"You are nothing and you have nothing": Exploring social justice for youth leaving care in African contexts☆

Berni Kelly [a,*] , Adrian D. van Breda [b], Kwabena Frimpong-Manso [c]

[a] Queen's University Belfast & University of Johannesburg, SSESW, 6, College Park, Queen's University Belfast, Belfast, Northern Ireland BT7 1LP, UK
[b] University of Johannesburg, PO Box 2354, Rooihuiskraal 0154, South Africa
[c] University of Suffolk & University of Johannesburg, University of Suffolk, Waterfront Building, 19 Neptune Way, Ipswich IP4 1QJ, UK

A B S T R A C T

Youth leaving care face much adversity and oppression, including stigma, discrimination and unequal opportunities in young adult life, though there is a limited body of care-leaver research grounded in a social justice perspective. This article, therefore, makes an important contribution to the field by applying Nancy Fraser's work on social justice to interpret the experiences of youth leaving care in African countries and to explore how leaving and aftercare care support could help to counteract the disadvantages and social inequalities they face. The paper draws on a study that involved qualitative interviews with 45 care-leavers across four African countries: Ghana, South Africa, Uganda and Zimbabwe. Interviews were led by care-experienced peer researchers and sought to explore young people's experiences of transition from care to young adulthood. The findings show how youth leaving care in African contexts can experience intersectional and mutually reinforcing social injustices as they transition to adult life. The narratives of these young people provide rich insights into their experiences of Fraser's notions of cultural misrecognition, maldistribution of resources and misrepresentation. Economic and social subordination, due to intersecting experiences of alternative care, gender, disability and cultural exclusion, stigmatises and marginalises youth leaving care, impeding their transition from care and participation in society. Study implications include redistributing resources to improve leaving and aftercare services, decentring oppressive social norms, recognising and valuing the intersectional identities of care-leavers and encouraging care-leaver participation and political voice.

1. Introduction

Young people transitioning from out-of-home care (foster or residential care) to adulthood have increasingly been the focus of research and policy over recent decades (Mann-Feder et al., 2019; OECD., 2022; Strahl et al., 2021). This research clearly indicates that these care-leavers face much adversity and oppression in young adult life (Kääriäläa & Hiilamoa, 2017; Mendes et al., 2022; Nadon et al., 2022). While many young people have a gradual and supported transition to emerging adulthood, care-leavers often experience sudden exits from care into young adulthood marked by unpredictability and isolation, with limited aftercare support (van Breda, 2018). The United Nations (2010) Guidelines for the Alternative Care of Children highlight the importance of adequate planning, preparation and support for care-leavers. However, across the globe, research indicates their

significant unmet support needs (Mann-Feder & Goyette 2019) and poor outcomes in adulthood across a range of domains including unemployment, low education attainment, poor mental health and homelessness (Courtney & Dworsky, 2006; Kelly et al., 2022; Paulsen et al., 2023).

The challenges facing care-leavers are further exacerbated by their lack of access to informal social support networks and the broader organisational, cultural and political context (Frimpong-Manso, 2017; Kelly et al., 2024; Stubbs et al., 2023). This is particularly pertinent to care-leavers in the Global South where, despite harsh socio-economic contexts, there are often limited policies and services for youth leaving care (Kelly et al., 2020; Mendes et al., 2022; Mupaku et al., 2021). Furthermore, care-leavers who are disconnected from their birth families may be subject to social exclusion and stigma in African contexts where culture and family are tightly intertwined (Gwenzi, 2020; Kelly et al., 2024). A small, but growing body of research, has highlighted the

unique experiences facing youth leaving care in different Global South contexts, including African countries (Frimpong-Manso, 2022; Mupaku et al., 2021; van Breda & Pinkerton, 2020). However, further research is needed to expand our understanding of the specific challenges for care-leavers in Global South contexts (Frimpong-Manso, 2017; Mendes et al., 2022; van Breda & Pinkerton, 2020) and how leaving and after-care care support could help to counteract the stigma and social inequality care-leavers experience (Coram Voice, 2020).

The aim of this paper, therefore, is to consider the applicability of Fraser's conceptualisation of social justice for understanding and responding to issues of justice for youth leaving care. It builds on the previous work of Bond (2018), Mendes et al. (2014) and Marvell and Child (2023) who have raised concerns about social injustice for care-leavers. Bond (2018) highlights how vast levels of deprivation and vulnerability for a large child population in South Africa have led to minimal attention in law and policy to the needs of smaller youth sub-groups, such as, care-leavers. The absence of law mandating support for care-leavers leads to an under-funding of leaving and aftercare services that undermines the wellbeing of youth leaving care in South Africa. Bond (2018) argues that this is a neglect of the State's corporate parenting responsibilities and associated poor outcomes experienced by care-leavers are a matter of social justice.

Mendes et al. (2014) consider why outcomes for care-leavers are persistently poor globally despite clear research evidence on their needs, and more advanced aftercare law and service provision in some countries. These authors highlight the complexities of moving from state care to informal aftercare systems in harsh and insecure socio-economic environments, particularly in the Global South. Mendes et al. (2014) call for a refocus on the political dimensions of leaving care and the need for state investment to maximise the potential of care-leavers to be economically productive but also to promote their citizenship rights and social inclusion. Similarly, Marvell and Child (2023) highlight care-experienced university students' experiences of inequalities and social exclusion and argue for a dual focus on addressing misrecognition and material exclusion to further a social justice agenda for care experienced higher education students.

2. Leaving care in African contexts

Almost all African countries were colonised by various European powers, which imposed their social, economic, and political institutions, displacing and disrupting previous systems or structures. Western forms of care for children without parental care were introduced as part of this colonial imposition, replacing community-based indigenous systems and extended family networks. Despite the formal withdrawal of these colonising and capitalist powers, coloniality continues to impact within the capitalist structures of society, including childcare and protection (Mpofu & Ndlovu-Gatsheni, 2024). Many African countries maintained their colonial-era child welfare systems after attaining independence. In the last two decades, several African countries have focused on family-based care in their care reforms (Frimpong-Manso et al., 2025). However, despite these efforts, formal child protection strategies still heavily rely on residential care facilities, such as children's homes, which international organisations and religious groups often fund and operate (African Union, 2023; Islam & Fulcher, 2021). Formal foster care and adoption are perceived as western imposed forms of care that conflict with African cultural traditions. It is common to care for a child from one's own family or community, but families are reluctant to accept children from unknown families or from groups that are widely stigmatised, such as disabled children (Delap, 2021).

