caseworkers (13 female and one male) were all employed by the State child protection agency, and were recruited through advertisements placed on their Departmental intranet, letters to their managers, and visits by the researchers to staff meetings. Guidance officers were all employed in the State high school system and were recruited via a letter inviting them to participate in the study.

Procedure

Interviews with participants were conducted by trained interviewers either in-person or on the phone using a semi-structured interview format. The duration of interviews was between one and 1.5 hours. A list of questions covering topics that related to the role of participant group was provided to interviewers. For example, questions for youth in-care focused on how they formed ideas on future work, preparing for work and the role of others in their career decision making. The second and third interview protocols for this group also had a focus on changes that had occurred since the last interview that impacted their views and ideas about careers. The interview protocols

for carers, parents and guidance officers concentrated on their roles in influencing career decision-making for youth in-care, and the expectations and barriers that assisted or hindered this process. Interviewers were encouraged to probe beyond the interview questions to gain an in-depth understanding of issues.

All interviews were audio-taped and transcribed for thematic analysis. An interpretative phenomenological analysis was used that focused on understanding the meaning that participants attributed to their experiences (Smith & Osborn, 2004). Data was analysed using the constant comparative method (Babbie, 2001), which involved a process of identifying themes and sub-themes from the data by reading and rereading the material. This process was assisted by the use of the N-Vivo 8 qualitative data analysis package. Three raters independently analysed the data and a high degree of inter-rater reliability was found.

Results

Interview data from youth in-care revealed a range of psychosocial, vocational and economic issues that have a pervasive impact on the lives of youth in-care, including their career development. These include issues that are unique to this population including placement stability, negative in-care experiences, impact of being in-care on schooling, negative perceptions of youth in-care, lack of assistance from caseworkers, implementation of Education Support Plans and the influence of the family of origin while in-care.

There was universal agreement that stable long-term placements provided the best environment for youth to develop the life skills required to succeed. However, the majority of youth experienced multiple carers. The resultant placement instability had significant emotional (eg anger, lack of trust, lack of confidence, depression and stress), social (eg inability to form relationships) and vocational (eg inability to settle

at school and plan day to day or for the future) consequences. For example, one youth stated:

.....you try not to change foster placements because all the stress makes you worry about that and not worry about anything else like your schoolwork or anything and then you fall behind.

Many carers, guidance officers and caseworkers recognised that frequent changes of placement and the resultant lack of sense of belonging led to youth being unable to form long-term relationships, feelings that nobody cares, an inability to trust and consequently, social disengagement. These negative impacts were compounded by frequent changes in schools, the consequent loss of relationships and a system failure to deal with important issues such as mental health and transition from care planning.

For some participants negative pre-care and sometime in-care experiences such as abuse and lack of attention had emotional and vocational consequences, including problems at school and inability to be able to concentrate on their studies. Guidance officers and caseworkers reported that these experiences led to intellectual and learning difficulties that significantly impacted study and career opportunities, as well as the development of important skills in the area of communication, socialisation and relationship-building. For others positive in-care experiences, such as encouragement and support to do well at school and the provision of resources (eg tutoring, textbooks, transport), had a constructive impact on career development.

Negative in-care experiences were compounded by problems at school. Bullying by other students and sometimes teachers was often related to youths' in-care status. They felt that they were 'picked on' because they were viewed as different due to their 'family' arrangements. Many youths found it difficult to focus on their studies and obtained poor marks. Additional assistance to help them with their studies was usually not available, despite the fact that guidance officers and caseworkers reported

that significant numbers of them suffer learning difficulties, intellectual impairment and associated behavioural problems. Often their lack of placement stability impacted their ability to settle into school, further exacerbating behavioural and mental health issues:

Just my home life. Like I would have distractions..... and you know, I don't want to go to school and deal with it. It was just affecting my school work as well. Like I would go to school, I couldn't focus, I couldn't do my work. I would say definitely over this last year..... my behaviour wasn't good anymore.

Guidance officers felt that problem behaviours created a 'vicious cycle' for youth because it reduced both their opportunities to discuss study, work and career options with significant others and access to work experiences and extra-curricular activities – all key variables in successful career development.

Not all participants reported negative schooling experiences. Several participants commented positively when their school provided opportunities for vocational training. For others the support of friends and teachers, a safe learning environment and opportunities for sport and other activities provided an escape from the difficulties associated with their home lives.

