"Who is going to help us?": A qualitative study on young care leaver's experiences in Iran

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ABSTRACT

Young people often face many challenges and uncertainties when they leave residential care. However, limited studies explored their lived experiences of transitioning to post out-of-home care particularly in Iran. This research aimed to explore the lived experiences of young care leavers in Iran and their perceptions and views of their transitioning to the world outside of home care. In line with the social constructionist approach, a qualitative method was adopted to gain insights and listen to care leavers' voices within semi-structured interviews. A total of 18 care leavers participated in face-to-face interviews. The ages of the participants ranged from 19 to 32. Thematic analysis was used to analyse the research data.

The study's findings reveal that young care leavers experienced a feeling of abandonment, sudden transition to an independent life, stigma and discrimination, loneliness and isolation. Also, transitioning to independent living outside of home care brought various challenges that care leavers were not prepared for.

Considering the challenges that young care leavers shared in this research, social workers, service providers, and decision-makers should pay more attention to setting up a personalised and proper transition plan for young people. Also, longer-term social change, community engagement and public awareness are needed to change the stereotypes and discriminatory approach against young care leavers.

1. Introduction

Out-of-home care offers alternative living arrangements for children and young people who are unable to live with their parents or extended families. UNICEF (2023) estimated that approximately 105 of every 100,000 children reside in out-of-home care systems worldwide. Each country adopts measures and develops a suitable system to address the needs of children in the absence of their parents or guardians based on the context and welfare system of the country (Brown et al., 2019; Del Valle et al., 2008). In many countries, the preference is to explore alternative options, such as kinship care and foster care, to keep children in a family-like environment (Murray & Goddard, 2014); however, if this is not possible, the care system will provide 'out-of-home' care, including foster care and residential care settings (Brown et al., 2019; Wissö et al., 2022). Despite the significant efforts within the care system, Brown et al. (2019) argued that children in care have poorer outcomes compared to their peers.

In addition, the transition period of leaving care, where young people exit the out-of-home care system, is often pushed by reaching a certain age and is not aligned with the readiness of young people (Mann-Feder & Goyette, 2019). Mann-Feder and Goyette (2019, p. 3) argued that the unique needs of young care leavers are not fully understood during their critical transition period and beyond. Leaving the care system and transitioning to an independent life could create new uncertainties and challenges (Ibrahim & Howe, 2011; Turner & Percy-Smith, 2020). While the problems of young care leavers are considered a global phenomenon (Häggman-Laitila et al., 2018; Ibrahim & Howe, 2011), the cultural, social and economic context in which care leavers will transition from the residential care system will significantly impact young people's post-care experiences.

In Iran, the State Welfare Organization (Welfare Organization) provides out-of-home care support to children within the child protection system. The child protection system prioritises family-based care; however, if this is not feasible, they will be referred to residential care. Family-based care options include temporary trustee, temporary guardianship and adoption, which can be relatives or non-relatives. According to available data (Welfare Organization, 2023), about 26,000 children are without parents or responsible guardians in Iran

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and, therefore, are under alternative care programs, although the number is estimated to be higher. Of those children in care, about 17,500 are under various types of family-based care, and the rest of them (8,500 children and teenagers) live in 600 residential care centres. About 4,000 children and teenagers in residential centres are girls, and 4,500 are boys (Welfare Organization, 2023). Young people will be transferred from residential care when they turn 18, which is a significant milestone in their lives as they leave residential care. Most support services for care leavers in Iran are run by charitable and non-governmental organisations, and only a small portion of their costs are covered by the government, resulting in many limitations in providing resources to assist care leavers for a successful transition to adulthood. Nevertheless, there have been no studies to explore transition experiences for care leavers in Iran. This study was therefore developed to explore transitioning from residential care in Iran and post-care experiences among care leavers to raise young people's voices and enrich the research in this area and provide relevant recommendations. The findings of this study provide a unique picture of young care leavers' experiences and their perceptions of their transition into an independent life in Iran, which can be used by social workers, the care system and policymakers.

2. Background and uncertainties of Transiting from care

Leaving the care system and moving towards an independent life is a key juncture in young people's lives (Butterworth et al., 2017). Unlike their peers, an accelerated and compressed transition from institutional care to an independent life requires care leavers to take on many responsibilities in a relatively short period (Butterworth et al., 2017; Stein, 2006). During the transition into an independent life, young people should make important decisions that affect the rest of their lives, including their decisions about their higher education, employment, friendships, and community membership.

