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Beyond the Leaving Threshold: Care Staying, Disability, and Constrained Transitions to Adulthood in China

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ABSTRACT

Research on transitions from care to adulthood has focused primarily on care leavers, with less attention to young people who remain in care beyond the formal leaving threshold. This article examines three care-experienced young adults in China who were aged over 18, no longer in formal education, and still living in institutional care. Drawing on a narrative-informed, idiographic qualitative design nested within a wider dataset, it uses in-depth interviews conducted in Mandarin in 2021 and analyzes them through reflexive thematic analysis informed by a disability-informed structural lens. The findings suggest that continued residence in care is better understood as an ambivalent and uneven transition position rather than as simple reluctance to leave. The analysis identifies three interrelated themes: staying in care as both security and constraint; impairment, health, and uneven possibilities for leaving; and stigma, low expectations, and constrained adult futures. Across the three cases, the institution provided forms of support that were difficult to replace elsewhere, including housing, routine, proximate care, and, in some cases, work, while also narrowing practical and imagined pathways out of care. The article offers empirical insight into an underexplored group and makes a conceptual contribution to understanding care staying in the Chinese context.

1 | Introduction

The transition from state care to adulthood is widely recognized as a compressed and high-risk process. Compared with their peers in the general population, young people leaving care are often expected to secure accommodation, manage finances, enter employment, and negotiate adult responsibilities at an earlier age and with fewer emotional, practical, and financial resources [1–4]. Many also carry the effects of adverse pre-care experiences and difficult encounters within care systems, which may intensify the challenges of transition [5–7]. As a result, care-experienced children and young people face elevated risks of poor outcomes across education, housing, employment, and mental health [8–12].

International research consistently shows that these transition difficulties are not confined to one national setting. Studies from Sweden, New Zealand, Ghana, Israel, and several European countries have documented persistent inequalities in educational participation, labor-market outcomes, social integration, and access to support among care-experienced young people as they move into adulthood [13–18]. In response, many scholars and policymakers have argued for stronger aftercare and extended-care provision, particularly through delaying abrupt exits from care and offering more gradual pathways into adulthood [17, 19, 20]. Evidence from a range of jurisdictions suggests that remaining in care longer, or receiving support for longer, can improve outcomes in housing, education, health, and economic stability [21–23]. At the same time, extended care is conceptualized and implemented unevenly across different welfare and care systems, with significant variation in eligibility, funding, and practical delivery [24, 25].

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While this body of work has primarily focused on care leavers and on formal post-18 support, less attention has been paid to young people who remain in care beyond the expected point of exit. This study examines this less visible group. I use the term "care stayers (CS)" as an analytic category to refer to young people who have passed the formal leaving threshold but continue to live in the care system. The term is not intended to imply passivity, unwillingness, or individual failure to leave. Rather, it is used to distinguish a specific transition position that has received limited conceptual and empirical attention in the leaving-care literature. Analytically, CSs sit at the intersection of debates on leaving care, extended care, social exclusion, and unequal transitions to adulthood.

China provides a particularly significant context for examining this issue. In China, state care is largely institutional in form, with children and young people typically entering care because of bereavement or abandonment and receiving support in enclosed, campus-like facilities run by paid staff [26]. Historically, institutional care in China was often understood as providing long-term, even life-course, support, and there was no clear policy boundary requiring young people to leave once they reached adulthood [27]. This changed in 2010, when a clearer age boundary was introduced: in general, young people were expected to leave care at age 18 unless they remained in formal education [28]. In policy terms, this exemption refers to those continuing in recognized education, although the scope and implementation of this provision may vary locally. The present study focuses specifically on young people who were over 18, not engaged in formal education, and nonetheless remained in institutional care.

This issue is important not only because it is under-researched but also because it exposes a tension between formal age-based exit rules and the realities of constrained adulthood for some care-experienced young people. Even after the introduction of a formal leaving threshold, a notable number of young people have continued to live in care beyond the expected age of exit [29, 30], although there is no exact number. In some localities, particularly in eastern coastal regions, more gradual forms of post-18 support have been documented, including transitional arrangements lasting 3–5 years [31]. However, these arrangements are uneven, weakly theorized, and not always part of a clearly planned or rights-based extended-care system. This makes China a useful case for examining how continued residence in care may arise not as a straightforward policy design but as an improvised or necessary response to unmet transition needs.