Although many children in residential care reunite with their biological families or are adopted, others remain in care until they must exit, typically at the age of 18 (van Breda & Frimpong-Manso, 2020). In most African countries, statutory support abruptly ends when young people leave care, and assistance for care-leavers mostly comes from a few non-governmental organisations or well-funded private residential

care facilities (Takele et al., 2021). These services reach only a minority of care-leavers, causing many to lose the benefits they gained from living in residential care and consequently increasing their risk of falling into poverty (Berejena Mhongera & Lombard, 2016; Tanur, 2012). In the four African countries involved in this study (Ghana, Zimbabwe, Uganda and South Africa), there is minimal formal support for care-leavers. Care reform in each of these countries has started to draw some attention to the needs of care-leavers and some residential care centres have introduced transitional or independent living programmes for youth leaving their care. However, these programmes are not mandatory and centres often struggle to provide this transitional support due to significant underfunding (Bond, 2018; Gwenzi, 2022). Currently, none of these four countries have a specific policy framework to support youth transitioning from care, and structured aftercare services are absent.

While there are variations in the experiences of care-leavers across the different African regions and countries, research shows that the majority of care-leavers struggle and require significant support during their transition from residential care (Bodiroa & Ross, 2023; Frimpong-Manso, 2020; van Breda, 2018). Young people leaving residential facilities struggle to reintegrate into their families and communities after leaving care, leading to a persistent lack of belonging and limited informal social support (McAlpine et al., 2023). While in care, they have limited contact with the outside world, including their peers, family and other community members (Pryce et al., 2016). The grief and trauma experienced before care (e.g., poverty, bereavement and abuse), coupled with separation from family during time in care, can have lasting effects in adulthood (Neville et al., 2023; Ucembe, 2014). Furthermore, if families are known, there are few services available to alleviate poverty or strengthen families while their children are in care, so they are often unable to provide support when they leave care (Moodley et al., 2020).

Young people leaving residential care in Africa also experience significant cultural stigma and discrimination, resulting in isolation and ostracization in the community. For instance, although not all care-leavers are orphans, they are labelled as such for having lived in residential care (orphanage) which leads to assumptions that they are to be pitied (Gwenzi & Ringson, 2023; Ucembe, 2014) or considered deviant or immoral due to their lack of knowledge about their biological roots and social norms, such as, Ubuntu (Luboyera, 2014; Moodley et al., 2020). Some authors suggest that the policies of residential facilities promote the values, language and traditions of westerners who fund and operate them (e.g., independent living), leading to young people being inadequately socialised in local culture and values, (Dziro et al., 2013) and hindering meaningful community connections. To avoid stigmatisation, discrimination and prejudice, many care-leavers engage in self-exclusion, which potentially limits their social support system (Pouw et al., 2017).

Care-leavers in African countries also face numerous challenges beyond leaving care. They must contend with widespread structural issues like poverty, high youth unemployment rates and weak welfare support systems (Tanur, 2012). In this socio-economic context, given stigma and lack of social and cultural capital outlined above, care-leavers struggle to find decent employment, leaving them vulnerable to precarious/poorly paid employment, exploitation or crime (Dickens & Van Breda, 2019; Frimpong-Manso, 2018; Pryce et al., 2016).

Reflecting Fraser's (2022) emphasis on the effects of capitalism, these daily challenges for care-leavers are within a broader context of the pervasive and ongoing effects of coloniality on Africa. Natural resources in Africa are often controlled by foreign nations or purchased at low prices and sold at high prices; coffee and cocoa are examples of these (Elsby, 2020). Such expropriation leaves African people, including care-leavers, unemployed or with meagre wages. This colonial exploitation of Africa contributes to an exponential increase in poverty compared with that of the rest of the world. Sala-i-Martin (2002, pp. 25-26) reported that poverty in Africa increased dramatically from comprising 11 % of the world's poor population in 1960 to 66 % in 1998. Income inequality is also very high in Africa, particularly in southern Africa (Chancel et al.,

2023). These high levels of poverty, driven in part by colonialism and capitalism, contribute to the vulnerability of care-leavers to unemployment and poverty. Within this context, African care-leavers are at high risk of being excluded or exploited by the labour market, unsupported by public infrastructures.

3. Social justice

Various theories have been used to inform care-leaver studies in recent years including: resilience (van Breda & Dickens, 2017); life course (Brady & Gilligan, 2018; Kelly et al., 2024); recognition (Glynn, 2021); social capital (Frimpong-Manso et al., 2025; Waugh et al., 2024), focal (Hollingworth & Jackson, 2016) and ecological theories (Pinkerton, 2021). However, much of the research in the field of leaving care has been under-theorised and there is no consensus on a theoretical framework for understanding the experiences of youth leaving care. This article seeks to contribute to the theoretical analysis of the experiences of care-leaving by applying Nancy Fraser's three dimensions of social justice to the findings from a care-leaving study in four African nations. The findings starkly show care-leavers' systemic experiences of inequalities, stigma and oppression, indicating a need to focus on issues of social justice at the core of our understanding of leaving care and the role of aftercare support in counteracting the disadvantages and social inequalities care-leavers encounter.

Fraser (1995, 1996, 2000) proposes a triadic model of social justice comprising distributive justice, recognition and political representation to achieve participation parity. This paper will focus on the application of these triadic domains of injustice to the experiences of care-leavers: cultural misrecognition; maldistribution of resources; and political misrepresentation.

Misrecognition is a form of social subordination whereby institutionalised patterns of cultural values and domination devalue some members of society and prevent their equal participation. The focus here is on oppressive institutionalised social relations and the remedy is recognition of those experiencing injustice and transformation of cultural processes that produce and devalue difference (Fraser, 1995). Recognition offers affirmation of devalued differences but also seeks a deeper transformation of culture to deconstruct underlying oppressive processes that produce differences and transform cultures (Fraser, 2000). Capitalism also plays a role as neo-liberal norms of individualisation and self-sufficiency lead to a cultural norm where citizens are expected to take responsibility for their own quality of life, despite limited access to resources (Fraser, 2000). This is particularly relevant to care-leavers who are often expected to become independent as they leave care at the age of 18, often with minimal access to support. As adult independence becomes engrained as a socio-cultural norm, those who care for others or who require ongoing support become stigmatised as dependants. Deconstructing self-sufficiency and refocusing on interdependence, where individuals are part of reciprocal supportive networks, could be a transformative strategy of recognition (Storø, 2018).