Evidence shows that young care leavers face considerable challenges in their transition to post-care life, including unemployment, financial issues, lower achievements in education, housing insecurity, lack of social support as well as mental health issues (Brown et al., 2019; Clare et al., 2017; Frimpong-Manso, 2018; Hagleitner et al., 2022; Pritchard & Williams, 2009; Robson et al., 2008; Sulimani-Aidan, 2014). These studies argue that care leavers are among the most marginalised young people despite government efforts and support. Compared to their peers, these young people are at greater risk of drug and alcohol misuse (Havlicek et al., 2013). Moreover, Hagleitner et al. (2022) found that many care leavers could only find low-paid jobs, including retail, seasonal, and skilled trades. Another report by Robson et al. (2008) found that 17–18 years old children in care suffered from mental health issues on average 2–4 times more than their peers in the general population, and about 20 % of the girls who left the care system at the age of 16 to 19 got pregnant and gave birth to a child within a year, while this figure was only 5 % in the general population.

Young people's experiences prior to entering the care system, during their time in care and throughout their transition to adulthood can significantly influence their sustainable social participation and well-being (Hagleitner et al., 2022). Studies (Stein, 2019; Welbourne & Leeson, 2012) indicated that children's experiences before entering the care system could include abuse, neglect, insecurity and loss of school. In addition, life within the residential care system, which is a collective living arrangement, requires ongoing support to develop a sense of belonging. However, the structured nature of professional relationships within specific working hours of social workers in residential care settings might result in insufficient attention, making it more difficult to contemplate children's attachment experiences, interpersonal relationships and how their needs are met (Butterworth et al., 2017; Turner & Percy-Smith, 2020).

Furthermore, young people in care usually access limited family support networks, which might impact their access to support following

their transition to an independent life (Kelly, 2022; Sulimani-Aidan, 2014). Studies (Dickens & Marx, 2020; Schofield et al., 2017; Turner & Percy-Smith, 2020) highlight that the varied and multiple needs of children and young people may not be met, and there might be limited communication, isolation, and frequent school transfers following a change of centre. Considering the complexity of young people's experiences before and during their time in care, the transition pathway should be a thorough preparation for a successful transition (Turner & Percy-Smith, 2020). A sense of readiness can lead to positive outcomes after leaving the care (Sulimani-Aidan, 2014).

Nevertheless, insufficient preparation and sudden transition to adulthood, inadequate pathway plan and limited assistance post-care can negatively affect care leavers' journey to independence (Geiger & Okpych, 2022; Newman & Blackburn, 2002; Nuñez et al., 2022). Also, many care leavers might face financial hardship and limited access to affordable housing (Dadirai Gwenzi, 2022) and, limited work opportunities (Dima, 2013) and a lack of a family support system (Gwenzi, 2020). In light of the highlighted challenges, coupled with the increasing cost of living in the post-COVID world (Kahraman et al., 2022), including Iran, it is crucial to further explore the experiences of care leavers and the unique challenges they face.

As such, a holistic approach and social support are extremely important for young people who leave care, especially during the transition period (Brown et al., 2019), through which young people can cope with uncertainties and stress following leaving the care system (Newman & Blackburn, 2002; Nuñez et al., 2022; Økland & Oterholm, 2022; Stubbs et al., 2022; Sulimani-Aidan, 2014). However, a study conducted by Van Breda et al. (2020) revealed a significant gap in the global agreement on what constitutes "extended care" and the best framework for developing formal and informal support systems to ensure a smooth and supportive transition for care leavers. Iran is no exception.

In Iran, like other developing countries, the literature is somewhat limited in providing a comprehensive picture of the experiences of individuals leaving residential care. The review by Frimpong-Manso (2022) highlighted a notable lack of research focusing on care leavers in the Global South. The review indicated only one study was conducted in Iran (Khoramdel et al., 2021). The study (Khoramdel et al., 2021) only focused on women with a history of living in the foster care system. As such, we need to explore young people's lived experiences, perceptions and needs to provide recommendations for pathways plans and consistent social work support following their transition to adulthood. As specific socio-economic and cultural contexts can impact the transition and young people's experiences, this study can be crucial in providing the young people's experiences in Tehran, Iran, which is missing in the literature. To offer a unique insight, this study aimed to provide a picture and timely knowledge from care leavers leaving residential care in Iran. Their experiences and perceptions could inform decision-making, leading to the development of appropriate policies, support systems and transition pathways.

3. Method

3.1. Study design

This study was developed based on social constructivist epistemology, acknowledging that 'knowledges' are constructed through people's reflections and their interpretations of the world around them (Braun & Clarke, 2013). In line with a social constructivism epistemology, we selected a qualitative research method, with semi-structured interviews and the thematic analysis approach. The qualitative method (Liamputtong, 2020) allowed researchers to gain a deep understanding of the lived experiences of young care leavers.

We undertook this study according to the requirements of the Iran Statement on Ethical Research. The research was approved by the University of Welfare and Rehabilitation Sciences Ethics and the research

committee of the Roshanaye Omid Charity Foundation, where the study was conducted.

3.2. Setting and participants

The Welfare Organization, which is a subsidiary of the Ministry of Cooperatives, Labour, and Social Welfare (MCLSW), is the main body responsible for the child protection system in Iran (Takaffoli et al., 2020). The priority is that social workers support families to keep children within the family and kinship system, and when all efforts to keep children within families or kinship are unsuccessful, children will be placed in an alternative care system.