Existing explanations for why some young people remain in care in China have often been limited or framed in problematic ways. In some practitioner accounts, continued residence beyond the expected leaving age has been described in terms of "dependency" or lack of motivation [32–34]. However, such interpretations risk individualizing what may be more appropriately understood as a structurally produced position. This position moves away from explanations that attribute prolonged care to individual failings, and instead foregrounds the limited availability of post-care support, low educational attainment, insecure employment, restricted income, and inadequate preparation for independent living as factors that may constrain transitions out of care. [35–37]. In this study, care staying is therefore examined with attention to the social and institutional conditions that may shape continued residence, without assuming it can be interpreted primarily through individual deficit.

Disability and impairment are also central to understanding continued residence in care in this context. Many young people in institutional care live with physical impairments or chronic health conditions [38], and their transition to community living may be constrained not only by poverty or limited educational opportunities but also by impairment-related support needs, inaccessible labor markets, stigma, and exclusionary social attitudes [39–41]. These factors can reduce access to employment, housing, and social participation, making a formal exit from care difficult, precarious, or unsafe.

Despite the relevance of this issue, limited attention has been paid to CSs in the English-language literature. Within Chinese-language literature, discussion has often been dominated by practitioner reflection and policy commentary, with relatively limited research centered on young people's own perspectives. As a result, little is known about how young people who remain in care understand their situation; how they experience the prospect of leaving; and what structural, social, and impairment-related factors shape their continued residence. This is an important gap because the experiences of CSs cannot be fully captured either by conventional leaving-care research, which tends to focus on exit, or by formal extended-care debates, which usually assume a planned and recognizable policy framework.

This study addresses that gap by examining the experiences of young people in China who remain in institutional care beyond the formal leaving threshold. It asks: How do young people who remain in institutional care beyond the formal leaving threshold in China understand and experience the barriers to leaving care? By focusing on the accounts of CSs themselves, the study explores how young people understand these barriers, with particular attention to the possible role of structural constraints, social exclusion, and impairment-related factors.

The analysis is informed by a broader structural understanding of transitions from care, while also drawing on a disability-informed perspective to interpret impairment-related barriers. In particular, the Social Model of Disability is used as a sensitizing lens to distinguish between impairment and the disabling effects of social, institutional, and policy environments [42, 43]. This perspective is helpful because it directs attention beyond individual attributes and toward the wider conditions that may shape young people's opportunities, constraints, and experiences of leaving care.

The study makes two main contributions. Empirically, it brings forward evidence on a little-studied group in the Chinese context: young people over the age of 18, no longer in formal education, who continue to live in institutional care. Conceptually, it distinguishes care staying from both conventional leaving-care trajectories and formally planned extended-care provision. In doing so, it extends leaving-care debates by examining how transitions out of care may be delayed, constrained, or made more precarious in contexts shaped by institutional support, restricted autonomy, stigma, impairment-related barriers, and uneven resources beyond care. These insights have implications for policy and practice by highlighting the need for more

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adequate, inclusive, and context-sensitive transition support for care-experienced young people.

2 | Methods

2.1 | Research Design

This article reports a narrative-informed, idiographic qualitative study nested within a PhD project exploring transitions to adulthood among care-experienced people in mainland China. The study privileges young people's own accounts and adopts a reflexive thematic analysis orientation [44], while also attending to narrative sequence, turning points, and participants' meaning-making.

2.2 | Setting and Participants

The original PhD study included 34 participants with lived experience of welfare/childcare institutions (*fuliyuan*) in China. Of these, 22 had already left care and 12 were still living in institutional care at the time of data collection in 2021. This article draws on a purposive subsample from the wider dataset in order to examine the specific phenomenon of continued residence in care beyond the formal leaving threshold. The analytic sample was restricted to participants who were aged 18 or over, were no longer in formal education, and were still residing in institutional care at the time of interview. Only three participants met these criteria; the remaining participants who were still in care were enrolled in education and were therefore outside the scope of this analysis. In this article, these three participants are described as "CSs." For readability, their project codes are retained as CS03, CS06, and CS10.

All three participants were living with significant physical or health-related impairments (Table 1). These formed an important part of the context in which their care trajectories, support needs, and continued residence in care were understood. To protect anonymity in a highly identifiable context, some non-salient biographical details have been generalized and identifying particulars have been altered.

Participant access was facilitated through institutional gatekeepers responsible for resident welfare and day-to-day management (e.g., social workers and institute managers). These gatekeepers helped identify individuals who met the study's eligibility criteria and were willing to receive information about the research. However, gatekeeper involvement may also have shaped participant selection. Staff may have been more likely to approach residents perceived as communicative, emotionally stable, or suitable for interview, which may have limited access to those whose views, communication styles, or relationships with the institution were more complex. This possibility is recognized as both a sampling limitation and part of the broader power dynamics of research in institutional settings.