Each child in state care at school is required to have an Educational Support Plan (ESP) but several youths were unaware of their ESP's or had no knowledge of its content. Where an ESP was in place some participants reported a lack of follow through in its objectives or that it was overly focused on their behaviour rather than on important issues that would further their education. Carers report themselves as being main drivers of ESPs because caseworkers often do not 'show up' for meetings. Guidance officers, on the other hand, reported that they were the main drivers of the ESP, and while opinion varied as to what should be included in the Plan, there was general consensus that it was a useful document for coordinating resources and delivery of services. caseworkers varied in their views on ESP's. Some felt they were

a useful collaborative mechanism to put supports in place, whereas others viewed them as meaningless, particularly when they were not followed through or sufficiently focussed or resourced to meet students' needs.

The stigma attached to being foster care included negative perceptions of this population. Youth in-care felt that employers and teachers saw them as trouble-makers and this led to them missing out on jobs or being treated differently at school. Not surprisingly many reported a lack of self-confidence and poor self-esteem, and high levels of anxiety and depression. Guidance officers reported that youth often did not seek support or resources to avoid being seen as different and this led to further disadvantage.

One of the major barriers to career development for participants was the lack of vocational guidance. This included insufficient access to guidance officers because of their large caseloads, lack of formal career advice or planning and poor knowledge of job requirements and how to access jobs. This is despite the fact that participants were well aware of the importance of work in their lives, particularly those that had accessed part-time work and recognised the benefits in terms of earning money and gaining skills. Parents were usually not good vocational role models as they were often unemployed and work was not valued. Sources of career information therefore tended to be outside the family structure and included internet, friends, tertiary education provider expos. Guidance officers reported that teachers, carers and caseworkers often had lower academic and career expectations for youth in-care which reinforces poor self-esteem and lack of confidence. For many youth work and education was a means by which they could avoid the same mistakes of their parents:

..... 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.... 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...

No participant reported receiving vocational guidance from State or federal vocational rehabilitation services despite the high rate of mental health issues in this population. The primary caseworkers in their lives were Child Safety Officers (CSO's). However many youth reported a lack of regular contact, considerable turnover and a lack of interest by caseworkers in their education and job futures. Guidance officers reinforced this view, reporting difficulties in contacting caseworkers, accessing important information from the Department and getting caseworkers to attend ESP meetings. It was also felt that caseworkers did not provide any career guidance or planning and were unwilling to provide funding for vocational education or training, particularly during the critical period of transition from school to work. Carers raised similar issues, variously describing the relationship between youth and caseworkers as irregular, crisis-driven, mechanical, adversarial and lacking any real focus on education and career planning. Both carers and guidance officers reported that multiple changes in caseworkers, which led to youth avoiding them and developing sense of distrust.

Interviews with caseworkers indicated that large caseloads prevented them from having regular and intensive contact with their clients, services tended to be reactive and crisis-driven and often completing paperwork was their priority. While a minority viewed their role as goal setting and career planning, most lacked knowledge of education and career services and saw these services as meeting tertiary, not primary needs. Caseworkers reported that career development was not included in their caseworker training. Several caseworkers stated career planning was a school responsibility which did not involve them, even when the young person's needs were

not being met in this area. They are also reported that funding for work-related training and equipment was limited during the transition from school to work phase, yet there appeared to be little attempt to refer youth to vocational support or rehabilitation services. Caseworkers acknowledged a range of Departmental service-related issues that negatively impacted youth in-care including staff turnover, lack of compassion, high caseloads, poor transition planning, competing priorities and lack of knowledge of supports.

The major influences on career development in young people in-care tended to be outside the education and service delivery systems. Some youth reported that carers provided advice on career pathways, assisted them to find part-time and casual work, supported their education and encouraged them to succeed. Grandparents as carers were a positive influence as workplace role models or setting expectations about obtaining a successful career. While teachers and guidance officers provided some career guidance and information about education pathways it was evident that peers and friends also had an influence through their support and encouragement to seek and obtain a good job. However, the relative isolation of youth in-care meant that 20% of them were self-reliant in terms of career exploration, lacking role models and being forced to be independent at an early stage in life. This often led to a lack of knowledge about careers and career planning that reinforced low expectations and low in the job seeking process.

Lack of resources was viewed as a major impediment in meeting the educational and vocational needs of youth. Further, bureaucratic processes often delayed the purchase of necessary items. Responsibility for provision of educational resources such as textbooks, computers, tutors and transport costs is sometimes not clear, leading to unmet needs. Funding for training and technical and further education

courses is often not approved, despite the advantages of acquiring these vocational skills. Guidance officers expressed concern that carers often will not facilitate access to or fund extra curricular and social activities for financial reasons. These activities were viewed as important in building self-esteem and social skills, all of which contribute to vocational development. Caseworkers acknowledged that funding was often inadequate and poorly timed, and funding guidelines inflexible given the diverse needs of youth. Several carers met the costs of private tutoring and educational equipment themselves, and some even met the costs of private school fees. Most carers provided computer access at home. Some carers advocated for support from the school, training organizations, disability support services and mental health services where required:

Well I have spoken to the guidance officer at school...they can help with different stuff at school but she has to be prepared to go and sit down with them at school.... She has a lot of anger management problems so I did take her to the GP and he referred us to mental health, I took her down there and they do believe that she is suffering from post traumatic stress disorder.