Based on the *Guideline for Transitioning from Residential Care to Independent Living* (Welfare_Organization, 2021), adolescents who turn 18 (might be up to 20 for girls) should be prepared to leave the residential care centres. Young women may remain in out-of-home care settings for an extended period (up to 20) due to a combination of social policies and cultural considerations in the Iranian context that emphasises providing support to young women who do not have access to a safe environment or feel unprepared to transition and live independently. However, the Welfare Organization only offers extended care for some young women and for a limited period of time due to limited resources. In Iran, care leavers receive financial support, which is an amount equivalent to 12 months of minimum wage as an assistant to cover accommodation, education, or purchase of equipment and supplies. Some charities and organisations also support care leavers after leaving the care system. This study was conducted in partnership with Roshanaye Omid Charity Foundation, which has been operating for over nine years to empower care leavers in post-care. The foundation, which carries out its activities with volunteers' support, currently supports nearly 300 young adults who have left residential care and moved to an independent life. Care leavers may be referred to the centre by social workers or might approach the foundation voluntarily shortly after leaving the care system or later if they want to. When care leavers are discharged from residential care centres, they receive information about extra support, and Roshanaye Omid is the only charity that provides comprehensive support, including rental assistance, healthcare, training, and other social and emotional support for care leavers. This study was conducted in 2022 among young people who had left the residential care system and accessed the support services of the Roshanaye Omid Charity Foundation.

Some of Roshanaye Omid's service users have recently left care centres, while some moved out a long time ago, yet they continue to maintain connections based on their personal circumstances and needs. All service users of the foundation were invited to participate in the research, but the primary focus of the research questions was on participants' experiences during the transition from residential care and the early stages of living independently.

3.3. Identifying and Selecting participants

The first author of this research has been working as the head of the social work unit in Roshanaye Omid since 2018, which gave him an understanding of care leavers' concerns. He developed a research proposal and presented it to the foundation's research and ethics committee, which was approved, and the ethical code was provided for the research. The research flyer (in Farsi) was distributed among service users via the foundation's CEO email, and copies of the flyer were posted on the foundation's board. The eligibility criteria for entering the research included individuals aged 18 and above who were transitioned out of the care centres, had accessed Roshanaye Omid services, demonstrated the ability to provide informed consent and expressed the desire to enter the research.

Participation was entirely voluntary, and young people were assured that their participation would not impact their relationship with the centre. The first author was not in direct contact with care leavers as he

was supervising other social workers. Twenty care leavers contacted the first author and provided consent for the interviews. Following the interviews, two participants contacted the first author and asked for their withdrawal from the study. Consequently, their audio and transcripts were deleted based on ethical guidelines and were excluded from data analysis. Each participant received a gift voucher equivalent to USD $10 in appreciation of their time.

3.4. Data Collection and trustworthiness

12 interviews were conducted in person and six over the phone. Each interview lasted about 45–75 min and was recorded with the interviewees' consent. All participants were informed about and consented (oral or written informed consent) to the recording of the interviews. The interviews started with open-ended questions such as" "Can you tell me about your experience of exploring life after leaving the care centre?", "If possible, can you describe your experiences of becoming independent?" probing questions were also asked to better understand the responses given to the previous questions: "Can you provide an example? can you elaborate more on your experience?". As a part of the consent form, notes were taken during the interview to record emotions and non-verbal communication. After each interview, the audio file of each interview was transcribed. The first author removed the name of the participant from each transcript to de-identify them. Then, the individual participant was assigned a unique number as their identifier for data analysis purposes. The Word documents of transcripts were securely stored on a password-protected laptop in the author's office

Interviews were conducted in Farsi, and data analysis was also carried out in Farsi Then, themes and relevant quotes were translated into English in collaboration between all authors. Employees of the foundation did not have access to interview transcripts, and only the research team had access to transcripts without the names or identities of the participants. This access was provided to analyse the interview transcripts.

The criteria proposed by Guba and Lincoln (Lincoln & Guba, 1986) were used to ensure the data's trustworthiness. To increase the credibility of the data, the researchers discussed interview guides following interviews to tweak questions based on participants and the research team's feedback. In addition, when the points raised by the participants were unclear, the interviewer tried to understand the topic accurately and deeply by using probing questions. Also, to ensure data conformity, the research team reviewed the process of conducting interviews, analysing data and extracting codes and concepts constantly. The first author who conducted interviews kept their reflections in a journal and shared them with the research team.