The small sample size was considered appropriate in light of the logic of information power [45]. The study had a narrow and clearly defined aim, focused on understanding why some young adults remained in institutional care beyond the formal leaving threshold. The sample was highly specific and information-rich, the interviews were dialogic and substantive, and the analysis was idiographic, prioritizing depth, nuance, and contextual interpretation over breadth. Given the identifiability risks associated with this population and setting, a small, carefully analyzed sample was both methodologically and ethically appropriate.

2.3 | Data Collection

Data for the wider PhD project were generated primarily through online semi-structured interviews. For the present analysis, I draw on in-depth interviews with the three CSs. Interviews were conducted in Mandarin and lasted between 30 and 90 min. The interview prompts invited participants to reflect on their life histories and on key decision points related to staying in care, including entry into care, everyday life in the institution, education, work, relationships, understandings of independence, perceived barriers to leaving, and self-evaluation.

All interviews were audio-recorded with consent, transcribed verbatim in Mandarin, and translated into English by the author for analytic and publication purposes. Throughout translation, priority was given to preserving semantic fidelity to participants' meanings while maintaining readability in English.

Because the interviews were conducted online with disabled young adults living in institutional settings, particular attention was paid to power asymmetries, privacy, and voluntariness. Participants' ongoing dependence on institutional support may have shaped how free they felt to participate or what they felt able to disclose. To mitigate this, the voluntary nature of participation was explained clearly before and during the interview, and participants were reminded that declining participation, skipping questions, or withdrawing at any stage would have no effect on their care or support. Interviews were arranged in as private and comfortable a manner as the setting allowed, and care was taken to pace the conversation according to participants' comfort and needs. At the same time, the study recognizes that institutional contexts cannot be assumed to be power-neutral, and that privacy and autonomy may remain constrained in ways that shape both participation and disclosure.

2.4 | Data Analysis

I undertook a narrative-informed reflexive thematic analysis that prioritized participants' meaning-making over measurement [44]. Working from a contextualist, critical-realist position, I treated themes as patterns of shared meaning organized around central organizing concepts, rather than as simple counts of repeated topics.

Analysis began with immersion in the data through repeated reading of the original Mandarin transcripts alongside the English translations. During familiarization, I kept reflective memos documenting early interpretive impressions, affective tone, notable tensions, and points at which barriers appeared to arise from institutional or social arrangements rather than from impairment itself. Coding then proceeded inductively and iteratively, moving from semantic to more latent levels of interpretation. Initial line-by-line coding captured what participants said directly, while later interpretive coding attended to assumptions, positions, institutional logics, and the conditions under which continued staying in care appeared to make sense.

To preserve idiographic integrity, each participant's account was first condensed into a short narrative synopsis mapping temporal sequence, turning points, and decisions related to staying in or

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TABLE 1 | Participants.

Name code	Age	Gender	Age entering care	Age leaving care	Length of care experience (year)
CS03	27	M	2	n/a	25
CS06	29	M	0	n/a	29
CS10	34	F	5	n/a	29

Note: (i) The age was calculated by the birth year that was reported by each participant in the year of data collection (2021). (ii) Considering confidentiality and anonymity, here applies pseudonyms. The abbreviation "CS" means "Care stayer"—people who are over 18 years old but still living in care; the number and name code contain no semantical value.

leaving care. These synopses informed the vignette-style presentation of participant accounts in the Findings. I then examined patterns across cases to develop candidate themes that addressed the study aim. A code cluster was developed into a theme only when it expressed a clear organizing concept, showed meaningful patterning across cases while still accommodating divergence, and advanced the analysis beyond descriptive background material.

Themes were reviewed for internal coherence and external distinction by returning repeatedly to the underlying extracts, actively searching for tensions, counter-instances, and areas of complexity. This included revisiting key Mandarin excerpts to minimize interpretive or translational drift. Final theme names were refined to capture their central organizing ideas, and quotations were selected for their analytic value, specifically their ability to illuminate mechanisms, contradictions, and constraints, rather than simply to illustrate a topic.

2.5 | Reflexivity and Rigor

In keeping with a reflexive thematic analysis approach, rigor was supported through transparency, reflexivity, and analytic depth rather than through participant validation of themes. I had no prior personal relationship with the participants before recruitment or interviewing. As a researcher interpreting the experiences of care-experienced young adults in China, I recognized that my social, cultural, and academic positioning shaped how I framed questions, interpreted participants' accounts, and constructed the analytic narrative. Throughout the study, I therefore maintained a reflexive stance, documenting how my positionality, assumptions, and interpretive decisions shaped recruitment, interviewing, analysis, and presentation [46]. Reflexive memos provided an ongoing record of analytic development and helped make visible how themes were constructed through engagement with the data.