Youth in care only receive State assistance up to 18 years of age, after which supports cease, at a time when they are making the difficult transition into work or further education. Lack of planning for transition from care was viewed by all interviewees as a major issue for youth. Many carers reflect on the trauma of leaving care. Caseworkers reported that transition is often crisis-driven and focussed on housing rather than the transition from school to work. Youth were often fearful about this transition:

.....my whole world's just going to flip straight upside down.... every kid dreads it in care. When they're 18 they're just getting the big boot.....

Most interviewees were of the view that State care should, where necessary, be available for a longer period until the youth is established in work and the community, yet there was no acknowledgment of responsibility among the parties regarding

delivery of vocational services. In arguing for a later discharge from care, caseworkers focussed on accommodation, social support and funding rather than assistance with making the transition to a career.

The situation for youth in-care with disabilities was even worse. Carers appear to receive little access to support, training and respite for children living with disabilities and these youth often remained with carers even though they are unfunded after the age of 18. It was clear that carers of youth in-care with disabilities felt out of their depth, reporting that they had tried to help with career exploration but with very limited success. State disability services do not appear to offer services to the in-care group and consequently here appears to be little planning for transition. Carers expressed their frustration at this situation:

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. Maybe with Matthew they should have said well, for a start, you can take him to this centre; there's this organisation, there's that organisation, there are other organisations. But they don't know anything about children with disabilities.

Discussion

It is clear from this study that youth in-care are not receiving the career development services they need to overcome the multiple internal and external barriers that impact their transition from school to work. These barriers included placement instability, negative pre-care, in-care and school experiences, emotional and behavioural issues, poor educational and case planning, stigma and inadequate educational and vocational resources.

Of particular concern is the lack of vocational guidance for this group. None of the stakeholders interviewed provided the level of career planning and intervention required to assist youth in-care to successfully make the transition from school to work. Caseworkers providing statutory child protection services did not have the time

or training to deliver such services, or view this area as outside the ambit of their role. The large caseloads of school guidance officers prevents them from delivering the intensity of services required, and despite the best of intentions, carers were often poorly equipped to provide assistance with career exploration or the acquisition of job seeking skills. The lack of coordination between statutory child protection services, schools and families means that youth in-care 'fall through the cracks' in terms of vocational guidance. This situation is further compounded by the cessation of State assistance at 18 years of age, a time that is critical in terms of school to work transition.

Given range of barriers and the lack of vocational services it is not surprising that youth in-care report a less positive career future for themselves and lower career self-efficacy than their not-in-care peers, and also aspire to lower level occupations (Creed etc). The low levels of career planning and occupational aspirations among youth in-care are atypical and are of a concern. Lower career aspirations may result in youth in-care disproportionately entering jobs in the secondary labour market. This market consists of unskilled jobs that are often casual in nature and offer little opportunity for promotion. They are also less satisfying, precarious jobs in the disposable labour market, leading their occupants to cycle in and out of employment (Buchanan & Watson, 2000). Youth in-care also disproportionately identify 'social' occupations such as nursing, childcare and teaching as their preferred career choice. This may arise from an over-exposure to helping professionals who have been involved in their lives and a desire to ensure that others don't experience the same level of disadvantaged they have faced. However, it is important that caseworkers assist clients in-care to explore a wider range of careers to ensure they are not confined to a narrow range of occupational choices.

Clearly there is a need to overhaul the service delivery system if youth in-care are to successfully transition into the labour market. Given the high rates of mental health issues in this population vocational rehabilitation practitioners are ideally suited to take on this role. The results of this study have a number of implications for vocational rehabilitation practice. The low level of career planning and career exploration among youth in-care while at school suggests they are giving insufficient attention to their work futures in terms of the educational pathways required to enter 'higher level' jobs in the labour market. Rehabilitation counsellors therefore need to ensure that career planning services youth in-care are integrated with their educational experiences.

VR services must address the multiple internal and external barriers that hinder the career development of youth in-care. In this context rehabilitation counsellors need to adopt an ecological approach (Dobren, 1993) to practice. The social-cognitive theory of career development (Lent et al, 1996) is ideal to underpin such an approach as it recognises both the social variables (family background, stigma, social supports, personal resources) and cognitive variables (self-efficacy, outcome expectations and career aspirations) that have a major impact on the career development of youth in-care.

