



The career aspirations and action behaviours of Australian adolescents in out-of-home-care

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ABSTRACT

We surveyed 202 adolescents who were in out-of-home care, and compared them with 202 adolescents not in care (matched for age, gender and school achievement) on career-related aspirations (occupational aspirations, educational aspirations, life barriers) and career action behaviours (career exploration, career planning). The out-of-home care adolescents reported lower occupational aspirations, less career planning, more career barriers, lower educational aspirations for themselves, lower parental aspirations, and more school engagement. Further, career exploration was lower for out-of-home care children who had higher aspirations, lower self-efficacy, parents who communicated higher aspirations, and low aspiring friends. Results are discussed in the context of providing career development and supports for out-of-home care adolescents so that their career aspirations and behaviours can mirror more normative levels.

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1. Introduction

Children in “out-of-home” care are those who have been placed under the legal custody or guardianship of the State for their care and protection (Australian Institute of Health and Welfare 2009). These children come from struggling families where parenting skills and resources are limited (Barber, Delfabbro, & Cooper 2000). They are no longer able to live with their family of origin, for example, because of child abuse or neglect, and come to the attention of State agencies via concerned community members, health and welfare professionals, teachers, and the police, some of whom are mandated to report such incidents. Typically, the children are placed with foster carers or extended family members, although in some cases they may be placed in residential care. This use of out-of-home care is considered a last option; thus, only children in serious need are placed in out-of-home care in this way (Bromfield & Osborn 2007).

The number of children in out-of-home care in Australia has grown dramatically over the past decade, more than doubling from 14,078 in 1997 to 31,166 in 2008. The rate of children in care also has grown, from 3.3 to 6.0 per 1000 over the same time period. About half of these children are cared for in foster homes, 44% are in care with relatives or kin, and 4% are in residential situations (AIHW, 2008). Some other Western countries are seeing a decline in the number of children in out-of-home care. For example, in the US, while there was an increase

in children in care during the 1990s (6.2 to per 1000 in 1990 to 8.1 per 1000 in 1999), this has declined to 5.7 per 1000 in 2009 (Child Trends Data Bank 2009). Similarly, in the UK, the number of children in out-of-home care in 2007 was a 2% decrease from 2003 (Department for Children, Schools and Families 2007). One of the main reasons for the increased numbers of children in care in Australia is that the length of time in care has increased (AIHW).

Children in out-of-home care are clearly disadvantaged relative to their not in care peers. First, and by definition, they have a history of disadvantage and/or abuse prior to being placed in care (Fernandez 1996). Second, they have to manage the losses and disruptions that go along with being placed in care (Cashmore, Paxman, & Townsend 2007), at the same time as coping with the effects of past neglect and/or abuse (O'Neill 2004). Contact with siblings, friends and extended family are typically disrupted, and they may have to deal with a series of case workers and placement instability (Barber & Delfabbro 2003). On top of this, they may receive inadequate or inappropriate services from the agencies charged with helping them (Bromfield & Osborn 2007; Pinkerton & Stein, 1995).

The outcomes and life achievements for children in out-of-home care, once they leave care, are also poorer than children who were not in care (Farruggia, Greenberger, Chen, & Heckhausen 2006). When young people leave care they have higher rates of homelessness (Mauders, Liddell, Liddell, & Green 1999), offending (Courtney et al. 2005), substance abuse, relationship difficulties (Buehler, Orme, Post, & Patterson 2000), mental health problems (Cook-Fong 2000), income support needs (Dworsky 2005), and unemployment, under-employment and under-achievement in the workforce (Blome 1997;

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Cashmore & Paxman 1996; Stein 1994). The long-term outcomes for out-of-home care Australian children has been summarised by Osborn and Bromfield (2007). These authors reported findings consistent with international results, and concluded that “young people leaving care are one of the most vulnerable and disadvantaged social groups” (p.2).

While some children in out-of-home care manage the transition from school to work satisfactorily, many are poorly prepared for independent living. Children in out-of-home care in Australia receive legal protection and formal assistance from the State only until they are 18 years of age. This means that, at the age of 16, 17 or 18 years, when their not in care peers are either leaving school and entering the labour market or enrolling in further education with the help of their parents, children in out-of-home care may be managing these transitions on their own. Some will receive ongoing support from a foster carer, but many will not (Courtney & Dworsky 2006; Mendes & Moselehuddin 2004). Young people transitioning from out-of-home care experience high rates of mobility (e.g., they are much more likely to experience transitional housing than not in care peers), are more likely to terminate their education early (e.g., only 42% of care leavers, compared to 80% of those in the general population, complete Year 12), are more likely to become early parents (e.g., about one third of young women leaving care become pregnant or give birth before the age of 20, compared with 2% in the general population), have higher rates of unemployment and income support, struggle financially, and do not have the financial (or social or emotional) support to fall back on that young people not in care do (Allen 2003; Bromfield & Osborn 2007; Paxman 2007).