Potential researcher bias was addressed not through claims of neutrality but through systematic reflexive practice. This included revisiting the original Mandarin transcripts, English translations, and selected extracts to check interpretive coherence, attending to contradictions and less dominant accounts, and discussing emerging interpretations through supervisory peer debriefing and academic presentation [47]. These processes helped challenge premature closure and supported a more grounded and theoretically informed interpretation of participants' meaning-making.

2.6 | Ethical Considerations

Ethical approval for the wider PhD project was granted by the University of Nottingham research committee (Ref. 2021-053-PGR). Given that access to participants was facilitated through institutional staff, particular care was taken to reduce any perception of coercion. The study adhered to the principles of transparency, informed consent, confidentiality, and the right to withdraw at any stage without consequence.

Participants were provided with clear information about the study and were reminded that participation was voluntary. Given the sensitivity of the topic and the vulnerability of the participant group, additional attention was paid to emotional comfort during interviews, including allowing participants to pause, skip questions, or stop if they wished. Pseudonyms or participant codes were used in all study documentation, and identifying details were minimized or altered where necessary to protect anonymity.

2.7 | Findings

2.7.1 | Participant Snapshots

Before moving to the thematic analysis, I briefly sketch the three lives at the center of this study. These snapshots are not intended as full biographies, but as contextual portraits that preserve the particularity of each case:

a. CS03 was abandoned at around the age of two and entered institutional care after being found alone on a train. Now 27 (age is calculated by the year of data collection) and living in Hubei, he has spent almost his entire life in *fuliyuan* (childcare institutions). He lives with physical and speech impairments associated with cleft lip/palate and childhood polio, and he did not receive formal schooling despite reaching school age. Instead, he largely taught himself to read, became known within the institution for playing table tennis, and at times was allowed limited movement beyond the institution, including brief informal work. Nevertheless, these opportunities were fragile. They did not develop into a sustainable pathway towards independent living. These details are important for understanding why leaving appeared so difficult for him to imagine, not simply difficult to achieve.

b. CS06 entered *fuliyuan* as an infant after being abandoned shortly after birth in the context of a congenital heart condition. Now 29 and living in Jiangxi, his trajectory includes more movement than CS03's but not full departure. He spent part of his childhood in foster care, completed compulsory schooling, and later trained as a cook. After surgery and ongoing health concerns, however, he returned to the institution and eventually began working in its kitchen, where he has remained for many years. Against this background, questions of health, work, and everyday security became central to how he thought about leaving.

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c. CS10 entered *fuliyuan* later than the other two. Now 34 and living in Hunan, she recalls being abandoned by her mother at around 5 or 6 years old and later brought into institutional care by the police. She lives with lower-limb impairments and used a wheelchair during her school years, yet her educational pathway was the most extensive of the three. With institutional and charitable support, she progressed through school, completed university, and moved into employment, later building a working adult life in finance and accounting. Even so, she continued to live in the institution because it remained a stable base while she saved for housing and planned for eventual departure. Her continued residence therefore needs to be understood alongside her employment, housing plans, and efforts to build an adult life beyond the institution.

Placed side by side, these cases show that care staying is not a fixed condition but a varied transition position shaped by different combinations of support, risk, impairment, and constrained alternatives.

2.8 | Thematic Findings

2.8.1 | Staying in Care as Both Security and Constraint

A strong thread running through all three accounts is that the institution occupies an ambivalent position. It is not described simply as a place of confinement, nor only as a source of care. Rather, participants present it as a setting that makes day-to-day life possible while also shaping the limits of what can be imagined beyond it. The theme explores that tension by tracing how security, dependence, autonomy, and risk are differently configured across the three participants' narratives.

This is especially clear in CS03's words. He says, "*I probably won't leave the institution... They worried that I'd end up homeless... so I chose to stay*". His decision is therefore not presented as a free or open-ended choice. It is shaped by a long-standing expectation, shared by others around him, that life outside the institution would be harsh, unstable, and dangerous. In that context, staying in care comes to feel less like a preference than like the only way to avoid collapse. His account shows how the possibility of leaving had already been narrowed long before any actual move could take place.