3.5. Analytical approach

The research team met online to discuss how to analyse the de-identified transcripts. We chose to analyse the data based on thematic analysis (Braun & Clarke, 2019) as a guide for inductive thematic analysis. We followed the six recommended stages: familiarisation of data, coding, developing initial themes, reviewing the themes, redefining, reorganising and renaming themes and finally, writing up. The first author read the transcripts a few times for familiarity, highlighted similar phrases and words, and then provided a codeword. Then, the research team reviewed and clustered codewords into themes. MAXQDA-10 software was used for data analysis. The research team discussed themes and reorganised and renamed them. Initially, data were clustered into six themes, following analysis discussion, one theme was removed. Themes were classified into five main categories: the feeling of abandonment, a sudden transition to an independent life, the difficult path to success and questioning fairness, perceptions and experiences of stigma and discrimination, loneliness and isolation. The five themes are presented in the following section.

4. Findings

A total of 18 care leavers participated in this study; among them, 10 were girls and 8 were boys. The mean age of the participants was 24.8 ± 3.94 years and most of them were single. Their mean age when they were admitted as a child to the care system was 6.33 ± 2.14 years and their mean age at the time of transition from residential care was 18.88 ± 1.64 years. Although according to the guidelines of the Welfare Organization, the age for transitioning from residential care is 18 years, 11 participants stayed after the legal age, which can indicate the flexibility of leaving care. The average time since leaving care was 5.9 years. One of the participants in this study had left the care centre before reaching the age of 18 via a children's court order. As can be seen in Table 1, some young people had recently moved out of residential care centres, while other participants had transitioned up to 14 years ago and still maintained their relationships with the foundation. Most of the participants had a university education and were tenants and employed. See further information in Table 1.

4.1. Feeling of abandonment

The process of young people's transition to independence and experiencing life outside the care centre was a reminder of the feeling of abandonment and loss for many participants. They felt that the transition from a care system based on a single criterion of legal age was 'a sudden transformation' that some were unprepared for. For instance, one participant noted "I lost contact with the centre. I only had a chance to get back to the centre once to visit my friends. Most of the children had the same problem. I feel like I lost my home" [A11, male, 23 years]. Some care leavers hoped they could keep in contact with the centre and felt disappointed when they did not get such support:

> Sometimes you have to start all over again. For example, the Welfare Organization says that we will help you when we receive more funding. At this moment, we feel that they just want to reject us and give us some excuses, which doesn't help. We feel abandoned and we don't know who to turn to. [A8, male, 25 years]

The young people generally referred to the disconnection from people in the centre and limited social support after leaving the centres, resulting in the feeling of rejection. This was particularly important as some young people hoped to get some support in the absence of their family and support networks:

> We don't get any support [when we leave the centre]. A few years ago, I had a problem renewing my home contract, but no one could help me. The Welfare Organisation does not care about those who have left the care centre. [A14, male, 30 years]

Limited social support and the feeling of disconnection from the

Table 1
Demographic characteristics of the participants, and additional information about their living condition and leaving the residential care centre.

Participants	Gender	age	Age at admission	Reason to move out of home care	Age at transition from the centre	Education level	Marital status	Employment status	Residential status
A1	Female	22	7	Parental separation and father's addiction	19	Diploma	Married	Unemployed	Tenant
A2	Female	19	5	Abandoned on the street	19	Diploma	Single	Unemployed	At the patron's house
A3	Female	22	4	Parent's divorce [father's addiction and mother's remarriage]	20	BSC student	Single	Unemployed	tenant
A4	Female	25	7	Parent's divorce [father's addiction and mother's remarriage]	20	BSC	Married	Casual job	tenant
A5	Male	21	8	Parent's divorce [father's mental illness and mother's remarriage]	20	BSC	Single	Casual job	Despite being discharged, he is housed in a residential care
A6	Female	23	9	Father's death – mother's remarriage – guardian [uncle]'s inability to maintain	16	High school	Single	Casual job	Tenant
A7	Male	19	3	Parent's divorce [father's addiction and mother's remarriage]	19	High school	Single	Army	Tenant
A8	Male	25	7	Parental separation and addiction	18	High school	Single	Hospitality	Tenant
A9	Female	26	10	Parental separation and addiction	22	Associate degree	Single	Jewellery worker	Tenant
A10	Female	29	6	Parent's divorce [father's addiction and mental problems]	21	BSC	Single	Unemployed	Tenant
A11	Male	23	6	Parent's divorce [father's addiction and mother's remarriage]	19	Diploma	Married	Cabinet installer	Tenant
A12	Male	23	6	Addiction and parent's divorce [remarriage of both parents]	19	BSC	Married	Soldier	Tenant
A13	Female	23	8	Father's death and mother's addiction	18	Diploma	Single	Real estate agent	residing in privately-owned properties
A14	Male	30	7	Parental separation and addiction	19	High school	Married	Fast food delivery	Tenant
A15	Female	25	6	Mother's death and father's mental retardation	20	MSc	Married	Administrative assistant	residing in privately-owned properties
A16	Male	31	8	Death of both parents	18	BSC	Single	Administrative assistant	tenant
A17	Male	32	1	Abandoned on the street	18	High school	Married	Cabinet installer	tenant
A18	Female	29	6	Father's death – mother's addiction and mental illness	15	BSC	Married	Administrative assistant	tenant

community in the absence of the immediate family could reinforce the feeling of abandonment that young people have experienced before; as this participant notes, "It seems that there is no one to care about you. Some children have support, but there are many like us who have never had and do not have any support or anyone who cares about us" [A7, male, 19 years]. In such situations, the young care leaves felt they should be self-reliant and learn to be resilient when coping with emotional difficulties. Yet, they were aware of the complexity of the world outside the care system, while they had limited choices in their access to informal, emotional and psychological support, resulting in isolation, loneliness and disconnection.

