Career Development of Young People in Government Care: A Comprehensive Review

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Abstract: Young people in government care systems are marginalized and vulnerable in many ways, and thus, they possess distinct career development needs and experiences. In this systematic literature review, we explore the career development experiences of children and youth in care and their experiences following emancipation from care into independent living. Our review reveals distinct personal, relational, educational, and occupational career development experiences which pose significant challenges for emerging adults in this population. Our review also yields several key recommendations for career development practice, including strategies for working with adolescents in care and strategies for working with emerging adult clients who were formerly in care.

Over the past 50 years, the transition from adolescence to adulthood has become a longer and more difficult process for many young people in industrialized countries (Osgood, Foster, Flanagan, & Ruth, 2005). In most labor markets, it is important for young people to obtain postsecondary education to enter into a workforce that will earn them an adequate income (Domene, Landine, & Stewart, 2014; Osgood et al., 2005). Given such labor conditions, emerging adults in the 21st century are spending more time pursuing postsecondary education, taking longer to enter the workforce, spending more years in their familial home, delaying marriage, and postponing parenthood. This prolonged period of transitioning to adulthood is often referred to as emerging adulthood (Arnett, 2000). For many emerging adults, a primary concern in this life stage is career development. Though it does not come without stress, career development is often an exploratory process which ensues at a leisurely pace. Many young people require substantial emotional, practical, and financial support for this transition toward adult independence, and the majority of these young people look to their families to provide this support (Osgood et al., 2005).

There is a growing body of literature that describes normative career development processes in emerging adulthood, but much less is known about the nature of career development in young people in government care and about the nature of career development in emerging adults who age-out of government care. In this article, we present a comprehensive international literature review of the career development experiences of young people in government care and of young people who age-out of government care. The literature we review is international in nature, but we are Canadian, and therefore, we interpret the literature through a Canadian lens. Many of these articles—originating from different countries and based on different populations—demonstrate similar career development experiences among young people in government care and among young people who have aged-out of government care.

In the context of this article, we use the term government care to capture what is commonly referred to as an out-of-home care setting, including foster care and residential care. Children and adolescents are often placed in an out-of-home care setting when it is legally determined they need to be removed from their family home and placed under the legal guardianship of the government to protect them from neglect or abuse (Courtney & Heuring, 2005). Foster care is an internationally recognized term and refers to a private home that a young person is placed to live in that has been approved by a government (or similar regulatory body) welfare system (International Foster Care Organization, 2017). In contrast, a residential care setting includes treatment facilities and group homes where young people are placed to live because they either have difficulty functioning in a family environment, often due to behavioural or adjustment issues (Canadian Child Welfare Research Portal, 2011) or because foster care is unavailable due to other circumstances (UNICEF, 2011). Residential care is also an internationally recognized term (EveryChild, 2011). In the context of this article, aging-out of care refers to a young person being legally emancipated from the government care system (Courtney & Heuring, 2005). At this time, support received through the child welfare system is terminated and they transition into adult independence (Courtney & Heuring, 2005). Typically, this occurs when a young person in government care reaches the age of majority in their jurisdiction. In many cases, in both Canada and the United States, this occurs when a young person turns eighteen (Courtney & Heuring, 2005).

As the following literature review will demonstrate, young people in government care and young people who age-out of government care experience a unique set of career development challenges in comparison to their non-care peers. These young people often lack family support and frequently navigate transitioning into the workforce on their own and at an accelerated pace. Given the predominantly negative transition outcomes found for young people who have been in care and who have then aged-out of care (Barth, 1990; Blome, 1997; Courtney et al., 2011; Pecora et al., 2006), it is important for practitioners and policymakers to gain an understanding of the experiences that have shaped these young people's career development both during their time in care and after their emancipation from care. Indeed, by being aware of and by developing better understandings of the particular experiences which impact the career development of vulnerable young people in care, we create the opportunity to provide better targeted career development support strategies and interventions.

The Experiences of Young People in Care

In 2013, an estimated 62,000 young people were in government care in Canada and 400,000 young people were in government care in the United States (Jones, Sinha, & Trocmé, 2015; U.S. Department of Health and Human Services, 2015). As these young people mature, all too many experience difficulties related to reasons that originally brought them to care. These difficulties are then exacerbated by additional adverse experiences while in care. Research demonstrates that both pre-care difficulties and in-care difficulties have a negative effect on young people's career development (Buys, Tilbury, Creed, & Crawford, 2011; Courtney, Piliavan, Grogan-Kaylor, & Nesmith, 2001; Lee & Berrick, 2014; McMillen, Auslander, Elze, White, & Thompson, 2003; Pecora et al., 2006). Although it is assumed that these young people removed from their families should have a better life, youth in care remain among society's most vulnerable populations, particularly in terms of their career development outcomes.