A similar logic appears in CS06's narrative, although in a slightly different form. He explains, "*I'm not in good health... if I left and lost my job one day, then I'd lose everything*". Unlike CS03, CS06 had some vocational training and work experience, yet he still describes the outside world as too risky to rely on. What keeps him in care is not only fear but the fact that the institution gathers several forms of support in one place: healthcare, housing, daily routine, and employment. It reminds us that the institution is not experienced only as restrictive. It is also experienced as dependable. For someone living with ongoing health uncertainty, that dependability has real weight.

At the same time, both men describe a form of institutional life that limits the growth of autonomy. For instance, CS03 compares the institution to "*a prison because there is no freedom*," adding that "*They don't allow us to go out... Many rules and regulations are rigid*". This is more than frustration with strict rules. It points to a way of living in which ordinary acts—going out, buying things, taking part in social activities—are tightly controlled. Over time, that kind of control can do more than regulate behavior; it can shrink a person's space to make decisions, take risks, and learn how to manage life beyond the institution. In that sense, the issue is not only that care is prolonged but that the conditions for leaving are never fully developed.

CS06's comment that "*If you want me to completely leave the institution, I still don't dare to do so*" can be read in the same light. His fear is not simply an individual lack of courage. It reflects a longer experience in which security has been tied to staying put, while the outside is associated with loss, instability, and unsupported responsibility. In this way, dependence appears not as an individual trait but as something reinforced by the very arrangements that are meant to provide care.

However, CS10 complicates this pattern in an important way. Unlike CS03 and CS06, she had completed education, secured employment, and was already participating in life beyond the institution. But she still remained there. As she put it, "*I don't have a place to live... I've been saving money for a mortgage*". Her case makes it harder to reduce care staying to institutional overdependence alone. She is not staying because she lacks all capacity to live independently. She is staying because one crucial condition of independence, secure and affordable housing, is missing. In her situation, the institution functions less as a total environment of dependence and more as a fallback base in the face of limited external options. That difference matters. It shows that continued residence can also be a practical, even strategic, response to structural barriers outside the institution.

These accounts show that continued residence in care is sustained by more than one force. For participants such as CS03 and CS06, the institution is tied to survival and security. Yet the same institution can also limit freedom, reduce opportunities to build autonomy, and make life beyond care feel too risky to attempt. It is clearly not dependency as a personal flaw but dependency shaped through everyday institutional practices, uneven transition support, and the material dangers attached to leaving.

2.8.2 | Impairment, Health, and Uneven Possibilities for Leaving

Physical impairment and ongoing health concerns clearly weigh in these transcripts but not in the simple sense that disability automatically prevents a person from leaving care. According to the participants, it is more complicated than that. Their impairments do shape daily life, work, mobility, and confidence. But just as important is the way those impairments are interpreted and responded to by the institution and by the wider social world. In these accounts, the real problem is not impairment alone but the lack of conditions that would make life beyond care workable, safe, and sustainable.

This comes through sharply in CS03's testimony. He recalls being told from an early stage that he would have to remain in the institution: "*Because I am disabled, and I can't speak clearly...*". Later, he explains this even more directly: "*I am disabled, and I can't speak clearly... so the institution believed that I couldn't live independently*". What is striking here is not that he has a physical impairment and speech difficulty but that these were treated as enough to settle the question of his future. Rather than opening up possibilities through education, adapted training, or practical

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support, his impairment seems to have been read as proof that independence was unrealistic. In this way, the institution does not just respond to disability; it also helps define what disability comes to mean in practice.

Meanwhile, CS06's experience points in a similar direction, though again in a different register. He describes the lingering impact of his heart condition: after surgery, there were still "*hidden dangers*" in his body, and he felt he could not do "*heavy labor work*" or easily seek work outside. This is a real constraint, not something imagined. His continued stay should not be attributed solely to his illness. It is the fact that his health needs are tied to uncertainty about what would happen outside the institution. He does not describe a world in which he could leave with reliable medical support, manageable work, and some margin for setback. He describes a world in which one failed job or one health crisis could unravel everything. His continued stay therefore reflects not only bodily vulnerability but the absence of a support structure that could make leaving feel survivable.

These two suggest that impairment becomes especially constraining where there are few adapted pathways into adulthood. A person may live with impairment, but what turns that into a barrier to leaving care is the lack of accessible education, suitable employment, stable healthcare, and practical support beyond the institution. Without those conditions, leaving is not just difficult—it becomes risky in a way that can feel unreasonable to attempt.

