British Journal of Social Work (2026) **00**, 1–23
https://doi.org/10.1093/bjsw/bcag153

Strengthening recognition in residential out of home care in Australia: 'We recognized each other through a photo'

Tim Moore [1,*], Lynne McPherson [2], Antonia Canosa [2], Robbie Gilligan [3], Anne Graham [2], Kylie Day [4], and Kathomi Gatwiri [5]

[1]Institute of Child Protection Studies, Australian Catholic University, Fitzroy, VIC 3065, Australia
[2]Centre for Children and Young People, Southern Cross University, Centre for Children and Young People, Faculty of Health, Southern Cross University, Coolangatta, QLD 4225, Australia
[3]School of Social Work and Social Policy, Trinity College Dublin, College Green, Dublin 2, Ireland
[4]Gnibi College of Indigenous Australian Peoples and Centre for Children and Young People, Southern Cross University, Australia
[5]College of Education, Psychology and Social Work, Flinders University, South Australia 5042, Australia

*Corresponding author. Institute of Child Protection Studies, Australian Catholic University, 115 Victoria Parade, Fitzroy, VIC 3065, Australia. E-mail: tim.moore@acu.edu.au

Abstract

Residential care in Australia serves a small but highly complex group of young people whose experiences of instability, trauma, and disconnection often limit their sense of being loved, respected, and valued. This article applies Honneth's recognition theory to better understand these experiences and identify pathways for strengthening care. Drawing on interviews with thirty-eight young people in therapeutic residential care in New South Wales, it examines how everyday practices shape experiences across Honneth's three dimensions of recognition: love, rights, and solidarity. Participants identified caring and consistent relationships, trust, genuine worker interest, opportunities to

exercise agency, decision-making participation, and positive peer and community connections as central to feeling seen and valued. However, placement instability, restrictive rules, inconsistent decisions, and institutional constraints undermined recognition and reinforced stigma and isolation. Integrating participant accounts with Häkli and colleagues' concept of 'positive recognition', the article reveals that recognition emerges through the interplay of relational practices and organizational environments. Findings demonstrate that recognition operates at both systemic and interpersonal levels. Strengthening relational practice, enabling participation, and opening up recognition-supportive contexts are essential for improving young people's wellbeing, identity formation, and experiences of safety and belonging in residential care.

Keywords: recognition theory; residential care; young people; participation; relational practice; solidarity.

Accepted: July 2026

Introduction

Residential care in Australia supports a small group of young people with highly complex needs, with around 5%–10% of those in out-of-home care living in staff-rostered homes (Mclean 2018; Ainsworth and Bath 2023). This study focuses specifically on therapeutic residential care (TRC)—a specific type of residential care that includes community-based, staff-rostered group homes providing therapeutic support to young people with complex needs. Young people are typically placed in TRC because foster, kinship or family options have broken down, often after multiple moves and escalating support needs. Residential care increasingly serves adolescents with significant trauma histories, disability, mental health issues or behavioural support needs (Porter, Mitchell, and Giraldi 2021). While intended to provide therapeutic, stabilizing environments, it is widely acknowledged that many enter residential care due to system capacity gaps rather than responsiveness to developmental and therapeutic need (Whittaker, Holmes, and Del Valle 2023).

In Australia and internationally, residential care practices have faced scrutiny through research findings, inquiries, and media attention (Valk et al., 2016; Thompson et al., 2017). Advocates argue that residential care should move beyond being a 'holding pad' to providing opportunities for young people to address past trauma and prepare for transitions to independent living and adulthood (Whittaker, Holmes, and Del Valle 2023). This shift requires workers to move beyond 'supervising' young people to meeting their therapeutic and developmental needs within healing-focused environments (Bath and Smith 2015; Ainsworth and Bath 2023).

Residential care programs have increasingly stressed 'preparing' and 'empowering' young people and building self-reliance for when care ends (Whittaker, Holmes, and Del Valle 2023). However, young people report that such notions of independence have compounded their isolation, corroding trust in themselves, workers, and the system (Steckley 2020). Concurrently, inquiries have highlighted risks to young people in residential care, including abuse by staff and peers (Moore et al., 2017) and have sometimes unintentionally create 'cultures of fear' that problematize close practice relationships between staff and youth (Moore et al., 2017; Brown, Winter, and Carr 2018). The need to reclaim relationship-based practice has been raised (Moore et al., 2018; Kor, Fernandez, and Spangaro 2022).

In 2022, the Australian Research Council funded a project exploring how relationships are formed in TRC and identifying practices that enhance young people's wellbeing. The research team, comprising experienced youth researchers with child protection and residential care backgrounds, adopted Honneth's recognition theory as a lens to better understand these care practices By applying recognition theory, the study aimed to move beyond recognizing the value of relationships by determining how relationships can be utilized, through intentional practices, to enhance young people's experiences (Mcpherson et al., 2025).

This article contributes to evidence supporting recognition theory's utility in residential care. Drawing on young people's accounts from a broader mixed-methods study, we demonstrate how recognition—or its absence—shapes experiences in TRC. While conceptual papers have explored recognition theory's potential, the evidence base integrating direct accounts from children in care has grown considerably since Warming's (Warming 2015) foundational study, with recent contributions from Marshall, Winter, and Turney (2020), Sommerfeldt (2022), and others. This study adds to this expanding literature by foregrounding young people's voices and examining how recognition operates across both relational and structural dimensions in TRC settings. In the final sections we draw on Häkli, Korkiamäki, and Kallio (2018) concept of positive recognition as a structural-relational integrative lens—a deliberate structural choice introduced in the Discussion to explore how the system enables and constrains recognition in care.