The second aspect of Fraser's model is focused on the maldistribution of resources which is evident in the economic exploitation and marginalisation that deprives groups of the resources needed for full participation (Elsby, 2000). These injustices are rooted in oppressive socio-economic structures in the global capitalist economy that depend on capital accumulation and commodification of capital and labour. Fraser (2000) argues that the remedy to socio-economic injustice is a redistribution of resources, decommodification of labour and deeper structural economic transformation.

Misrepresentation is the third domain which accounts for political, transnational, global structures and processes of social injustice. Representation includes not only affirmative democratic processes within nations but also deeper transformative transnational strategies of political representation in the context of contemporary globalisation (Fraser, 2005). Facilitating political representation for all in society to enable voice and social status is required to promote the inclusion of subordinated groups.

For Fraser (2005), these three dimensions of justice are relatively autonomous and require different but equally important, mutually dependent strategies for addressing injustices. Emphasising one dimension at the expense of others risks a one-sided approach. Fraser (1995) proposed that affirmative remedies address the outcomes of injustice for specific marginalised groups, but this still leaves the underlying oppressive structures unchanged. Such an essentialist identity model of recognition may also reify group identities, make false assumptions about homogenous collectivity and displace struggles for redistribution, as it can be used to legitimise varying sets of rights for different groups in society (Fraser, 2000). Instead, she proposes a non-identitarian, social status model that does not reify collective identities that mark boundaries based on essentialist difference. She argues for broader transformative strategies that may be more removed from immediate concerns for specific groups but can change the root causes of injustice.

Fraser's approach has particular relevance to contemporary, global social work. In its definition of social work, the International Federation of Social Workers clearly identifies social justice as a core dimension of social work (IFSW, 2010). However, social work has been criticised for becoming too concerned with the individual, negating deeper underlying problems of injustice related to class inequality, economic exploitation, global poverty and inequalities (Brockmann & Garrett, 2022; Flynn, 2017; Garrett, 2010). Fraser (2012, p. 51) encourages us to "question the tendency to redefine structural inequalities as personal problems; scrutinize interpretations that attribute people's unfavourable circumstances to their own failings." Fraser's political aspirations for change to redress injustice may also enable practitioners to reclaim social justice as a cornerstone of anti-oppressive social work practice role. However, Garrett (2010) argues for further theorising of the role of the State where social work is mostly situated, particularly the State's integral role in sustaining oppressive cultural and economic processes and structures. For example, as social workers play a key role in the gatekeeping of resources for youth leaving care, they may generate misrecognition and maldistribution of resources within care-leaving practice.

In her more recent work, Fraser (2022) centres her argument on the need for a broader vision of socialism to address capitalism, incorporating the transformation of social reproduction and public power. A core concern is capitalism's refusal to repair or replenish these expropriated resources. Fraser (2022) extends this critique to also consider issues of subordination, binarismand the undermining of democracy. Fraser (2022) argues for a new socialism focused on supporting people, protecting resources and promoting democratic practices rather than accumulation of surplus and efficiency.

4. Methodology

This paper draws on the Building Positive Futures feasibility study on youth transitions from out-of-home care in four African countries: Ghana, South Africa, Uganda and Zimbabwe. The study aimed to test an amended version of research tools previously used to investigate the experiences of care-leavers in the South African Growth Beyond the Town study (Dickens & Van Breda, 2019). The Youth Ecological Resilience Scale (YERS) (van Breda, 2017) and structured and semi-structured interview guides used in the Growth beyond the Town study were adapted for country context to enable further data collection regarding participant gender, disability and culture. The peer research methodology used in the YOLO (You Only Leave Once?) study of care-leaving in Northern Ireland (Kelly et al., 2020a, c) was also adopted to support care-experienced youth to work as co-researchers on the study.

Given the lack of theorisation in the field of leaving care, the study also sought to explore the use of a range of theoretical perspectives to develop understanding of care-leaving transitions in Africa including

social justice, resilience, social capital (Frimpong-Manso et al., 2025) and life course (Kelly et al., 2024). This paper focuses on the relevance of Fraser's concept of social justice to the study findings.

A total of 45 young people leaving the care of SOS Children's Villages (SOS-CV) participated in the study across these countries (10 in Ghana and Uganda, 13 in Zimbabwe and 12 in South Africa). In SOS-CV, children and young people are cared for in small groups in the same family home on a residential village site. The study sample comprised 23 females and 22 males and included 21 young people who were preparing to leave care and 24 who had left care. Of the 45 participants, 29 were aged 17–24 years and 16 were 25 years or older. Six of the participants defined themselves as disabled (3 in care and 3 post-care) and had experience of intellectual disability, autism and physical disability.

Surveys were administered to collect demographic and outcome data. Interviews were held at SOS-CV premises or the young person's home. Whilst we include broad demographic information to contextualise findings, this paper focuses on the findings from interviews that explored preparation for leaving care, transitional experiences and post-care lives. The interviews were led by care-experienced peer researchers (youth who left SOS-CV care at least one year prior to the study). Peer researchers completed a three-day preparatory training programme led by the academic team (including a care-experienced academic) and hosted by the partnering University in each country. for the role that equipped them with necessary skills for. This programme equipped the peer researchers with the necessary skills for interviewing and handling ethical concerns, clarified the boundaries of the peer researcher role and incorporated interactive role-play activities. All peer researchers and study participants spoke English with only one interview in a participant's native language, Afrikaans.

Prior to data collection, the study was given ethical approval by each of the universities involved and approval from SOS-CV who facilitated recruitment and supported the study. Throughout this paper, we use pseudonyms to protect the anonymity of study participants. SOS-CV advertised the study to potential participants and those who expressed interest were then directly contacted by a researcher. Prior to engagement in the research, participants and legal guardians (for those aged under 18) provided informed consent. Interviews were recorded and transcriptions were anonymised to maintain confidentiality. All data was held securely in electronic format with anonymous transcripts only available to the research team via a password protected shared folder.

Interview transcripts were analysed using an inductive, thematic analysis process beginning with the lead researcher in each country open coding a sample of two transcripts from their country. These codes were then reviewed by the team and grouped and condensed into themes and sub-themes in a coding framework on the Atlas.ti computer package that was then used to analyse the remaining transcripts at country level (Braun and Clarke, 2013). At least one peer researcher in each country contributed to the development of this coding framework. Despite structural and cultural differences across countries, the themes that emerged indicated commonality rather than diversity in relation to care-leaver experiences of social injustice across study sites.