Individual Experiences of Young People in Care and the Impact on Career Development

The effect of trauma and abuse. The majority of young people in government enter the care system as a result of abandonment, neglect, and abuse (Courtney & Heuring, 2005; Courtney et al., 2001; Pecora et al., 2006). For example, Pecora and colleagues (2006) found that 93% of their participants—all young people formerly in care in the United States—had experienced maltreatment in childhood, and 64% were placed in care as a result. Similarly, Courtney and colleagues (2001) found 76% of their American sample had experienced maltreatment in childhood, and 53% were placed in care as a result. Even in care settings, vulnerable young people may endure neglect and abuse. Within their sample of 141 young people formerly in care, Courtney and colleagues (2001) found that during their time in care, over one-third experienced neglect, 13% experienced physical abuse, and 2% experienced sexual abuse, all at the hands of their caregiver. Another 17% experienced sexual abuse by someone other than their caregiver. The experience of neglect and abuse has overwhelming negative effects on young people's development (Buys et al., 2011; Courtney et al., 2001; Hildyard & Wolfe, 2002; Hudson, 2013; Lee & Berrick, 2014; McMillen et al., 2003; Pecora et al., 2006).

Relating to career development, traumatic experiences have been found to negatively impact a young person's academic performance and vocational outcomes. Canadian researchers Hildyard and Wolfe (2002) suggest that childhood maltreatment negatively affects young people's later academic achievement, and American researchers McMillen and colleagues (2003) demonstrate a relationship between childhood maltreatment and school grade repetition. Additionally, Buys and colleagues (2011) found that the experience of abuse and neglect contributed to problems in communicating, socializing, and concentrating for Australian youth in care, all of which affected their academic and career opportunities.

The status and stigma related to being in care. Young adults formerly in care self-reflect that being placed into government care was necessary. In Courtney and colleagues (2001), 90% of American study participants agreed government care was needed, and 69% of Barth's (1990) American participants stated their lives would have been worse if they had not entered care. However, even though these young people acknowledge the necessity of being placed in care, many express being disheartened by their experience. In one study, 32% of American participants reported they felt lonely during their time in care and 37% felt they were different from their peers (Courtney et al., 2001). Hudson (2013) also found that American youth in care articulated an awareness of the disadvantages they experienced in comparison to their non-care peers.

Feelings of shame are another disadvantage young people in care often experience. Many young people in care feel ashamed of their care status. This shame manifests in negative self-perceptions and negative perceptions from others. Buys and colleagues found that young people in care in Australia believed they were treated inequitably in academic and career situations because teachers and employers viewed them as "trouble-makers." These same participants also reported being bullied by both peers and teachers. The stigma of being in care and the biased treatment received because of being in care exacerbated issues related to school concentration and grades. In turn, these young people's self-esteem and self-confidence decreased, while their anxiety and depression increased (Buys et al., 2011).

The effect of placement instability. Placement instability is defined as a lack of continuity or change in a young person's living situation. Placement change happens when a

young person has to change their living situation, for example, moving from one foster home to another foster home, or from a foster home to a group home. When young people change placement settings, it often not only results in a change in residence—which in itself can be difficult—but it also often requires a change of caregiver, change of school, and the termination of other attachments.

Placement instability is one of the most prevalent concerns facing young people in care. Pecora and colleagues (2006) wrote that American participants who had been in care self-reported changing placement settings an average 1.4 times per year. Not surprisingly, placement instability has been linked to poorer psychological, emotional, social, academic, and occupational outcomes among young people who have experienced being in care in Australia, Canada, and the United States (Buys et al., 2011; Courtney & Heuring, 2005; Courtney et al., 2001; Hudson, 2013; Kufeldt, 2003; Merdinger, Hines, Osterling, & Wyatt, 2005; Pecora et al., 2006).

Placement instability also has negative consequences for young people's educational attainment and career development. Pecora (2012) found that optimizing placement stability resulted in almost an 18% decrease in negative educational outcomes; the study concluded that fewer placement moves would result in better educational outcomes for American youth in care. The link between placement stability and educational attainment is supported by Merdinger and colleagues (2005) who explored the experiences of a sample of American youth from care who went on to attend university. Their participants reported that placement stability was a contributing factor to their educational success. Similarly, Buys and colleagues (2011) found that placement instability was linked to several career development related issues among their study's sample of Australian youth in care, including problems settling into school, lower educational attainment, difficulty in day-to-day

planning, and trouble with future-oriented planning. Furthermore, placement instability during young people's time in care is associated with employment difficulties and lower earnings in adulthood (Hook & Courtney, 2011; Pecora et al., 2006).

Relational Experiences of Young People in Care and their Impact on Career Development

Relationship with family of origin. There is a clear connection between the resources and support from one's family of origin and one's career development outcomes (Duck et al., 2013; Whiston & Keller, 2004). Family members often serve as employment role models, encourage education and career exploration, monitor educational performance, assist in career planning, and foster feelings of career confidence in their children (Duck et al., 2013; Whiston & Keller, 2004). Young people in care have limited contact with their family of origin or lack contact altogether which means they have a different experience of receiving career development support. Only 65% of Barth's (1990) American sample of young people formerly in care reported having contact with their birth parents or non-sibling relatives while in care. For those who had familial contact, the average frequency of contact was ten times per year, demonstrating a substantial deficit in the opportunities to receive family support. Additionally, Australian youth in care were found to perceive only non-parental relatives (i.e., siblings, aunts, uncles, and grandparents) as potential sources of career development support whereas birth-parents were identified as role models for what to avoid (Crawford, Tilbury, Creed, & Buys, 2011).