Moreover, CS10's trajectory reminds us that impairment does not operate in the same way for everyone. She lives with significant leg impairments and requires assistance in some aspects of daily life, yet she was still able to pursue education and secure employment outside the institution. Her account interrupts any easy assumption that physical impairment necessarily locks a person into institutional dependence. At the same time, her continued residence also shows that achieving some independence does not mean that the transition out of care is complete. Even with work and capability, she still lacked the housing and long-term security needed to leave fully. Her case therefore complicates a simple story of disability as incapacity. It suggests that impairment interacts with resources, opportunities, and support in uneven ways.

Apparently here, impairment and health matter, but never in isolation. They become especially significant in the context of institutional judgments, limited accommodation, and fragile external support. The participants are not staying in care simply because they are disabled or unwell; they are staying because the world beyond care has not been made accessible, secure, or supportive enough for leaving to feel possible on equal terms.

2.8.3 | Stigma, Low Expectations, and Constrained Adult Futures

Alongside material barriers, the participants' accounts also show how stigma shaped their experience of staying in care. This stigma came from more than one direction. It was tied both to disability and to being known as someone from *fuliyuan* [28]. It appeared in peer relationships, in everyday social interactions, and, at times, in the language and attitudes of staff within the institution itself. The significance of these experiences lies not only in the hurt they caused, but that they also shaped how participants saw themselves, what they felt entitled to expect from life, and how imaginable a future beyond care really was.

CS06 describes this kind of exclusion in a straightforward but telling way: "*My classmates said I was from fuliyuan... they crowded me out and didn't play with me*". The significance of this is not just that he was teased or left out at school. It shows how institutional identity followed him beyond the institution, marking him as different in ordinary social spaces. Being known as "from *fuliyuan*" became a social label, one that separated him from peers and made belonging more fragile. That kind of exclusion matters because leaving care is not only a practical transition; it is also a social one. When a person has repeatedly been treated as an outsider, the world beyond care can feel less like an open field of possibility and more like another place where rejection is expected.

Further, CS03's story is even more painful. Speaking about life in the institution, he recalls: "*They laughed at my defects and called me 'freak'*". Here, the stigma is directed not only at his care status, but at his body and speech. This reveals a layered form of exclusion in which disability and institutionalization reinforce each other. He is not simply marginalized in one way; he is made vulnerable through multiple, overlapping forms of devaluation. That matters because it affects more than mood or self-esteem. Repeated humiliation can quietly narrow a person's sense of what kinds of relationships, recognition, and adult participation are available to them.

Nonetheless, CS10 shows a different face of stigma. Rather than overt ridicule, she describes being met with pity: "*When others heard about my identity, they would pretend to be sympathetic... I always refuse or even resent such handouts*". Her irritation is important. It shows that social responses that appear kind or charitable can still be disempowering. In her account, sympathy does not feel like recognition; it feels like condescension. She is being positioned as someone to be pitied, rather than as someone capable of shaping her own life. Such a perspective reveals that stigma does not always operate through hostility. It can also work through softened, benevolent forms that still reduce a person's agency.

The participants also suggest that low expectations are reproduced within the institution itself. CS03 recalls staff saying that "*as long as we don't die, it's not a big deal*" and that their lives were "*better than beggars*". Whether read as frustration, remembered criticism, or everyday institutional rhetoric, this is a stark statement. It points to a moral world in which survival is treated as enough, and where those in care are implicitly told not to expect too much. That kind of message does more than justify poor treatment. It lowers the horizon of what residents may feel able to ask for—whether that is respect, opportunity, autonomy, or a fuller adult life beyond basic maintenance. Simultaneously, the participants are not simply passive recipients of these judgments. CS10's rejection of pity shows resistance, and even CS03's anger at being mocked is a reminder that these attitudes are not passively absorbed without reflection. This matters because it prevents the analysis from slipping into another kind of reduction. The participants are not without agency. Rather, they are exercising agency within a social environment that repeatedly diminishes their status and narrows their room to act.

Overall, they show that stigma is not just an emotional backdrop to staying in care. It shapes the social conditions of transition.

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Through exclusion, pity, and low expectations, life beyond care comes to feel not only materially difficult but also uncertain in terms of dignity, belonging, and recognition. In that sense, stigma helps sustain care staying not by forcing it directly but by making other futures harder to imagine and harder to claim.