When you are a child under the welfare and care system, it means that you don't have anyone; everything is up to you. You should learn to take care of yourself and become your own nurse, counsellor and guardian. This could put pressure on you. Others have many people to support them when dealing with problems. But we have no one by our side even when we are sick. [A13, female, 23 years]

4.2. A sudden transition to an independent life

The young care leavers referred to the world outside the centre as a different world that needs a particular skill set, while they have not been prepared when leaving the centre.

In fact, it is as if we are moving to another world that is not like the centre at all. Although I could not wait to leave the centre, it was still very different. I felt like I have come to a completely different world. The difference between the centre and the outside world was very significant. They were two separate worlds. [A1, female, 22 years]

Some felt that there were required skills for transition into adulthood and fulfilling an independent life. Others referred to issues such as renting and managing the household, finding and applying for jobs and transitioning to higher education, which they did not have an opportunity to understand or even be a part of this process with their friends or family members. While many noted that they had to take care of themselves in the centre due to limited available support, they were (particularly young women) concerned about the accelerated transition and limited opportunities to explore independence and the world outside centres resulted in a feeling of the shift to adulthood 'prematurely':

We were not prepared for life outside the centre at all. No one had taught us about that. I remember the first time I washed rice with detergent before cooking to cook 'polo' [a common Iranian dish]. You may not believe this, but I didn't know many things. I didn't know the building management charge and how to change my debit card's password. [A2, female, 19 years]

As seen in the quote above, the sudden transition entails new requirements such as managing personal, household, social, and financial affairs that young care leavers felt were not prepared for. Financial management and accessing consistent income were particularly difficult for care leavers, particularly as the cost of living is very high in Iran; one participant shared [her/his] experience:

I remember that with that amount of money [after-care allowance], I could not rent a home or buy any furniture. I still remember that I could only buy a heater and a carpet and pay for the rent deposit in that cold weather. I cannot forget how hard it was that night. I was alone without any furniture. I was shaking from the cold until morning. [A10, female, 29 years]

Finding a secure and reasonably paid job is difficult, resulting in hardship and uncertainty for many care leavers who participated in this study. In addition to the sudden transition to the world outside the centre, the wider socio-economic situation in the country added another layer of difficulty, putting care leavers in a vulnerable situation. For instance, this participant highlighted unemployment and a lack of financial support as 'God has forgotten us' and he went on," One of the guys had an accident, and he didn't have much to eat for few months. He was just lucky, someone helped him, and later he got compensation; otherwise, God knows what could happen to him" [A8, male, 25 years].

4.3. The difficult path to success and questioning fairness

One of the most frequent challenges of young care leavers was difficulties using the available opportunities for personal success and achievement due to the lack of support from their family and social networks and other structural inequality. Participants felt that they have not had enough support and assistance to navigate opportunities and utilise societal resources to fulfil their lives and aspirations. These young people struggled to utilise opportunities while grappling with an accelerated transition to adulthood. Their transition experience could impact their access to resources and therefore reinforce the sense and experiences of inequality and unfairness. For example, the participant noted, "They [peers in the general population] are ahead of us or at least they have something, while we have nothing. This is holding us back"[A17, male, 32 years].

Noticeably, they pointed to their limited community engagement and a sense of belonging alongside a lack of support network, contributing to the successful transition to higher education and job markets. As one care leaver referred to their peers who have not been in the care system as 'Normal' young people and said, "Normal youths have someone who helps them find a job, introduce them to a place and help them progress" [A12, male, 23 years].

Participants highlighted that undertaking many responsibilities within a short period of time deterred them from accessing and navigating available opportunities. As this participant notes:

We have to take responsibility for everything. People have family members to help them. For instance, when people go home, the dinner is ready, so they do not have to do everything alone. But this is not the case for us. We must work, get a place to live, find friends, take care of problems and look after ourselves. I sometimes laugh about my peers' problems. [A18, female, 29 years]

Furthermore, the supervised life prior to the transition to adulthood and limited opportunities to make mistakes in the world outside centres caused them to become risk aversion that further discouraged them from taking risks as a necessity and central element of 'success', as this participant explains:

We did not have a chance to fail before. We were not in an environment where we could take risks or start something new. If we fail, I am not sure how to get back on track. This scares me, and I don't dare to try new things that I believe I may not be successful in; who is going to help us? [A6, female, 23 years]

In addition to participants' experiences before transitioning outside the care system, the new obstacles in their lives have narrowed the chance of progress, success, and personal achievement. One specific example the following participants noted was the lack of job sponsors and guarantors due to the limited social networks: "We have a lot of problems with work. Most business owners don't trust us. They ask for guarantors or a sponsor; if you want to start a business yourself, you need money and investment" [A5, male, 21 years].