Relationship with professional caregivers. The primary caregiver for young people in care is often a foster parent or group home worker who looks after the young person day-to-day. Tilbury and colleagues (2011) found that Australian youth in care often identified their professional caregivers as a major source of

career development support. The support provided by these caregivers included: positive role modelling, assisting with school and career planning, monitoring school performance, attending school meetings, and facilitating opportunities to obtain work experience. Tilbury and colleagues also reported that if young people in care described receiving any relational support in their career development process, it was most often from a professional caregiver. Blome (1997) concluded from an American sample however, that even when professional caregivers are a positive source of career development support, they may not provide support equivalent to that of natural parents.

Relationship with caseworkers. Caseworkers are usually social workers who manage a young person's case for the time they are in care. While caregivers are responsible for the daily life of a young person in care, caseworkers take an administrative role focused on tasks related to placements, finances, and emancipation. Many young people do not see their caseworkers as a source of support in career development and many caseworkers perceive career development support as being beyond their scope of practice. For example, caseworkers in Australia expressed that they were more focused on "here-and-now" problems such as placement coordination, rather than future-oriented tasks such as career development (Tilbury and colleagues 2011). These participants also stated that career development was not their responsibility and expressed a doubtful outlook of the realistic career outcomes for young people in care.

School-based relationships. Young people in care often report that their relationships with adults in school settings are sources of positive career development support (e.g., teachers, principals, and guidance officers). Indeed, in an American study, Strolin-Goltzman, Woodhouse, Suter, and Werrbach (2016) found the presence of positive adult relationships to

be the most influential variable on the educational outcomes of young people in care. Crawford and colleagues (2011) also found that young people in care in Australia reported that school-based adults provided them with career development information, guidance, and support, but other Australian research found that guidance officers were less positive about potential career outcomes for children in care although they felt positive about them on a personal level (Tilbury et al., 2011).

Peer relationships. American and Australian young people in care have reported that friendships with peers focused on their own education and career paths have a positive influence on their career development (Crawford et al., 2011; Strolin-Goltzman et al., 2016). However, it is less clear how often young people in care have the opportunity to form healthy friendships such as this with others focused on school and the future. For example, Courtney and colleagues (2011) report that only half of their participants in American had friends who studied "hard" in high school.

Educational Experiences of Young People in Care and the Impact on Career Development

Academic achievement. School provides an opportunity for students to build relationships, learn skills, and cultivate academic and career success. Unfortunately, for the majority of young people in care, school is stressful, and it is characterized by failure. Berridge (2007), Blome (1997), and Farruggia, Greenberger, Chen, and Heckhausen (2006) all reported that young people in care in the United Kingdom and United States were more likely to have lower academic achievement than their non-care peers. Burley and Halpern (2001) found that young people in care in the United States repeated grades at twice the rate of their non-care peers. Likewise, Courtney and colleagues (2001) reported that 30% of their American participants who had been in

government care failed at least one grade; McMillen and colleagues (2003) found that 25% of in care participants in their American study reported failing a grade and 58% reported failing at least one class. These struggles in academic achievement are concerning for career development because of the strong connection between educational achievement and occupational outcomes among young adults who experienced government care (Dixon, 2007; Courtney & Hook, 2016; Leone & Weinberg, 2010; Pecora et al., 2006)

Participation in education. Many young people in care struggle with learning and behavioural difficulties, which are often related to their childhood trauma, as well as other complex mental health challenges and the disruption of being in the care system (Buys et al., 2011; Tilbury et al., 2011). These learning and behavioural difficulties affect their ability to engage in their own career development (Blome, 1997; Buys et al., 2011; McMillen et al., 2003; Tilbury et al., 2011). McMillen and colleagues (2003) found that American youth in care who possessed behavioural difficulties were more likely to fail an academic grade, while Leventhal, Graber, and Brooks-Gunn (2001) reported a link between higher rates of school behavioural problems and lower rates of adolescent employment among a sample of African-American youth. Often related to learning and behavioural issues, young people in care report higher rates of school suspension and expulsion than their non-care peers. In McMillen and colleagues (2003), 73% of American in care participants reported receiving a school suspension and 16% reported being expelled on at least one occasion. Blome (1997), as well as Courtney, Terao, and Bost (2004), found American youth in care were more likely than non-care peers to be suspended or expelled from school.