3 | Discussion

This study examined the experiences of three care-experienced young adults in China who remained in institutional care beyond the formal leaving threshold. Their voices suggest that continued residence in care cannot be understood merely as reluctance to leave, nor as a straightforward result of individual impairment. Instead, in these three cases, staying in care emerged as an uneven and ambivalent transition position shaped by the interplay of support, constraint, impairment-related need, and limited alternatives beyond the institution. Across them, the institution provided forms of security that were difficult to replace elsewhere, including housing, routine, proximate help, and, in some instances, work. At the same time, participants show how restricted autonomy, fragile external supports, and stigma could narrow both the practical and imagined pathways out of care. In short, the findings point to care staying as a socially shaped response to insecurity and constrained possibility, rather than a simple matter of individual dependence.

One of the clearest findings is that the institution was experienced as both protective and constraining. For CS03 and CS06 especially, staying in care was closely tied to survival. The institution offered food, shelter, healthcare, routine, and a degree of predictability that the outside world did not. In their accounts, these were the conditions that made daily life manageable. This matters because it cautions against considering extended staying as mere passivity or institutional overattachment. Yet, the same arrangements that made the institution dependable also appeared to limit freedom, reduce opportunities to practice ordinary decision-making, and weaken confidence in life beyond care. The point here is not that protection is wrong. It is that, in these cases, protection and control had become closely entangled, so that continued residence could feel safer than leaving, even when leaving was formally expected.

Given this context, participants' fear of leaving should not be dismissed as a simple lack of confidence. In these three cases, fear was rooted in credible threats: homelessness, job loss, declining health, and the possibility of unsupported crisis outside the institution. These were not abstract anxieties. They were grounded assessments of what could happen if institutional support fell away and nothing reliable replaced it. Therefore, what is often described as "dependency" looks less like an individual weakness and more like a condition shaped by the unequal distribution of risk. Leaving care becomes difficult not because young people are necessarily unprepared but because the world beyond care is experienced as too precarious to trust. This resonates with leaving-care research showing that transitions become more fragile when young people are expected to move abruptly into adulthood without sustained support [2, 3, 20]. The present study adds a more specific insight from these cases: in the institutional settings described here, staying appeared to function less as a clearly structured entitlement and more as a practical holding arrangement when external systems remained thin, fragmented, or inaccessible.

The findings also suggest that impairment and health conditions become especially significant where support beyond the institution is unreliable. The participants were not staying in care straightforwardly because they were disabled or unwell. Rather, in these accounts, impairment became harder to manage outside the institution because the surrounding conditions were weak: accessible housing was uncertain, healthcare continuity could not be assumed, and employment pathways remained fragile. This is particularly visible in the accounts of CS03 and CS06, where bodily vulnerability was closely tied to institutional assumptions about capacity and to the lack of secure alternatives beyond care. At the same time, CS10's case makes it difficult to read impairment in a simple or deterministic way. She had education, employment, and clear evidence of capability beyond the institution, yet still remained because the material foundations of full exit—especially housing and long-term security—were not yet in place. Her account is important because it shows that competence and continued residence are not opposites. A young person may be skilled, motivated, and already participating beyond care, while still finding that full departure remains out of reach.

This is where the disability-informed lens is useful. The issue is not impairment alone but the way impairment interacts with disabling environments [48]. In these cases, what mattered was whether life beyond care offered accessible housing, reasonable workplace adjustment, transport, healthcare continuity, income security, and some assurance that support would not disappear at the point of exit. Where these conditions were missing or uncertain, even capable young adults remained tied to institutional care. The question, then, is not only whether a young person is "ready" to leave, but whether the conditions of leaving have been made possible on fair terms [49].

Another important contribution of the study is the way it brings stigma into the analysis of care staying. The participants' accounts suggest that stigma is not just an emotional backdrop to transition. In these cases, it shaped the terms on which adulthood became imaginable. Participants described being marked by both disability and care status, whether through exclusion, ridicule, pity, or low expectations from within the institution itself. These experiences matter not only because they are painful, but because they influence what participants feel entitled to hope for. When someone has repeatedly been treated as an object of sympathy, suspicion, or diminished expectation, life beyond care may appear socially precarious even where material options exist [50]. In that sense, the challenge of leaving care is not only about practical resources; it is also about whether one can expect dignity, recognition, and belonging outside institutional space.

This point may be particularly salient in the institutional settings described here and may also echo wider Chinese moral discourses of gratitude, self-reliance, and self-improvement [51]. In the participants' accounts, these moral framings appeared in subtle and not-so-subtle ways, that is, in the expectation that one should be grateful for basic provision, in the suggestion that survival is enough, and in the pressure not to expect too much. In these cases, this kind of moral language appears to do more than justify limited support. It may also narrow what young people feel able to ask for or imagine for themselves, for example, a fuller adult life marked by autonomy, mobility, work, respect, and meaningful participation [52]. For this reason, stigma and low

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expectations should not be treated as secondary issues. In the accounts analyzed here, they form part of the social conditions that make care staying more likely to continue.