5. Findings

The findings show how youth leaving care in African contexts experience intersectional and mutually reinforcing social injustices as they transition to adult life. The narratives of these young people provide rich insights into their experiences of Fraser's notions of cultural misrecognition, maldistribution of resources and misrepresentation.

5.1. Misrecognition

Participants provided many examples of situations when they experienced features of misrecognition, like invisibility, exclusion, stigma and discrimination, because of their care identity. Many reported how others considered them to be deviant from societal and cultural

norms due to their care background. Participants felt that they were often treated unfairly or disrespected by peers and professionals:

At school some of the teachers and children used to see SOS children as bad people… The English teacher used to abuse me, [saying] that you are stupid. She used to give me punishments to scrub the whole trench, clean the toilets as others are in class studying and I was outside cleaning. (Cathy, Uganda)

Some participants who perceived this misrecognition and social subordination as personal misfortune, rather than as a form of injustice, felt they were to blame, leading to low self-esteem:

I was bullied… I used to cry or ignore them… you feel isolated, you even start thinking of bad thoughts, want to kill myself, 'Why am I living if people are treating me like this?' (Michelle, Uganda)

In addition to the psycho-emotional effects of misrecognition, social subordination impeded participants' post-care progression and participation in society. Being ascribed to a subordinate status made it more difficult to secure a home, employment and family, leading to poverty and isolation. Participants reported that landlords, community members and potential employers held low expectations for care-leavers based on assumptions that they would be 'troublemakers', should be 'pitied' or would never be successful or able to provide for a family.

For example, in Zimbabwe, Kudzai reported feeling that he cannot marry because of people's negative perceptions of care-experienced people. Nii also explained how his plans to marry were thwarted because his partner did not accept him once he disclosed his experience of being in SOS-CV's care:

People feel that when you are in SOS, you are nothing and you have nothing… because of that, the person I tried to pursue a relationship with did not accept me… (Nii, Ghana)

Although social subordination was based primarily on participants' care background, other aspects of their identities, such as gender, disability, age and culture, intersected with their care identity to exacerbate experiences of stigma and exclusion. For example, Pauline explained oppressive social norms relating to disability that hindered opportunities for disabled care-leavers:

And then misconceptions the people in a community have about the disabled people also hinders them in a way that some people believe it is not good to sit next to someone who is lame or to feed in the same plate with them. (Pauline, Uganda)

Gender also emerged as an element of intersectional misrepresentation, with none of the males being NEET (not in employment, education or training) compared with almost half of the females. In addition, males were more likely to be in self-supporting accommodation than females. Some female participants reported being enculturated into traditional gender roles (such as cleaning and cooking) during their time in care, whilst others felt they were encouraged to pursue education:

They were able to groom me to become a responsible woman… And give me the necessary education and character traits… and domestically, I was able to wash and cook and clean. (Naana, Ghana)

These findings highlight the influence of SOS-CV in perpetuating gendered aspects of social reproduction and power in society that can lead to the subordination or exploitation of care-experienced women. Gendered aspects of exploitation and abuse were also evident in the participant narratives. For example, Pauline described the vulnerability of female young people with a care background to experiences of oppression or abuse from males in the community:

Some men, when they learn that you come from care, their despise and disrespect they bring in, mistreating you because they know now that you

do not have a family of your own like biological parents… to come to your rescue. (Pauline, Uganda)

Youth often demonstrated much agency in seeking redress or challenging their experiences of social subordination. For example, young people described efforts to excel in school to have their educational abilities recognised:

At high school education I had to constantly try to do twice of what… the non-SOS kids were doing before I could be recognised… so you're doing double to be appreciated by the teachers, to fit in socially. (Efua, Ghana)

Similarly, Maame provided insight into his invisibility at school and the effects of being devalued by teachers but also emphasised his resolve not to succumb to such misrecognition:

There is a misconception that SOS children are not good enough, so when something is happening, and you want to participate they overlook you… It made some of us very timid in school at the elementary stages because a child needs to hear compliments to become a better person… That still did not stop me from taking up challenges… There need to be initiatives that will compel children to act. It takes a brave child to say, 'I don't care what they say, I'm going to make it.' But not everybody is like that. (Maame, Ghana)

Michelle, who had a physical disability, reported how counselling helped her to frame her experience of injustice and challenges the psycho-emotional effects of disability-related stigma and discrimination:

While I was still in care, I had the opportunity [for] counselling… I was counselled that you can stay harmoniously with people in the community when you're disabled or discriminated, isolated, stigmatized… I was always feeling like that and I grew to accept myself who I am and that's how I have prevailed … Everyone is different in their own way, you can't all be the same but we can't discriminate each other. (Michelle, Uganda)

However, despite participant efforts to challenge misrecognition and demand to be seen and valued, change was often short-lived. Cathy related a collective effort of SOS-CV children to challenge discriminatory treatment at a public school that had minimal impact:

Actually, the time when every SOS child was complaining, we are tired of this and that, is when the school responded. It was just like a matter of talking and the topic ended there and then, but still it continued. (Cathy, Uganda)

A further response to this persistent misrecognition was to become highly self-sufficient to limit opportunities for others to manipulate or exploit their vulnerability as a care-leaver:

One of my principles is that I do not have a friend in life but I have associates… I do not socialise too much with them… I only socialise when I am doing something in a particular trade that they are in and that I am into… because you have one life and you are all fighting for one goal. (Mufaro, Zimbabwe).

However, these actions were founded on a mistrust of others and often led to social isolation and could act as a barrier to seeking help from potential support networks.

5.2. Maldistribution

Economic subordination was a further major challenge for study participants. This was rooted in the structural allocation of resources within the economic system in each country. Entry to care was often a route out of extreme poverty and hardship in the birth family context and children in care enjoyed a well-resourced environment during their childhood. However, at age 18, or when they finished schooling, they were expected to abruptly leave this care setting and survive in those same communities of origin with very limited or even no support. Whilst international policy highlights the importance of preparation and

aftercare support care-leavers (Munro et al., 2024), none of the countries in this study had explicit policy mandating or guiding service providers to support these young people, reflecting their invisibility at a policy level.

Participants described the move from care to surviving alone in the community as a sharp contrast in standard of living. The quality of life in care in Africa is frequently far above that experienced by most people living in the community. Participants felt that their time in care had made them accustomed to a comfortable, even high, standard of living.