The effect of school disruption. School disruption is an experience that many young people in care are familiar with and it adds to the many challenges they face educationally for career development. Blome (1997) and Tilbury and colleagues (2011) found that young people in care in the United States and Australia respectively, reported more educational disruptions than their non-care peers. Similarly, almost half the participants formerly in care in Courtney and colleagues (2001) American study reported having to change schools at least four times during their formal education. Pecora and colleagues (2006) found that 65% of their American young people formerly in care reported having to change schools at least seven times during their formal education. Research points to a connection between school disruption and educational attainment among the population of young people in care (Kufeldt, 2003; Merdinger et al., 2005; Rios & Rocco, 2014, Stewart, Kum, Barth, & Duncan, 2014). Kufeldt (2003) found an inverse relationship between the education level of young people formerly in care in Canada and the number of school changes they had experienced. Likewise, Merdinger and colleagues (2005), as well as Rios and Rocco (2014), found that fewer school disruptions were associated with greater academic success among American postsecondary students who had formerly been in government care.

Educational aspirations. Despite the educational difficulties they may experience, many young people in care retain optimistic aspirations for their future. On average, however, these aspirations are for lower levels of education than their non-care peers aspire to (Blome, 1997; Creed, Tilbury, Buys, and Crawford, 2011; Farruggia et al., 2006) even though many still hope to complete some form of postsecondary education. In Courtney and colleagues' (2001) longitudinal study following American young people from care, 79% of participants aspired to attend college. Similarly, McMillen and colleagues (2003) found that only 5% of American participants in care planned to end their education at the high school level. Another 23% planned to attend vocational or military training, 24% planned to

attend community college, 27% planned to attend university, and 19% planned to continue their education to the post-graduate level. Such optimism for the future is positive, but many young people in care in the United States do not know how to make their aspirations a reality (Hudson, 2013). Further, some Australian studies have found that the caregivers, caseworkers, teachers, and guidance officers in the lives of young people in care possess more pessimistic expectations toward their ability to attain their educational aspirations than they possess for their non-care peers (Blome, 1997; Tilbury et al., 2011).

Occupational Experiences of Young People in Care and the Impact on Career Development

Career aspirations and barriers

Young people in care put great consideration into their future careers and aspire to be successful in these careers (Creed et al., 2011). They report being motivated to succeed in their future work because they perceive work as a way to avoid negative outcomes in adulthood. For these young people, their future career is viewed as an opportunity to achieve wealth, stability, success, and to provide for a future family (Buys et al., 2011; Crawford et al., 2011; Hudson, 2013; Tilbury et al., 2011). Nonetheless, Creed and colleagues (2011) found that in comparison to non-care peers, young people in care in Australia aspired to less complex occupations, engaged in less career planning, and had higher levels of perceived career barriers; however, no differences were found on measures of career goals, career outcome expectations, career exploration, and career self-efficacy. Similarly, Tilbury and colleagues (2011) reported that even though Australian youth in care engaged in planning for their future careers, their planning was often distracted by more immediate concerns about where they would live after aging out and how they would support themselves.

Although young people in care often possess high aspirations and clear goals for their careers, many express confusion about how to achieve their goals and they also articulate a desire and need for mentoring (Buys et al., 2011; Hudson, 2013). This desire for guidance is important to note in light of research that indicates the adults in their lives often hold pessimistic opinions about the career-related potential and the outcomes of youth who were in care (Buys et al., 2011). Crawford and colleagues (2011) found that nearly 20% of their Australian participants in care reported they had no one they could identify as a source of support or mentorship for career development. This wide-spread lack of support is problematic for vulnerable young people aging out of care because the absence of mentorship reinforces a negative self-image, which many young people in care already struggle with (Buys et al., 2011). Young people in care thus face substantial barriers in their career development, including a lack of career guidance or mentoring and a lack of adults who believe in their ability to succeed in the workforce (Buys et al., 2011; Hudson, 2013).

Participation in work

Research suggests that early employment experiences before the age of 18 provides young people in care with the opportunity to develop vocational skills, expand their social networks, and positively cultivate their identity (Arnau-Sabatés & Gilligan, 2015). Young people in care who obtain work experience during adolescence experience better career development outcomes in adulthood (Arnau-Sabatés & Gilligan, 2015; Courtney & Hook, 2016; Stewart et al., 2014). In an American study among young people formerly in care, Stewart and colleagues (2014) found that participants who had obtained work experience before turning 18 were more likely to have positive employment outcomes in adulthood. Similarly, Arnau-Sabatés and Gilligan (2015) explored the experiences of young people formerly in care in Ireland and Catalonia who

had obtained long-term, full-time employment as emerging adults and found that having work experience during adolescence was a contributing factor to their subsequent employment success. However, despite the documented positive effects of work experience before the age of 18, the rate at which adolescents in care participate in work is problematic. Hook and Courtney (2011) reported that only 35% of young Americans in care were employed at 17 or 18 years of age. This low percent does not indicate a lack of interest. Young adults who have aged-out of the system know they need work experience and young people who had formerly been in government care in Canada cited their lack of work experience as one of the barriers with which they struggled as they sought employment in adulthood (Rutman, Hubberstey, Feduniw, & Brown, 2007).