At the same time, the study also shows that CSs are not just passive recipients of institutional and social power. The three cases do not describe the same kind of staying, and they should not be collapsed into one. CS10's account is especially important here. Her continued residence was more than a sign of dependence but also a practical strategy in the face of limited housing options. Even in the more constrained narratives of CS03 and CS06, participants were making judgments, weighing risks, and responding to circumstances with care and awareness. Interpretation through a structural perspective should not erase this agency. Its value lies in showing the conditions under which agency must operate. These participants were not without voice or intention. Instead, they were navigating adulthood within environments that repeatedly narrowed the range of realistic choices.

For this reason, the findings challenge explanations that locate continued staying primarily in individual deficits such as low motivation, poor life skills, weak legal awareness, or "dependency" as a personal trait [32–34]. Those judgements are too thin to account for what participants actually describe. In these cases, staying in care makes sense as an adaptive response to an environment in which leaving may mean exposure to housing insecurity, weak health support, inaccessible employment, and social devaluation. Conceptually, this helps sharpen the distinction between care staying, conventional leaving-care trajectories, and formal extended-care provision. It suggests that, in the settings examined here, continued residence is not simply "more care" after 18. It is a distinct transition position that emerges when formal expectations of exit move ahead of the conditions needed to make exit viable.

4 | Limitations

This study is based on only three cases, and its claims should be read with that scope in mind. The aim is not statistical generalization but close analytic attention to processes and tensions that might otherwise remain hidden. The participants came from inland cities, and their experiences may not reflect those of young people in eastern coastal areas where leaving-care arrangements may be more developed and policy implementation more varied [31]. The study also includes only participants able to engage in interviews, which means it does not capture the experiences of young people with more severe communication or cognitive impairments who may encounter different and potentially greater barriers to leaving care. In addition, the interviews were conducted in Mandarin and translated into English by the author. Although care was taken to preserve meaning and key excerpts were revisited during analysis, some linguistic and cultural nuances may inevitably have been softened in translation. Future research would benefit from cross-regional comparison, longitudinal work that follows stayers and leavers over time, and more inclusive methods for involving young people with higher communication or support needs. Participatory research with care-experienced adults could also make an important contribution to the development of this field.

5 | Implications

The implications are both practical and political. At the level of institutional practice, the findings point to the importance of separating protection from excessive control. Welfare institutions may continue to play a vital role, especially for young adults with significant impairments or health conditions, but this should not require the suppression of autonomy. More gradual, autonomy-affirming approaches are needed: personalized preparation for leaving, chances to practice every day decision-making, supported engagement in community life, and transition planning that is co-produced with young people rather than done to them [24, 53, 54]. If additional time in care is to be meaningful, it must be used to widen real options rather than merely extend residence [55].

At the level of wider systems, the study underlines the need to build the conditions that make leaving actually possible. In the cases presented here, this includes affordable and accessible housing, disability-confident employment pathways, continuity of healthcare, and forms of welfare support that do not collapse at the moment a young person exits institutional care. Without these, the expectation of leaving risks becomes more symbolic than real. In the Chinese context, this also points to the need for greater clarity around who receives post-18 support, for how long, and on what basis. Where continued residence is tolerated in practice but not clearly structured as a right or as a transition pathway, young people may remain protected but without predictable support, clear entitlement, or purposeful preparation for life beyond care.

The findings also suggest that anti-stigma work should be treated as a core part of transition support, not as an optional addition. If care-experienced young adults with impairments are repeatedly positioned as pitiable, lesser, or only deserving of basic maintenance, then leaving care is not just a housing or employment issue. It is also a question of whether adulthood is socially recognized on equal terms. For that reason, responses need to include not only material resources but also stronger rights-based practice, staff training, and more active efforts to challenge stigma across institutions, schools, workplaces, and wider communities. Transition support is not only about helping young people survive outside care. It is also about making a fuller adult life feel possible, legitimate, and worth claiming.

6 | Conclusion

To conclude, the study suggests that care staying is better understood not as a simple failure to leave but as a socially shaped response to insecurity, uneven support, and constrained possibility. Through these three cases, the study offers a glimpse of how leaving care is not only about age, readiness, or motivation but also about whether the world beyond the institution offers sufficient safety, accessibility, recognition, and material support for adulthood to be lived with dignity.

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Conflicts of Interest

The author declares no conflicts of interest.

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Data Availability Statement

Data will be available upon reasonable request.

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