Crucial also to a successful transition are those early decisions that determine the educational and occupational pathways that are to be followed. Most adolescents make these decisions with the support of parents and family, whereas young people in out-of-home care are deciding on their future while experiencing and managing uncertainty and instability (Bromfield & Osborn 2007). Many of these decisions are driven by the needs of the school system, which require students to make career-related choices, such as selecting school subjects or educational streams, at regular intervals during the high school years. This occurs whether students are developmentally ready for the decision or not, and these decisions often lock young people into a particular career or occupational pathway from which it is difficult to deviate (Creed, Prideaux, & Patton 2005). In Australia, for example, Year 10 students can choose school subjects that have a specific occupational focus (these can be offered in the high school or in a technical college separate from the high school). Choosing vocationally-orientated subjects can orientate students towards early work entry, rather than have them focus on university-level training, and, for some students, may mean that they do not complete pre-requisites for later university programmes (Alloway, Dalley, Patterson, Walker, & Lenoy 2004).

Despite the large volume of research that has examined the experiences of young people in out-of-home care (e.g., Landsverk, Burns, Stambaugh, & Rolls Reutz 2009; Naccarato & DeLorenzo 2008), there has been virtually no research investigating their career development and decision-making. Further, most intervention programmes established to assist labour market entry for this population have focused on former in care young people (Henig 2009), and primarily deliver training on job-seeking and developing workplace skills (e.g., Sherman 2004), although some programmes also offer career guidance services (Allen 2003).

The current study sought to contribute to the understanding of the experiences of this population by examining the career development of a group of out-of-home care adolescents. We utilised the social cognitive career theory (Lent, Brown, & Hackett 1996), which is based on Bandura's (1986) personal agency theory, as the basis for this investigation. Social cognitive career theory proposes that there are three key variables that underpin agency in the career development

domain, and which act as mechanisms for driving career-related actions (such as career exploration and planning). These are self-efficacy (“people's judgements of their capabilities to organise and execute courses of action”; Bandura, p. 391), outcome expectations (people's judgements of the likely consequence of attempting a task; i.e., the contingency relationship between effort and outcome) and career goals or aspirations (people's intention to engage in a certain activity or to effect a particular outcome; Bandura), all of which have been described as the “building blocks” of career development (Lent et al., 1996).

Salient to the current study, social cognitive career theory also acknowledges that contextual influences play an important role in the development of occupational interests and career decision-making, and may directly influence the development of self-efficacy, expectations of the future, and career aspirations. Contextual influences include gender, ethnic background, socio-economic status, personal resources, perceived life barriers, and educational supports and encouragements. The theory especially highlights connections between educational supports and encouragements and career aspirations (Lent et al., 1996). The suggestion here is that encouragement for academic achievement and tangible supports lead to more and better educational opportunities, which, in turn, lead to interest in more prestigious occupations, and help shape final career selection. Considerable support exists in the literature for the main proposals of the social cognitive career theory, as well as for the role of contextual influences (Lent 2005; Sheu et al. 2010).

We were interested in career aspirations, career exploration and career planning as outcome variables for the study. Career aspirations, which are “an individual's expressed career-related goals or choices” (Rojewski 2005, p. 132), represent career goals in social cognitive career theory. They are important as they are useful predictors of occupational choices, and are associated with future occupational achievement (Mau & Bikos 2000; Schoon & Parsons 2002). Career exploration and planning represent action behaviours: career planning refers to activities such as setting sub-goals, deciding on strategies, prioritising tasks and identifying timelines, whereas career exploration refers to the information gathering needed for planning, such as identifying one's interests and values, and finding out information about education, training courses and occupations (Zikic & Klehe 2006). Both activities are important as they are actions that are taken to achieve the aspirations or goals of the individual (Lent et al. 1996). We were interested also in contextual influences, as adolescents in out-of-home care are subject to extraordinary experiences not confronted by their not in care peers. These were operationalised as career barriers, which can be considered as events or conditions within the environment that make career progress difficult. Real and/or perceived barriers are important determinants in the career choice process (Lent 2005). Consistent with social cognitive career theory, we also assessed career-related self-efficacy and outcome expectations.

A major weakness with many studies of children in out-of-home care is the failure to include a comparison group (Farruggia et al. 2006). Utilising a comparison group allows stronger statements to be made about similarities and differences between those in out-of-home care and those not in care. Without a comparison group, it is difficult to know whether identified difficulties and strengths are specific to the out-of-home care group, or are typical of adolescents from similar socio-economic backgrounds, but not in care. We assessed similarities and differences between a group of out-of-home care adolescents and a matched sample of adolescents not in care, constructed by controlling for gender, age and educational achievement, all variables influential to career development (Patton & Creed 2001).

While the study was somewhat exploratory, as no previous study has examined the career development of young people in out-of-home care, we were guided by the general out-of-home care literature, and

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