In summary, the career development of young people in care can be far more complicated than their non-care peers. Young people in care experience a wide range of disadvantages from the start—often coping with the effects of childhood maltreatment and loss of being removed from their families—only to be cast into flawed systems. During their time in care, many experience multiple distressing changes in their placements, caregivers, and schools. These young people struggle academically and occupationally and have few—if any—positive adult relationships in their lives to turn to for support. For many of these young people, loss, abandonment, failure, hopelessness, and even abuse are pervasive themes in their lives, and recurrent struggles overshadow career development. Yet, many resiliently express hope for their future with aspirations to obtain further education and pursue meaningful careers.

The Experiences of Young People After Care

During late adolescence and emerging adulthood, many young people explore independence, engaging in career development with emotional, practical, and financial support from their families (Domene et al., 2014). However, when young people in care reach the age of majority, the child welfare system often severs their relationship with their caregivers and caseworkers. Young people from care must rapidly adjust to independence with fewer internal and external resources than their non-care peers, and consequently, their career development can become compromised.

Individual Experiences of Young People Formerly in Care and the Impact on Career Development

The effect of mental health conditions

Given the extraordinary challenges young people in care face, it is not surprising that many struggle with mental health concerns. In Rutman and colleagues' Canadian study (2007), 57% of participants reported mental health concerns two and half years after being emancipated. Similarly, in Pecora and colleagues' American study (2006), 50.6% of participants who had aged-out of care reported a history of psychological diagnoses. Participants in Rutman and colleagues' study (2007) reported higher rates of alcohol abuse and substance use in comparison to the non-care population. Furthermore, Courtney and colleagues (2011) found 25% of Americans emancipated from care reported substance use (not including alcohol) within the previous year. Of those who reported substance use, 23% met the DSM-IV criteria for substance abuse and another 20% met the DSM-IV criteria for substance dependence (Courtney et al., 2011). These higher rates of mental health concerns among emerging adults formerly in care can have adverse effects on their career development.

Mental illness disrupts career development by perpetuating negative thoughts and feelings around self-doubt and work competency (Gewurtz, Kirsh, Jacobson, & Rappolt, 2006). Baron and Salzer (2002) found that people who

experience mental illness are significantly less likely to be employed in comparison to those without mental health concerns. Among young people emancipated from care in the United Kingdom, Dixon (2007) found that those who experienced mental health concerns or had higher rates of substance use possessed poorer career outcomes in adulthood.

The issue of financial and housing instability. Many emerging adults leave care without the knowledge, skills, resources, or support needed to successfully navigate independent living. They are tasked with the challenges of finding a new home, completing their education, securing employment, and building social connections. Many find themselves overwhelmed, in financial hardship, or even homeless. The financial and housing instability many young people from care experience during emerging adulthood often undermines their career development. This is particularly the case for those who experience homelessness.

Research has repeatedly documented the financial struggles experienced by many young people after leaving government care (Barth, 1990; Courtney et al., 2001; Pryce et al., 2016; Stewart et al., 2014). Courtney and colleagues (2001) found that less than half of American participants left government care with more than $250 in savings. Likewise, Barth (1990) found that 64% of American participants held concerns about having an inadequate amount of food or money after leaving care.

There is a high prevalence of accommodation breakdown and homelessness among this population. Dixon (2007) reported that within the first 12 to 15 months after leaving care one-third of English participants moved three times, 20% moved at least five times, and 35% had experienced homelessness. Similarly, among young people formerly in care in Canada, 29% of participants had moved four or more times within the first year and a half of emancipation (Rutman et al. 2007). Multiple studies have revealed that 30 to 45%

of young people who were formerly in care experience periods of homelessness in adulthood (Barth, 1990; Daining & DePanfilis, 2007; Dixon, 2007; Rutman et al., 2007). Hagan and McCarthy (2005) suggest young people who experience homelessness have poorer psychological, social, academic, and occupational outcomes. Furthermore, among young people formerly in care in the United Kingdom, it was found that those who experienced greater housing instability were more likely to be unemployed (Dixon, 2007).

The difficulty of community integration. Many young people who reach adulthood within the care system struggle to reintegrate into community after they are emancipated. The world outside of care often seems foreign and integrating with non-care peers is a daunting task (Geenen & Powers, 2007; Pryce et al., 2016). Many feel ostracized because of their care experience and perceive that the negative stigma of care follows them into adulthood (Pryce et al., 2016). In a world where many aspects of career development require social connections and community networking, young people from care find themselves to be at a disadvantage. In Pryce and colleagues' (2016) Ethiopian study among emerging adults who had aged-out of care, participants described their experience of isolation and disconnection, as well as the challenges being from care created for them in their career development. Many felt that due to being in care, they lacked basic life skills such as time management, household upkeep, and financial budgeting. Similarly, young Americans with a care history in Geenen and Powers (2007) reported that they felt they also lacked basic self-determination skills. These practical deficits, combined with an abrupt rather than a gradual transition into independent adult living, makes daily life more difficult for young people from care and ultimately translates into greater challenges in career development also.