The care you have in the home is so luxurious for example sometimes when you are sick you just come to the hospital, and they give you drugs. You don't have to pay for it. You go to school for free, they give you transport and feeding like money to keep on you. You have pocket money, as little as it is, it was even good… If I compare myself to those who had parents, we were far better off than them, looking at the privileges we had … They were in the real world, and we were in a 'magic world'. (Atto, Ghana)

The transition from this 'magic world' into the 'real' world was a great shock for many participants, who felt very unprepared for life outside SOS-CV. Their experience of being in care failed to teach them the skills or to forge the community connections they would need to survive in very harsh economic circumstances on leaving care. Having been encouraged to rely on support from their caregivers and peers, they found it difficult to assume full responsibility for earning an income and managing finances, housing and personal outcomes on leaving care:

All along I was enjoying seven years of honey and milk, so I have to prepare for the seven years of hunger… when I go out to face the world. (Kudzai, Zimbabwe)
Here in my new life, if I don't work for it, I'm not going to receive anything. (Atto, Ghana)

Participants related not only the shock of the change in standard of living post-care, but also significant challenges in sustaining a livelihood, notably finances and accommodation. These economic challenges were exacerbated by limited family and community connections and formal support systems. Without a legal mandate to provide ongoing support, aftercare was provided for a minority of care-leavers on a discretionary basis. These limited aftercare services often prioritised those who were pursuing higher education and required some financial support for their accommodation or university fees. Other participants felt that, despite their need for support, they were abandoned:

There's support that I'm supposed to get from the SOS support… I have yet to find that support I really want. (Kudzai, Zimbabwe)
[SOS-CV] underestimate us… We cannot meet our goals and objectives just because we are lacking full financial support… I have nothing, but I want to make something… they fail to support us as disadvantaged and less privileged. (Mufaro, Zimbabwe)

For those seeking employment, the situation in each African country was extremely challenging:

Life outside SOS is really hard… and in this era of Uganda we are in job scarcity and to get a job, you have to pay for it remember you don't even have money. (Martin, Uganda)

Youth unemployment is a significant issue across African countries, but the situation is exacerbated for care-leavers who lack social capital from family, peers and kin in the community. Many reported difficulty securing jobs because they did not know people who might offer employment or sponsor them. They did not have family or community connections who might invest in their entrepreneurial business efforts.

I have been doing chicken projects … it did not work out because of finances and the economy and the situation of our country. So far, I am doing nothing… I tried to communicate with the farm manager for a plot… but they do not have a heart to love and support us. They only have a

financial heart… I think that SOS should employ people who will be able to help us when we leave care to get employment. (Nduna, Zimbabwe)

In addition to this lack of social connection, participants also felt deliberately excluded from the labour market because of the stigma of their care background with potential employers considering them to be 'troubled' or not dependable. Those who were employed also reported examples of exploitation, often working for long hours in undesirable working conditions for minimal wages that did not cover a basic standard of living. Some participants reported experiences of abuse or exploitation in the workplace:

We are overworked and there is abusing… things are like that, but you have to forego them and think about where you are heading to. (Joseph, Uganda)
Bullying at workplaces… I have faced that before… teasing, like someone humiliating you, treating you badly… I hate it when someone undermines you and do not give you the respect you deserve as a human being. (Pauline, Uganda)

Several young people reported engaging in 'hustling' to expand their social and economic network. Hustling involved informal activities, often not legal, to generate money to live.

I am hustling for food… toiletries… I put my pride aside and I was like, if I have to collect cans to survive, I will collect cans to survive. Then I do like little jobs. I do people's gardens; anything and whatever. (Bandile, South Africa)

Ruyano repaired and sold on cars but was exploited by her employer who did not pay her a fair wage from the profit she made for the company. She moved on to work with a group who were gold mining but was concerned about the risks associated with potential criminal activity. Ruyano hoped to find work in a piggery to avoid the need to emigrate to secure employment. She was determined to become self-sufficient so she would not be reliant on a male partner:

To stay at a man's house without anything you're doing is painful… It's hard to say to someone I need money every day… So at least I have a project to do that can give me money so a man doesn't have to give money to buy meat, I can buy for my family. (Ruyano, Zimbabwe)

Some young people who could not secure a steady income described getting into debt and taking out loans which caused much distress:

I am trying to get loans from people that I know, and I know… I will have to pay them back. Sometimes money is just not there, and it is a big challenge. You start thinking of ways and you even get a headache. (Michelle, Uganda)

Due to experiences of economic exclusion/instability, food insecurity, homelessness and much uncertainty about the future were common features of the experiences of study participants.

These companies say… we can't afford you [because of the economic situation]… I was trying hard… It's affected me a lot, because now… I don't have money for rentals, for food, even for transport. So, I'm struggling now. (Ruyano, Zimbabwe)
I got separated with my husband… I needed to look for somewhere to live but it was very difficult… that is when I had to sleep at that [park] station. (Rutendo, Zimbabwe)

Many of these experiences may have been similar for the youth population more generally, given the high levels of poverty and inequality across the continent. However, care-leavers were especially vulnerable to the impact of maldistribution, given their comparatively good living conditions while in SOS-CV. In addition, their care identity generated stigma, previously discussed under misrecognition, that resulted in additional exclusion and marginalisation.

5.3. Misrepresentation

Participants reported multiple experiences of unequal treatment that highlighted how cultural, relational and institutionalised forms of oppression (overt and subtle) against care-leavers were engrained and accepted within socio-cultural structures and processes to the extent that othering care-leavers was legitimised and unchallenged:

People in the community… how they view orphans, people… [who] grew up … in a children's home. Some people do not see us as people so that affects us… the whole [town] knows that children in SOS have bad manners. (Kudzai, Zimbabwe)
I don't want people to feel pity over me… sometimes when it comes to doing things… they are like, 'Let's do this for her'… I do not want to be that case, I just want to stand up and be myself… just to fit like everybody else. Not to be looked at as a special case. (SIbongile, South Africa)
I always felt the discrimination at every point in my education: that you are an SOS child, so you come second when it comes to everything. (Efua, Ghana)
We went to a camp… some people would talk hurtful words… some of them I was in school with will just be saying hurtful things… and I will be feeling bad. (Tawanda, Zimbabwe)

For some, structural inequities were viewed as personal failings or unfavourable family circumstances, obscuring the structural oppression and subordination of care-leavers:

You end up isolating yourself, excluding yourself. If there is an activity such as illustrating something on the board, you end up not taking up the challenge because you know that whatever you say, people will not listen to it. They will instead think, "this SOS". (Kamuzi, Zimbabwe)

Misframing structural or systemic exclusion as a personal problem legitimised unequal treatment and deeper injustices against care-leavers, who were devalued by being accorded a subordinated status as lacking in moral standing or worth. For example, some participants reported that they were often the first to be blamed for other people's behaviour in the workplace:

"They would say that I stole something, but I would make sure that I would find that person that stole the thing just to make sure that I proved to them that I didn't do it… so everything is about proving yourself." (Melokuhle, South Africa)

The legitimisation of the othering of care-leavers leaves no opportunity to press for justice, aside from 'proving yourself'. Care-leavers often recognised their experience of oppression or discrimination but, without a pathway to redress, some felt a sense of shame or self-blame that had a detrimental effect on their psycho-emotional wellbeing:

When I am at this side the walls, the doors are locked for me… the chances are limited because someone will be like, 'I know that girl and she was behaving like this'… On the other side, because there are many people that don't know me… I am starting afresh on a new page. I like that… I get to be myself more but when I am in this side sometimes I get emotional like I am under pressure and this side it's too much for me (Sibongile, South Africa).

Martin advised that children and youth in care should have access to counselling to help them process these complex experiences and emotions:

Children in SOS need the psychological preparation to make them understand… if you talk about SOS, it is a shame to them, some of them don't even want to hear the name…. Most of them are being tortured because of what happened… some of them have never seen their parents… They should have counselling. (Martin, Uganda)

Intersectional experiences were also evident in young people's discussion of their personal response to inequalities. For example, Michelle describes her experience of oppression and social exclusion on the

grounds of both being care-experienced and having a disability which impacted on her self-worth and emotional wellbeing:

> *I am a bit disabled… so I was always in isolation, I was always kept… in… I don't want to interact with people. I feared what they may say about it and really some of them did say… it to my face… or even beat you up. I was bullied at some point, but it's not something that I want to talk about it… I used to cry or ignore them and now when I grew up I went through that phase where I don't want to talk to people… you feel isolated, you even start thinking of bad thoughts, want to kill myself, 'Why am I living if people are treating me like this? Why?' Suicidal thoughts or start isolating yourself, people call names and all that. You get this behaviour that… you want people away from you. (Michelle, Uganda)*

Such experiences led many young people to hide their care identity from others to avoid these negative feelings and protect themselves from injustice:

> *You don't have immediate people you are going to report to [when you're mistreated]… That is why most people… especially females, we tend to hide that fact that we come from care. (Pauline, Uganda)*
> *I have my ups and downs and they do affect me most of the time… I drink a lot, like every week… and I smoke… So I forget most of my past because I don't share much. Even the guys that are my friends, I do not tell them where I come from… (Lethabo, South Africa)*

Unfortunately, hiding one's care identity can lead people to misunderstand and judge care-leavers' feelings and behaviour, leaving participants double-bound:

> *I cannot just tell the people because I am scared of what they reply… they will start judging you… That is why sometimes I keep most of the things to myself… so sometimes it is hard. People don't understand where you come from and they will judge you. Those are the challenges that I face every day. (Melokuhle, South Africa)*

Others felt a sense of anger or frustration and engage in acts of agency to challenge injustice at an individual level although often feeling a lack of influence:

> *Sometimes we tell them [SOS-CV staff] but that is where it ends, only talk… they do agree with what you will be saying but… they do nothing… there are no channels you can use to present your issue… but they can solve it after people have demonstrated that they are war-like… talk tough with them at their offices, go and tell them openly that "You did not pay this or that for me, you are sabotaging me", that is when they solve your problem… give them pressure, yourself… go on the ground on your own fighting for your [cause], things will happen. (Kudzai, Zimbabwe)*

In response, some young people emphasised the importance of developing avenues for peer support and advocacy within care alumni communities in society.

> *I have just one friend I can call if I should be in trouble… Then my sister from SOS… We call ourselves the three musketeers, so it is just the three of us. We are all doing well for ourselves, so we encourage each other…. They are very supportive in every sense. We share ideas and build each other up spiritually. (Efua, Ghana)*

However, participants tended to turn to each other at an individual/small group level in the face of misrepresentation, rather than taking a collective stand against misrepresentation to advocate as care alumni in their communities. Despite some efforts by SOS-CV to create support networks for care-leavers, participants tend to isolate themselves, thereby privatising systemic and structural dynamics:

> *SOS has tried very much to keep its children in touch, and they have created several WhatsApp groups… but they are not active… most children distance themselves from SOS. (Martin, Uganda)*

6. Discussion

This article has shown how Fraser's (1996, 2000, 2022) triadic dimensions of social justice provide a useful, wide frame for understanding the experiences of youth leaving care in African countries and exploring how leaving and aftercare support could help to counteract the disadvantages and social inequalities they face. This approach also facilitates a re-engagement with the critical role of social work in challenging injustices of misrecognition, maldistribution and misrepresentation and promoting participatory parity. This refocuses on social justice as a central tenet of anti-oppressive social work practice globally encourages practitioners to contribute to the advancement of justice via transformative practices (Hölscher et al., 2020). Critics of Fraser have considered her work too abstract, conflating all social justice struggles to issues relating to capitalism or ignoring the role of identity politics to emancipate some identity struggles (Keddie, 2012; Swanson, 2005). Fraser has addressed these critiques, highlighting an openness to consider how some aspects of capitalism may be compatible with transformation (e.g., progressive taxation) and re-emphasising use of the status model and participatory parity to avoid problems with identity politics (Fraser, 2022; Fraser & Jaeggi, 2023).

Participant experiences of misrecognition and disrespect are rooted in socio-cultural patterns of representation and communication that devalue care-experienced youth. Harassment, abuse, exclusion and disparagement in interactions with the mainstream community are examples of how this can manifest in the daily lives of care-leavers. In this study, misrecognition took the form of participants being negatively judged, devalued and adversely treated because of their care background. Participants felt that their entire identity was reduced to being 'an SOS child' that framed their experiences of misrecognition.

Participants described being disconnected from mainstream cultures and communities whilst in care which reinforced their misrecognition within society. The lack of opportunity for mainstream communities to engage with youth in care, develop understanding of their experiences and build relationships with young people who will be transitioning out of care fuelled the misrecognition of care-leavers. Individual young people made efforts to break down these barriers but often lacked voice and influence against the dominant forms of misrecognition experienced.