4.4. Perceptions and experiences of stigma and discrimination

Experiences of stigma and discrimination were among the shared experiences of participants. Many participants perceived people's behaviours and attitudes towards them, often conveying the feeling of being 'second-class citizens'. Some participants experienced discriminatory behaviours, oppressive languages and discourses in after-care life, and they made some examples of those discourses. Participants

could identify biases, negative cultural stereotypes, and people's attitudes present in public discourses and behaviours, resulting in treating them unfairly. Some referred to people's judgmental comments, often making assumptions that they were from dysfunctional families or unmarried and 'promiscuous' mothers and, therefore, they were 'illegitimate children'. A few participants also mentioned how people blamed the family system and their genetics, resulting in calling them 'deviants', and that's why they ended up in the residential care system. This participant said, "People assume that we all had addicted and criminal parents, and therefore, we will become criminals one day like our parents. This view is very annoying" [A15, female, 25 years]. Another participant noted that "People call us bastard, and this frustrates us" [A18, female, 29 years].

These assumptions could result in deep disconnection, distrust and prejudice from society, significantly impacting young people's sense of belonging and community connection. While participants identified those discourses and behaviours, they were confused about understanding the reasons for such judgements:

> Society does not look at us positively. There is a lot of prejudice against us. People annoy us with their questions. People really don't understand us. Sometimes, I ask myself why people are so judgmental and what I have done wrong to deserve all these negative judgments about us. [A16, male, 31 years]

The young care leavers described the society's view as a 'double-bladed knife' meaning that while they had no family support, at the same time, the society blamed them for their situation that was out of their control. Indeed, 'victim blaming' and a social stigma led to developing a feeling of shame and confusion, which added another layer to participants' renegotiation of their identity, as explained below:

> We sometimes are ashamed that they are not from a normal family. We ourselves suffered a lot of misfortune because of this. God knows that we didn't choose it. Children are victims; you know how hard it is for us. It is not right for society to harass and blame us because of our parents. [A18, female, 29 years]

It is important to note that many felt that discrimination was multifaceted with an ongoing impact on finding new friends, getting married and finding jobs. As these two participants noted: "Even if we are good people, we may lose our jobs and chances of marriage because of being welfare children" [A9, female, 26 years]. And the other noted, "Everywhere we go, we stand out of the crowd. Everything is good until people don't know we are a welfare child. As soon as people find out, they quickly change their behaviour" [A8, male, 25 years].

4.5. Loneliness and isolation

The cultural stereotypes and widespread discrimination, prejudice, and unfair treatment that were identified and felt by participants increased their inclination to isolate themselves. Some tended to hide their identity to protect themselves and minimise the risk of discrimination and stereotyping; therefore, they were careful in making friendships and building relationships. Some indicated they particularly did not want to be in a situation to negotiate their life stories with people from a large family background, and thus, they kept relationships casual. The following are a few examples from participants:

> I Usually avoid talking to people who still live with their families. I don't go to such gatherings. However, they have a multigenerational connection and support from their fathers, grandfathers and relatives, and I can't say that I don't have anyone. I prefer to be friends with them and let the relationship continue as long as it doesn't involve family discussion [A6, female, 23 years]

The other participant said, " I must say nothing about my past. I don't socialise with my colleagues or say anything about my past or family. It's like we have no past, and we are from nowhere" [A4, female, 25 years].

And this participant said,

> I don't get close to anyone at work, or if I have a relationship, I try to prevent it from deepening. I do not dare to go deeper because they quickly ask about my family. Some people invite me to their house, yet I don't want them to know anything about my past. I have built a wall around myself in social and personal relationships so that I won't get hurt. I'm forced to keep my distance from close relationships. [A3, female, 22 years]

5. Discussion

This study aimed to explore the lived experience of young people leaving residential care and how they navigated the pathway to adulthood. Young people who participated in the study shared a wide range of post-care experiences, emotions, and the reality of life outside the care system with the contribution of personal, cultural, social and structural factors. The overall findings of this study are consistent with previous research (Hagleitner et al., 2022; Refaeli, 2017, 2020; Turner & Percy-Smith, 2020) that the transition from home care is not simply a dislocation from a physical location; rather, the experience is multifaceted and young people experience a complex process of identity renegotiation with psychological, social, cultural and structural contributing factors. This is particularly so as life under supervision prior to an independent life and accelerated transition to adult life could bring many uncertainties and confusion for your people, making young care leavers less confident in transitioning to an independent life (Turner & Percy-Smith, 2020).