Relational Experiences of Young People Formerly in Care and the Impact on Career Development

Issues related to the absence of supportive relationships

Research suggests that in general the journey through emerging adulthood is facilitated by supportive relationships (Nesmith & Christophersen, 2014; Rutman & Hubberstey, 2016). There is however, a deficit in the literature pertaining to the relational experiences of young people who have left care. Considering that many young people in care have a history of problematic relationships and considering that many report an absence of supportive relationships in their lives, it is not surprising that many emerging adults who were formerly in care lack dependable social connections and possess compromised relationship building skills (Nesmith & Christophersen, 2014). Rutman and colleagues' (2007) longitudinal study of young people in Canada leaving care demonstrated an overall decrease in participants' experience of support over the two and a half years of the study. At the time of their final interview, 50% of participants stated they felt disconnected from their mother, 60% felt disconnected from their father, 35% stated they had no close or trustworthy friends, and less than 50% were in community activities or support groups. Furthermore, more than 50% reported they had either no one or they had only one person they could identify as a source of practical and emotional support.

The deficit in social connection and support this population experiences is deleterious for their career development. In Rutman and Hubberstey's (2016) Canadian study exploring the role of support in young people's journey in emerging adulthood, several participants pursuing postsecondary education or employment goals stated that their experiences were facilitated by the support they received from family or the community groups they belonged to. As Merdinger and colleagues

(2005) explored the experiences of young people from care attending university, 87% of the American participants reported having family or friends they could rely on for support. Although this finding demonstrates benefits to career development when young people from care are able to obtain social support, it also underscores the problem with the fact that the majority of this population lacks such support.

Educational Experiences of Young People Formerly in Care and the Impact on Career Development

Academic achievement and participation in education

Many studies demonstrate low rates of high school graduation and postsecondary attendance of young people from care across Canada, the United Kingdom, and the United States (Barth, 1990; Courtney et al., 2011; Dixon, 2007; Kufeldt, 2003; Pecora et al., 2006; Rutman et al., 2007). Even those who do complete high school are more likely than their non-care peers to have done so by earning a General Education Development certificate (GED) rather than earning a traditional high school diploma (Pecora et al., 2006).

When young people from care begin postsecondary education, they are more likely than their non-care peers to drop out (Courtney et al., 2011; Day, Dworsky, Fogarty, & Damashek, 2011). In a sample of young Canadians between the ages of 20 to 22 years old who had been out of care for two and a half years, 52% reported they had not completed high school and only 25% were pursuing a postsecondary education (Rutman et al., 2007). In Courtney and colleagues' (2011) American study, when participants were between the ages of 25 to 26, 20% reported they still had not completed high school and only 8% had completed a postsecondary education. To put these results into perspective, Courtney and colleagues found that only 6% among the non-care population of the same age had not yet completed high school and 46% had completed

a postsecondary degree. Pecora and colleagues (2006) also found a striking difference in the rate at which young people from care in the United States complete high school with a GED: 84% of participants in their study reported completing high school, but only 56% did so with a high school diploma, whereas 28% finished with a GED. This rate of high school completion via a GED program is nearly six times that of the non-care population (Pecora et al., 2006). This is troublesome because, as Pecora and colleagues note, individuals with a GED are 50% less likely to attend a postsecondary program and people with a GED also tend to earn a lower income in adulthood.

In terms of postsecondary education, research also demonstrates that young adults who have aged-out of the system struggle more than their non-care peers. Day and colleagues (2011) found that one third of American university students formerly in care dropped out of their programs whereas less than one-fifth of those without a care history but were low-income, first generation university students reported dropping out. Similarly, Courtney and colleagues (2011) found that just over one-third of their American participants from care reported dropping out of a postsecondary program. As these studies mark, young people formerly in care possess various educational deficits and these educational deficits have been found to negatively effect these young people's career development. Leone and Weinberg (2010) reported that lower levels of educational attainment are associated with increased likelihood of homelessness, incarceration, and unemployment. Dixon (2007) found that lower academic achievement was associated with poorer career outcomes among emerging English adults who had left care.

Education-related challenges and barriers

Despite low rates of participation in education and poorer academic achievement, many emerging adults from care express a desire for engagement in education. For example, Courtney and colleagues (2011) reported that 91% of their American participants who were not in postsecondary education stated they had put at least some thought into it, and of those who were thinking about returning to school, 45% had started to take steps toward returning. However, many of these young people are confronted with barriers to pursuing an education and often these barriers are related to their abrupt transition out of care and into independent life.

Among the young Canadians from care in Rutman and colleagues' (2007) study, many who left high school reported dropping out because they needed to work, school being too difficult, feeling out of place, or being kicked out. When asked about returning to school, many cited barriers such as needing to work, not being able to afford school, or having childcare responsibilities. Courtney and colleagues (2011) found similar educational barriers. Young people formerly in care in the United States cited needing to work and not being able to afford tuition most frequently as reasons for dropping out of their postsecondary program.