Misrecognition also spilled over into other aspects of participants' identity such as, disability and gender, that were also considered from a very narrow and judgmental lens – illustrative of intersectional oppression. Some participants reported internalising these experiences, leading to loss of self-worth and self-esteem, and withdrawal from social and personal relationships. However, many rebelled against these forms of labelling and diminishing, taking both personal and collective stands against such injustices, suggestive of agency and robust identity.

Participants also reported experiences of maldistribution with limited access to employment/a living wage and experiences of poverty and homelessness. The contrast between the stable and relatively good quality of life in care and the comparatively unstable and poor quality of life outside care was jarring. They referred to life in care as a 'magic world' and 'honey and milk'. Many participants struggled to assimilate this contrast. Some felt that life in care should have been more austere, so that they were braced for leaving the children's home. But a more austere and frugal form of care cannot be the answer to the stark contrasts between life in care and life in society.

Most articulated that too little was done to support them post-care. Support from SOS-CV rapidly ceased, job opportunities were few (given lack of connections with communities/investors) and costs of accommodation and transport were high. Many were at high risk of slipping into deep poverty. Some reported abuse or exploitation in the workplace and local community. Others reported resorting to dubious work opportunities to make ends meet. Although SOS-CV appears to have the right intention to provide extended aftercare based on its family-like model of care, including support for costs related to further

education, this support was not universally available. This may be an instance of Hart's (1971) inverse care law, where those most in need of additional support receive less support. This has been recently identified in aftercare services during the COVID-19 pandemic (Refaeli et al., 2023) and is a good example of Fraser's maldistribution.

Globalisation and colonialism are at the core of injustices reflected in the challenge of widespread youth unemployment and housing insecurity, which is further exacerbated for youth leaving care with a subordinated status. In the wider context, it could be argued that the institutionalisation and deculturalisation of youth who are placed in institutional care because their families cannot meet their needs, often due to disease or poverty, is a further example of the effects of globalisation and capitalism. The expectation that young people must leave these care settings and maintain a sustainable livelihood for themselves with no access to resources or support sets them up to struggle or fail. Deficit assumptions and low expectations of care-leavers in schools and mainstream society further restricts their opportunity (e.g., education and employment) and silences or marginalises the voices of care-leavers. The misrepresentation of care-leavers in this study is clear given their experience of stigma and social exclusion.

In this study, participants did not often recognise high-level facets of politics and globalisation as their focus was predominantly on their own survival and subsistence. However, the impact of cultural beliefs about growing up in one's clan negatively impacted on their experiences as children who grew up in care and were disconnected from clan, language and culture. When leaving care, they felt like misfits, who were not accepted and were stigmatised and ostracised in society. It was difficult for participants to locate their personal experiences within larger political discourses of cultural displacement and subordination. Instead, many personalised their experience of injustice or tried to ignore or normalise their experience of oppression.

Intersectionality was also manifest, particularly around gender, disability and culture. For example, participants were aware of traditional gender norms of males as breadwinners and females in domestic, subordinate and marriage/mothering roles. However, children growing up in SOS-CV care were also influenced by liberal Western values around the empowerment of women to aspire to obtaining a tertiary education and good jobs (Berejena Mhongera, 2017). The extent to which girls can attain such aspirations, however, is questionable, given the dominant patriarchal society.

Although coordinating and mobilising among care-leavers could be an effective way to challenge misrepresentation and to take control of their collective narrative, study participants indicated that this did not often happen. The connection between care-leavers and the children's home dissipated after they left care, and when they did stay in touch with each other, it was for personal friendships or practical support rather than collaborating to challenge dominant discourses or lobby for more support. They had not been politicised while in care, where they were raised by caregivers rather than social activists, and thus their responses to a discriminatory world were individualised.

Fraser's well-founded concerns about essentialist and repressive forms of identity politics that discourage fluid, multiple identifications are relevant here. As the findings show, care-leavers are a heterogenous group who are privileged and oppressed in different ways (e.g., differentiated by gender, access to birth family support and disability) and respond to oppression in different ways (e.g., denial, justification or resistance), so they may not easily collectivise as a fixed group with a common voice. Fraser's emphasis on a social status rather than an essentialist identity model, therefore, helpfully reflects the complex, multiple identifications of care-leavers that problematise assumptions of an authentic collective identity (Bennwik et al., 2023; Kelly et al., 2022).

Claiming redress for injustice against care-leavers as a collective group could reify one marginalised group over another in the distribution of scarce resources. In African contexts (and elsewhere), it could be argued that children at risk of harm in the community or children living in care require more investment than those ageing out of care and

moving into adulthood. In contrast, Fraser's (1996) social status concept helpfully focuses on the specific arrangements and processes that lead to injustice and impede or obstruct parity of participation for care-leavers. This approach avoids perpetuating the ascribed cultural distinctiveness of care-leavers as a devalued group to be prioritised over other oppressed groups and instead critically engages with dominant structural and cultural norms and relations that oppress and marginalise.

However, this non-identitarian approach using a status model to remedy misrecognition and discourage the displacement of redistribution or reification of group identities may fail to theorise the role of care identity in structures and processes of oppression and resistance. For some young people, their care-leaving experience and connection to peers who are care-experienced are important aspects of their group identity and collective voice. This creates a tension within Fraser's model that may require further consideration. Beginning with a focus on immediate concerns of care-leavers that is based on affirmative action to raise awareness and recognition for care-leavers as a distinct group requiring support but progressing towards a broader transformative agenda for change using the social status model.

7. Limitations

This study draws on a non-representative sample of participants from one service provider across four diverse countries. The findings, therefore, are illustrative rather than representative of the population of care-leavers in these four countries. The sample size of 45 is quite large for a qualitative study, but even still, the numbers per country are relatively small. The findings should, therefore, be interpreted as illustrative of Fraser's social justice concepts, and not definitive experiences for care-leavers in these countries. While the study design was shaped, in part, by notions of human rights and social justice, the more intensive application of Fraser's work was considered post hoc. Future care-leavers studies could build the theory into the study design to generate richer data on participant experiences of Fraser's social justice themes.