Care leavers' transition to an independent life does not reflect the same route, process and financial stability as other young people experience. This is despite some government support in Iran, which was considered inadequate. Interestingly, the lived experiences of young people leaving out-of-home care in wealthy countries also indicated they continue to experience unemployment, homelessness, social isolation, and mental health (Munro, 2019). In response to uncertainties, Mendes and Rogers (2020) and Courtney (2019) highlighted the importance of the extended care policies implemented, allowing young people to stay in residential care until their 21st birthday in Australia, and some states in the US have offered flexibility, financial and social support, and had a potential for positive outcomes. Nevertheless the findings of this research indicated that the age of transitioning from residential care was not a critical factor in experiencing the post-care and independent life differently. For instance, access to higher education was not related to the age of moving out. On the other hand, gender was an important factor in participants' experiences, as female care leavers were more likely to hide their identities and experiences of living in a residential care centre from their friends and networks, and they were more likely to feel isolated and lonely. This finding highlights the need for careful consideration of care leavers' lived experiences and stories based on the country and cultural context.

In addition, while this study found a high level of participants' engagement with higher education as the Welfare organisation provides a full fee for their education, participants have not highlighted this element as a way to find a suitable job and sustainable professional engagement. It is noteworthy to mention that university education in Iran is widely accessible, and 41 per cent of the age group between 18 and 24 in Iran are enrolled in a higher education institution (SNN, 2022); however, admission to the university and obtaining a university degree does not always lead to finding a suitable career and success. Indeed, a significant portion of Iran's unemployed population (more than 42 %) consists of people with university degrees (Statistical Centre of Iran, 2023). Family and powerful connections remained crucial in accessing secure and permanent jobs through influencing the hiring process, an important element missing in the life of care leavers.

It is important to highlight that transitioning to adulthood in many societies, including Iran, is a gradual process with a need for strong

support and close ties within the family, community and social networks (Ibrahim & Howe, 2011). Also, transitioning to happy adulthood requires interdependence and interconnectedness within family, community, and social networks (Turner & Percy-Smith, 2020); however, the gradual transition and ongoing support were not available for our participants to develop their interdependence and community engagement and a sense of belonging. Our findings are similar to previous studies (Barn, 2010; Driscoll, 2013; Sekibo, 2020; Turner & Percy-Smith, 2020), that indicate the sudden and accelerated transition to independence and adulthood could result in developing a feeling of being unfit for the world outside the care system and further exacerbate the feeling of abandonment. This is not surprising as Dickens and Marx (2020) found that only a quarter of young care leavers in South Africa felt they were sufficiently prepared to leave care, and 90 % of them preferred to remain in the care centre.

As also found by Sekibo (2020), our findings revealed that accelerated transition had ongoing impacts of insufficient preparation on young people's employment, finance, accommodation, access to social support and community engagement and belonging. As such, the findings of this study contend gradual adaptation and a safe transition to adulthood, with the support of social systems (Courtney & Heuring, 2005; Mann-Feder & Goyette, 2019). They also had more positive experiences of physical health and emotional relationships. Therefore, a sense of preparedness can lead to positive outcomes in the main areas of life after leaving care (Sulimani-Aidan & Melkman, 2018). Otherwise, this feature, along with other issues, including the perception of stigma and discrimination, the lack of adequate social support, and the lack of a proper social care system, can lead to the emergence of psychological, social, and cultural uncertainties and challenges (Young et al., 2006).

In addition, previous studies (Dickens, 2018; Schofield et al., 2017; Stein, 2008) found that feeling prepared can help young people develop problem-solving skills and be resilient. A sense of emotional and social resilience will emerge through participation in inclusive, positive and supportive contexts and environments (Turner & Percy-Smith, 2020), as was not available for our participants. According to previous studies (Dansey et al., 2019; Pryce et al., 2017; Ucembe, 2013), the perception of stigma and discrimination is one of the generally shared experiences of young care leavers, which was also a shared experience by our participants Nevertheless, our participants' experiences of stigma were unique due to the social and cultural context of Iran. In this study, the participants experienced shame caused by blame, cultural stereotypes and stigmatisation of being labelled as 'deviant'. In fact, the feeling of loss, disconnection and shame, especially in the interaction with others within the Iranian cultural context, is an important issue found in this study, to the extent that the young care leavers, limiting the scope of their relationships, reinforcing the feeling of loneliness. The findings of this study also highlight that the stigma and rejection did not remain only at the level of verbal communication and were extended to discrimination in all aspects of life, from marriage and work to social relationships (Calheiros et al., 2015). As such, it is important to consider these findings within the cultural context of Iran, where the study was conducted. Unlike many individualistic societies, in many collective cultures like Iranian culture, the family has been the central factor in people's identities, belonging and community memberships (Ibrahim & Howe, 2011). Growing up in the residential care system has left our participants without a credible status of being under a traditional family structure, making their connection with the community more precarious.