Occupational Experiences of Young People Formerly in Care and the Impact on Career Development

Issues related to unemployment and underemployment

The benefits of employment extend beyond generating an income which leads to people's ability to secure a place to live; employment has also been found to lower psychological distress (Marchand, Drapeau, & Beaulieu-Prévost, 2012). However, young people from care experience lower rates of employment than their non-care peers. Stewart and colleagues (2014) found that young people from care in the United States experience lower rates of employment in comparison to similar-age young people from low-income families through age 24. Similarly, when Courtney and

colleagues (2011) interviewed American participants 25 and 26 years old only 45.8% were employed. In contrast, they found that 79.6% of young people without a care history were employed at age 25 and 26. Additionally, among those who had aged-out of care who were unemployed, 66.8% reported actively seeking employment over the last month and more than 20% had been searching for at least 12 months.

Even employed emerging adults from care experience occupational difficulties. Among the participants from care in a Canadian study by Kufeldt (2003), 32% reported full-time employment and another 22% reported part-time employment, but employment tended to be low-paying labour or service jobs. Similarly, Rutman and colleagues (2007) found low rates of employment in their sample of young Canadians from government care and found that those who were employed were often working low-paying service jobs. Pryce and colleagues (2016) likewise found that young people from care in Ethiopia experienced difficulty in finding employment that was satisfying and that provided an adequate income. When they did obtain employment, many reported they were overqualified and underpaid for their work. As a result of their unemployment and underemployment, young people from care earn less than their non-care peers, live on an income at or below the poverty level, and greatly depend on financial assistance (Courtney et al., 2011; Pecora et al., 2006). Indeed, in Rutman and colleagues' (2007) Canadian study, 40% of participants from care reported income assistance as their primary source of revenue, and all participants were found to be living in poverty as defined by Statistics Canada indicators of poverty.

Career related challenges and barriers

Career barriers are some of the most significant challenges young people face when they leave care (Pryce et al., 2016). Although many emerging adults who were formerly in care are not employed in their ideal career, many retain their original career aspirations (Barth, 1990). A lack of relational connections makes it difficult for some people to secure work in their aspired field because they do not have references needed for employment or because they are unaware of employment opportunities in their field which are obtained through networking (Pryce et al., 2016). For others, deficits in education prevent them from pursuing their aspired careers (Barth, 1990; Courtney et al., 2011). Others are held back from pursuing the careers they aspire to because when they leave care they are confronted with securing housing and paying bills almost immediately. They feel pressured to accept any work they can acquire, rather than taking the time to find and obtain employment related to their long-term career goals (Pryce et al., 2016).

In summary, the existing literature on the career development experiences of young people formerly in care from different countries demonstrates not only a continuation of the challenges these young people faced during their time in care as adolescents, but also demonstrates a new set of challenges related to their abrupt transition into adult independence as they age-out of care. Compared to their non-care peers, young people who reach the age of emancipation in care are vulnerable. Young people who age-out of care struggle in areas of mental health, education, financial instability, and homelessness, to only name a few. Given the immediacy of these described issues, compounded with the fact that these young people have few, if any, dependable relationships in their lives to turn to for support, it is not surprising that these young adults are challenged when it comes to pursuing career. However, instead of providing these young people with a gradual transition into adult independence with additional resources and support, these young people are often left to navigate independence with less time, resources, and support than their non-care peers.

Recommendations for Practice

Supporting Adolescent Clients Currently in Care

The literature reveals that the relational experiences of young people in care are characterised by inadequate support for their long-term career development (Barth, 1990; Blome, 1997; Courtney et al., 2011; Crawford et al., 2011; Pryce et al., 2016; Tilbury et al., 2011). Given the time-limited nature of career counselling in many countries and the lack of access to career counselling services in others, provision of ongoing support cannot be achieved by career development practitioners alone. A useful strategy for professionals working with youth in care would be to facilitate connections to programs designed to provide them with adult mentors or role models who can provide ongoing support for future education and employment (e.g., Africa Bridge, Big Brothers Big Sisters Canada and the USA, Mentor Me India, SOS Children's Villages). It may also be beneficial for career practitioners to provide consultation or professional development training in how to provide appropriate career development support to other professionals already in the lives of young people in care. Depending on the country or region, this may include their professional caregivers, social workers, caseworkers, or school staff.

In light of evidence documenting the benefits of early employment experiences for children in care (Arnau-Sabatés & Gilligan, 2015; Courtney & Hook, 2016; Leventhal et al., 2001; Rutman et al., 2007; Stewart et al., 2014), a second recommendation is for career development practitioners to encourage part-time employment in high school. Of course, the amount and kind of employment experience that these clients should be encouraged to obtain should not interfere with their ability to complete high school. Additionally, research from Western countries indicates that many young people in care from these countries aspire to careers that require some form of postsecondary education (Arsenault & Domene, 2018; Buys et al., 2011; Crawford et al., 2011; Creed et al., 2011; Hudson, 2013; Tilbury et al., 2011). Regardless of the country, it is important to ensure that employment while in care supports long-term career and educational goals. Indeed, where possible, adolescent employment experiences should be tailored to help clients achieve their career aspirations. These aspirations may of course require academic performance at a sufficient level to be accepted into higher education programs.