Rehabilitation counsellors need to tailor services and coordinate the resources necessary to raise both occupational and educational aspirations of their clients in-care. Involvement of key people in the lives of youth in-care is critical to this process. Carers have a major influence in terms of career advice, as workplace role models and developing expectations about obtaining a career. However they are often constrained in the level of resources they can provide to youth in their care in areas such as transport, learning materials, computers and vocational training. They also often lack

the occupational and labour market knowledge needed to guide youth in the career planning process. Rehabilitation counsellors can coordinate school-based guidance officers, funding from State and Federal sources and vocational training services to provide youth in-care with more effective career planning, while at the same time ensuring carers are providing the appropriate level of support within the home.

This research indicates that preparation for the transition from school to work needs to commence as early as possible in high school. Addressing issues of poor self-esteem, low self-efficacy, negative perceptions of school and learning difficulties in the latter years of high school is too late to deal with the range of social and cognitive variables impacting on career development. At the same time mental health services must be provided to assist youth in-care to manage issues such as depression, emotional and behavioural problems, substance abuse and the psychological distress associated with frequent placement moves and negative pre-care experiences. Access to these services needs to continue during the high school years and through the transition to work and post-school life. Poor mental health is a major barrier to job acquisition and retention (Randall & Buys, 2006) and it was evident from this research that stakeholders viewed the lack of attention to these issues as a major system failure.

While the argument for involving VR services in providing school to work transition services to youth in-care is compelling, there is little research that indicates such services are being provided. Apart from one published study describing a project that included vocational rehabilitation in a service delivery model there is little evidence that youth in-care are accessing these services. There are several reasons that may account for this situation. First, statutory guidelines often limit VR services to people who have been classified as 'disabled' according to some statutory regulation.

Often the mental health issues of youth in-care remain undiagnosed so they are not eligible or referred for VR services. Second, many VR systems limit services to the working age population, automatically excluding youth in-care who are in the school system. With the growth of school to work transition services there is now a lot more scope to service the needs of this population but it is often unclear between the educational or VR systems as to who should be delivering the service. Third, the transient nature of this population results in a high 'drop-out' rate. One rehabilitation counsellor summarised this situation well:

In my experience, there is much room for improvement for working cooperatively with Dept. of Children and Family Services. What happens is they often change foster placements and they abruptly transfer out of the school they are attending. I find out long after the fact. The previous foster parents say they don't have further information about their whereabouts. So we lose track of them in VR as they bounce through the foster system.... It's sad but I can't think of a single foster child whose case I've opened that I've been able to see through to a successful transition to adulthood.

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Table 1: Issues impacting career development for youth in-care

Issue	Description of issue
Lack of placement stability/Desire for stability	Need to be somewhere to feel safe and secure, sense of belonging, need to be in stable environment to plan and have stable relationships, importance of 'having a family', inability to form relationships, lack of trust and self-confidence, inability to access school
Negative in-care experiences	Exposure to drugs, feelings of being different, inability to concentrate at school, abuse, lack of attention or interest by carers, trauma of being moved, impact on career choice
Negative school experiences	Bullying and harassment, poor marks, poor behaviour, disrupted schooling due to issues at home
Negative perceptions of youth in-care	Employers and teachers see youth in-care as causing trouble
Poor self-confidence	Lack of encouragement, anxiety and depression
Lack of resources	Lack of supportive people, transport, computers, text books, funds for TAFE/Uni fees
Bureaucratic processes	Department failing to sign forms, provide information or money in a timely manner, problems getting documentation such as birth certificates
Lack of vocational direction	Lack of clear job goal, knowledge of how to access employment, insufficient access to Guidance Officers, lack of formal career advice, poor knowledge of job requirements
Lack of assistance from Child Safety Officers (CSO's)	Lack of: contact with, and interest from CSOs; interest in education and longer term career planning; knowledge regarding the CSO role; provision of funds eg to buy textbooks; stability in CSO's
Implementation of Education Support Plans (ESP's)	Unaware of having an ESP, lack of knowledge of contents, ESP not updated, poor quality of plans, no follow through on ESP objectives, focus of ESP on behaviour rather than more important things,
Importance of job and work experience	Provides access to money, skills, development of career interests, contacts and friends
Family of origin	Lack of contact about school or work, conflict with relatives, parents not working, need to care for siblings
Career motivators	Avoid mistakes of parents, supportive individuals eg counsellors, caseworkers, desire to be independent and not welfare dependent, emotional support and encouragement from carer/family member/friend/teacher, mentors, access to money
Sources of career information	Tended to be internet, friends, other people, Uni expos