8. Implications

Fraser's conceptualisation of social justice assists not only in critiquing the ways in which society negatively impacts minoritised groups, but also in conceptualising macro change priorities to cultivate a society more aligned with the values of social justice. Adopting Fraser's social justice lens highlights the multilayered complexity of the challenge of meeting the needs of care-leavers in African contexts. Whilst African societies emphasise communal and collective responsibility for children, this commitment rarely extends to children who do not know their birth families or youth leaving 'westernised' formal care systems who lack kinship or community connection. In this context, injustices are exacerbated by stigmatising misconceptions of care-leavers as deviant or troublemakers (Dziro et al., 2013), intersecting with other aspects of their identities (e.g. gender, language, disability, culture). The lack of informal community-based support for care-leavers is not redressed by targeted policy or formal transitional support for youth leaving care. Care-leavers, therefore, navigate a precarious pathway to adulthood in the context of persistent poverty, housing instability and youth unemployment that leaves them particularly vulnerable to poor outcomes. A multi-faceted approach is required to begin to tackle these complexities including efforts to destabilise entrenched cultural misrecognition and political misrepresentation alongside redistributed resources to strengthen support for care-leavers embedded in local communities.

Redressing misrecognition may take many forms. For care-leavers, this may include affirmative changes to law to offer equal recognition of youth leaving care or de-institutionalising social norms that discriminate against youth with a care history. At a broader level, however, redress may require a decoupling of entitlements or customs (e.g., inheritance or marriage) from normative expectations that young

adults should be closely connected with their birth family. This does not mean privileging the group identity of care-leavers but destabilising oppressive norms and devaluing cultural mores that are socially entrenched and enabling universal and affirmative recognition.

The capitalist cultural norm of self-sufficiency also negatively impacts the recognition of care-leavers who may need ongoing support after care or who become stigmatised as dependants. Deconstructing self-sufficiency and refocusing on interdependence could be a transformative strategy of recognition to deconstruct self-sufficiency. This has relevance to care-leavers who are often subject to unrealistic expectations for independence and self-sufficiency in young adulthood and instead require a focus on promoting and valorising their interdependence (Storø, 2018).

The economic exploitation and marginalisation of care-leavers is clearly indicated in our data, leading to a lack of access to resources and deprivation. Redistribution requires the reallocation of economic resources and deeper structural economic transformation (Fraser, 2000). Transformative redistribution that seeks to decommodify labour could address constraints on the workforce and advocate for investment to more adequately support youth leaving care across countries, including support with housing costs and a basic income for youth leaving care to support them to live sustainable lives, as being piloted in Wales (Holland et al., 2024).

However, Fraser's status model, rather than a non-identitarian approach, requires broader actions to redress oppressive stratification in society and the processes that produce hierarchies of dominance beyond the focus on care-leavers as a distinct and assumed collective group. Indeed, findings point to the variance in experience within the population of care-leavers. Fraser's (2009, p. 117) call to 'think big' to ensure that action is not instrumentalised by neoliberalism or conservativism but remains focused in the direction of justice, is applicable to the field of care-leaving where a wider lens is helpful. This may include an increase in the minimum wage, decentring the division between waged work and uncommodified activities such as care work (that many care-leavers and their carers are engaged in). It may also involve reclaiming participatory democracy by democratising procedures for making investment decisions and forming progressive alliances to militate public and political power that subordinates oppressive systems and structures, redresses *trans*-border injustices and upholds a society driven by justice.

Increasing the representation of socially subordinated youth in society and creating political space so all are accorded voice and social status is necessary to promote the inclusion. However, these are multidimensional voices rather than a collective, group identity voice. This wider approach unburdens care-leavers of a minority group status (which many prefer to hide) based on assumed distinctiveness and homogeneity and instead captures the complex, multiple understandings of oppression and injustice for youth leaving care. While children are sometimes provided with collective platforms to raise their voices and shape policy, such as the Children's Parliament present in several African countries (Fayoyin, 2016), the effectiveness of such initiatives is uncertain. Furthermore, the focus is more on children than youth, omitting the important voices of young adults. Promoting representation could be achieved by giving attention to the establishment and support for platforms that empower diverse youth voices. Representation and advocacy opportunities for care-leavers should be integral to such initiatives perhaps via national or regional care-leaver networks (Collins, 2015). These are present in some countries (e.g., Uganda https://www.uganda-care-leavers.org/ and Zimbabwe https://ziclan.org.zw/) but not others (e.g., Ghana and South Africa). As emphasised by Fraser, participation is key, so we need to foster and promote the voice of care-leavers at all levels, including involvement in youth policy and investment decisions.

The findings of this study highlight the complexity of the challenge of meeting the diverse needs of care-leavers in African context. Whilst African societies emphasise communal and collective responsibility for children, this commitment does not always extend to children who do not know their birth families or those leaving 'westernised' formal care systems who lack kinship or community connection. In this context, injustices are exacerbated by stigmatising misconceptions of care-leavers as deviant or troublemakers (Dziro et al., 2013), intersecting with other aspects of their identities (e.g. gender, language, disability, culture). This lack of informal community-based support for care-leavers is not redressed by targeted formal support for youth leaving care. Care-leavers, therefore, navigate a precarious pathway to adulthood in the context of persistent poverty, housing instability and youth unemployment that leaves them particularly vulnerable to poor outcomes. A multi-faceted approach is required to begin to tackle these complexities including efforts to destabilise entrenched cultural misrecognition alongside legislation and redistributed resources to support the development of leaving and aftercare services embedded in local communities. Political misrepresentation.

9. Conclusion

In contrast to many care-leaving studies focused on the personal and micro lived experiences of care-leavers and/or micro and meso child welfare responses, this paper endeavours to locate the experiences of care-leavers from four countries in Africa within a broader framework of social justice, echoing Collins' (2015) rare focus on macro practice concerning care-leavers. The paper discusses the implications of the study findings for care-leaver research, policy and practice to enable social justice for young people transitioning from care. This includes an emphasis on redistributing resources to improve leaving and aftercare services, decentring oppressive social norms, recognising and valuing the intersectional identities of care-leavers and encouraging care-leaver participation and political voice.

Fraser's model is not static and highlights the complexities and intersections of injustices for marginalised groups (Keddie, 2012). This may lead to a criticism that it is too complicated and overarching to result in meaningful change for care-leavers or concrete implications for social work practice. However, this study has shown that it is a helpful lens for understanding and addressing the different dimensions of injustice experienced by care-leavers that hinder their participation and restrict their post-care opportunities and outcomes. Through an enhanced understanding of the multiple layers of inequity and complex manifestations of injustice for youth leaving care, Fraser's work draws our attention to the political context of care-leaver policy and the contribution of anti-oppressive practice in addressing issues of social justice for care-leavers.

Data availability

The data that has been used is confidential.

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