Assisting clients in care to obtain a realistic appraisal of what educational requirements are required for their aspired careers is a recommendation particularly relevant for practitioners working within the school system. This is a strategy that will be most effective when tailored to labour market conditions and educational requirements in the country in which the young people residing in government care live. Once this tailored appraisal is conducted, it may be important to work with clients and other school staff to find ways for these young people to remain in the classes needed for entry into their aspired future education programs and career paths. For example, it may be beneficial to provide programming designed to help these young people to experience learning in a positive way or at least to tolerate and complete schoolwork as a necessary step towards achieving their aspirations. It may also be important to advocate on behalf of clients who have been labelled disruptive or undesirable, to enable them to remain connected to school, for them to be offered appropriate in-school support, or for them to explore alternative education programs that would allow them to complete the educational requirements of their aspired careers.

Supporting Emerging Adult Clients Formerly in Care

Connecting emerging adults who were formerly in care with appropriate social supports for their career development is as relevant as supporting their younger counterparts in care as they look toward emancipation. Strategies used for adolescents in care can also be implemented for emerging adults who were formerly in care. However, the termination of social services that occurs in many countries when these young people age out of care requires career development practitioners to place greater emphasis on encouraging clients to identify and connect with social supports on their own within their community. That is, it is essential that practioners assist and equip emerging adult clients to develop their own support networks, rather than relying on professional caregivers, caseworkers, or school staff as they had in the past. It must also be recognized that emerging adults formerly in care may have deficits in networking skills and friendship formation (Buys et al., 2011; Geenen & Powers, 2007; Pryce et al., 2016). Ideally, social skills deficits should be addressed as part of career counselling, particularly in countries and settings where career service providers, such as guidance counsellors and counselling therapists, are trained and credentialed to work with youth more broadly (Domene & Isenor, 2017). Enhancing these clients' social skills is likely to improve their ability to perform well during job interviews and to retain employment by increasing their ability to interact appropriately with their co-workers and supervisors.

Career development practitioners may also need to engage in inter-professional collaboration with social services agencies to assist emerging adults who were formerly in care to obtain stable housing. As was discussed previously, homelessness and housing instability are a common experience for this population in many countries; this is worrisome because they have been shown to be connected to higher rates of unemployment (Barth, 1990; Daining & DePanfilis, 2007; Dixon, 2007; Hagan & McCarthy, 2005; Rutman et al., 2007). The absence of secure housing not only increases anxiety which is a psychological barrier to pursing higher education and career goals, but the lack of housing also creates practical barriers to obtaining employment as one is unable to list an address or phone number on a resume and application, or because a person is unable to attend to their physical presentation (e.g., clothes, hygiene) prior to job interviews. Working with other professionals to facilitate housing stability is an important preliminary step in effective career development practice with young people who were formerly in care.

At the level of policy, a final recommendation for promoting the career development of young people who were formerly in care is to facilitate a gradual transition into independent living (Office of the Child and Youth Advocate, 2013). In countries where government services for youth in care ends when the person is legally considered to be an adult, it may be beneficial to extend some of those services into emerging adulthood. Doing so would provide the necessary time to complete postsecondary education and to engage in an extended job search to obtain work related to their long-term career aspirations. In many nations, an extended transition into the workforce is becoming the norm (Arnett, 2000; Domene et al., 2014). To level the playing field between emerging adults who had formerly been in care and their non-care peers, it is important to implement social service policies that will provide individuals who were formerly in care with similar opportunities to experience a gradual transition into the workforce supported by resources to ensure housing stability and to be given sufficient time to prepare for, search for, and obtain employment in their aspired field of work.

Conclusion

It is evident from the existing literature that adolescents in care possess strong educational and career aspirations, but their ability to reach their goal is challenged by their history of trauma, discrimination related to being in care, disruptive changes in living arrangements and caregivers, lack of social support, poor academic performance, and low involvement in early occupational related tasks. These challenges undermine their career development from an early age. Already struggling, they then abruptly transition to independence through emancipation from the child welfare system. They are expected to somehow succeed on their own in a social context and labour market that challenges even many non-care emerging adults who do not share these early struggles (Arnett, 2000; Domene et al., 2014). The abrupt transition from care forces many emerging adults to confront overwhelming and compounded challenges, including coping with mental health concerns, integrating into the non-care community, establishing social connections, finishing their education, finding employment, and securing a place to live. The majority navigate these challenges with little emotional, practical, or financial support. As a result, they are unable to achieve their academic and occupational goals leaving them disenfranchised in their experience of career development. The literature suggests fruitful recommendations for working with adolescents in care and emerging adults who were formerly in care, however, the most important recommendation is for practitioners to become aware of the distinct needs and challenges of young people in the government care system. Their needs and challenges shape their career development in distinct ways, and thus requires us to adapt the way in which we provide career services to clients in this population if we are to be successful in helping them.

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