Our unique finding on participants' experiences of stigma indicates the family unit in Iran extends beyond providing emotional, financial and individual support; instead, the family is the smallest social unit, often a source of transitioning religious and cultural norms and heritage, ensuring that family members follow and adhere to those norms. In fact, the absence of the family unit contributed to people's attitudes towards our participants, including social stigma, disfranchisement, rejection, isolation, or being labelled by improper discourses such as

"illegitimate". As such, in response to cultural stereotypes and common discrimination in society, participants adopted a kind of imposed isolation, hid their identities and avoided sharing their stories with those around them. The current feeling of uncertainty and rejection might impact their sense of belonging and social connection (Young et al., 2006). Our findings suggest the complex relationships between the current experience of care leavers with society's interpretations and cultural standards of being 'normal' entrenched in people's attitudes and relationships with care leavers. From the authors' reflection (who are Iranians), not having a family is often taboo in Iranian society and can significantly impact people's social location. This is especially true when developing close and intimate relationships, where individuals become more aware of each other's past and current circumstances. So, their imposed isolation can be a strategy to protect themselves against cultural judgments and stigmatisation, which were more likely to be the experiences of young women.

Interestingly, while this study was conducted in one of the centres that support young people in this transition, participants have not highlighted or acknowledged the support within that centre. Participants were not asked about Roshanaye Omid Charity Foundation's support system to reduce discomfort during the interview as the first author was the head of the social work unit; however, it is unclear why they have not considered acknowledging the support received from the centre. Therefore, additional research by third parties can focus on program evaluation in Iran and develop proper transitional programs and systematic support to close this gap.

5.1. Limitations

This study was the first study that has been conducted on the lived experience of young care leavers in Tehran, Iran. However, Iran is a diverse country; therefore, future studies can focus on a deeper understanding of the impacts of gender, ethnicity, disability, and religious diversity on care leavers' lived experiences. In addition, we should be cautious in generalising the results of this study, as this study was conducted using a qualitative method and a small sample size in Tehran province.

It is also important to recognise that the identity of the first author, who conducted the interviews as a male social worker, might have impacted how participants shared their experiences. Despite his efforts to reduce power imbalance by creating a collaborative space and a flexible environment, allowing them to request additional information or stop the interview at any time, it is important to acknowledge a degree of unequal power might still persist. Also, female participants might not share certain lived experiences due to gender differences, an element that should also be acknowledged.

6. Implications for policy and Practice

In addition to recommendations presented throughout the discussion section, the findings of this study could lead to implications that can help young care leavers in their transition to independent adulthood. It is crucial for the government to expand the scope of support within a consistent and holistic approach to address economic, housing crises, unemployment and mental health support, especially considering the unique economic conditions of Iran. This study was conducted when Iran went through an economic crisis and the cost of living skyrocketed (Hemmati et al., 2018; Ture & Khazaei, 2022). The young care leavers faced economic hardship as well as a compressed transition to adulthood. The study's findings can demonstrate how different factors and layers of oppression can impact young people, exacerbating their experiences of marginalisation, oppression, and exclusion that should be taken into consideration when supporting residential care leavers. Future research within an intersectional lens (Mattsson, 2014) can further explore various identity factors and oppressive structures and will assist social workers, policymakers, and the care system in tailoring

the support system post-care. In the process of leaving care and achieving independence, the presence of a mentor and more personalised and holistic support is a necessity. These programs should be co-designed with the collaboration of care leavers to ensure that their priorities and experiences are valued and included in the policy. Providing nuanced support based on young people's lived experiences and needs will foster their ability to adapt to new conditions (Newman & Blackburn, 2002; Olsson et al., 2003).

Additionally, developing community-based programs can help foster dialogue to change community attitudes and challenge labelling, enhancing the likelihood of social support and promoting community engagement. To enhance systematic social support, longer-term plans, social change, activism, and public awareness are necessary to change these oppressive views and stereotypes. Community groups and peer mentoring can play a pivotal role in providing a safe space for young people to share their lived experiences and receive emotional support.

7. Conclusion

This study demonstrates that young people who have become independent after years of living in residential care face many obstacles, restrictions, and uncertainties when transitioning to independent living and integrating into society. Their living ahead is intersected by individual, social, economic, and cultural factors. These young people faced numerous challenges in achieving independence in life due to inadequate and proportional social support. However, a significant barrier to their integration and acceptance in society was the complex cultural norms, specifically, the public and cultural perception of 'not having a family'. The absence of a family not only limits financial and emotional support but also acts as an obstacle to social acceptance, community engagement, and social inclusion. Thus, there is a need for extensive critical discussions at the community level to challenge deep-seated cultural assumptions about family and its absence.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

The data that has been used is confidential.

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