Beyond reaffirming the central role of staff–youth relationships, we argue that residential care must help young people (re)establish relationships outside units that provide opportunities for love, respect, and value. By applying recognition theory to young people's accounts, we propose a foundation for more intentional relational work in TRC (Mcpherson et al., 2025). This lens further clarifies the significance of what young people express and underscores recognition's importance in cultivating self-esteem, safety, and belonging (Warming 2015; Marshall, Winter, and Turney 2020). Throughout, we foreground young people's voices; quotes represent

strong or commonly held views. Pseudonyms indicate gender and age (e.g. Mia, F, 15).

Conceptual framing: Axel Honneth's recognition theory

Axel Honneth's recognition theory emphasizes the centrality of social acknowledgment to human flourishing and provides a robust framework for understanding the lived experiences of vulnerable populations (Anderson and Honneth 2005; Thomas 2012; Warming 2015). Recognition theory is a diverse field, with significant contributions from scholars including Nancy Fraser (who emphasizes redistribution alongside recognition; Fraser and Honneth 2003), Charles Taylor (who focuses on multicultural recognition and identity politics; Taylor 1994), and Paul Ricoeur (who explores recognition as mutual acknowledgement; Ricoeur 2005). However, Honneth's triadic model is particularly applicable to residential care contexts because it integrates both interpersonal relationships and institutional structures, offering a comprehensive lens for examining how young people experience acknowledgement across multiple dimensions of their lives.

Honneth identifies three primary forms of recognition—love, rights, and solidarity—which are vital for fostering self-confidence, self-respect, and self-esteem. These dimensions are prerequisites for achieving autonomy and a 'good life' (Honneth 1995; Anderson and Honneth 2005). For Honneth, recognition extends beyond material well-being, encompassing the validation of one's identity and contributions within meaningful relationships and social systems. Critically, Honneth's framework addresses recognition at both the interpersonal level (through close relationships and everyday interactions) and the structural-institutional level (through legal rights, organizational practices, and social systems). This dual focus makes the theory especially valuable for understanding residential care, where young people's experiences are shaped by both the quality of individual relationships with workers and peers, and the institutional conditions, policies, and organizational cultures that enable or constrain those relationships.

Young people in care often encounter systemic and relational disruptions that hinder opportunities for recognition, reinforcing feelings of alienation and unworthiness (Warming 2015; Marshall, Winter, and Turney 2020). The interplay between relational practices and institutional structures is central to understanding how recognition operates in residential care settings. While caring relationships between workers and young people are essential, these relationships exist within organizational environments that can either support or undermine recognition through policies, resource allocation, placement stability, and decision-making structures. Honneth's framework thus provides an integrative

lens for examining how individual relationships and institutional conditions together shape young people's experiences of being loved, respected, and valued.

Love

Honneth describes love as the foundational form of recognition, rooted in close, intimate relationships where individuals experience unconditional support and acknowledgment. He views family as the primary site for cultivating love, fostering self-confidence and a sense of belonging (Connolly 2010), with the parent-child relationship as the foundation for recognition. Love, in Honneth's framework, represents the emotional bonds and affective care that affirm an individual's inherent worth independent of their achievements or social status. For young people in care, disrupted familial relationships often limit their opportunities to experience such recognition consistently, making the availability of alternative caring relationships—whether with residential workers, foster carers, extended family, or other significant adults—critically important for their development of self-confidence and emotional security.

Rights

The second dimension, rights, pertains to the recognition of individuals as autonomous agents deserving of equal respect and legal protection (Honneth 1995). Rights-based recognition affirms a person's status as a full member of society with legitimate claims to participation, voice, and fair treatment. In residential care contexts, rights-based recognition involves young people being treated with dignity, having their views heard and taken seriously in decisions affecting their lives, and experiencing consistent, transparent, and fair treatment from workers and the care system. When young people are excluded from decision-making, subjected to arbitrary rules, or treated as objects of intervention rather than active participants, they experience misrecognition that undermines their self-respect and sense of agency (Thomas 2012; Marshall, Winter, and Turney 2020).

Solidarity

The third dimension, solidarity, refers to recognition of an individual's unique qualities, contributions, and value within a community (Thomas 2012). Solidarity-based recognition involves being appreciated for one's particular strengths, talents, and contributions to collective life, fostering self-esteem and a sense of social worth. In residential care, solidarity can

emerge through peer relationships, participation in shared activities in and outside of units, and opportunities to contribute meaningfully to the household and broader community. When young people are valued and welcomed for their individual qualities and contributions, they develop a positive sense of self-worth and belonging. Conversely, when they are stigmatized, isolated, or denied opportunities to participate in valued social roles, they experience misrecognition that damages their self-esteem and social integration (Warming 2015; Marshall, Winter, and Turney 2020).

Honneth argues that all three forms of recognition are necessary for healthy identity formation and social participation. Misrecognition—the denial or distortion of recognition—can lead to psychological harm, social exclusion, and diminished capacity for autonomy. For young people in residential care, who have often experienced profound misrecognition in their families and communities, the care environment represents a critical opportunity to provide reparative recognition experiences. As the findings below demonstrate, however, institutional constraints and systemic pressures can undermine recognition even within settings designed to be therapeutic and supportive.

Methodology

Participants

Participants were recruited through eight TRC services in NSW, Australia. Services were selected to ensure diversity across geography, organization type, gender, ethnicity, disability, and indigeneity. Young people were invited to participate voluntarily through their service providers; all young people who had lived in TRC for more than two months were eligible to ensure settled reflection on their experiences. Thirty-eight young people participated, representing approximately 7.2% of NSW's TRC population (June 2023). The study was guided by an expert group and Youth Participation Advisory Group (Mcpherson et al., 2025).

The study included indigeneity as a dimension of targeted sampling diversity. Sixteen of the thirty-eight participants were First Nations young people; their experiences have been analyzed separately and reported in a companion paper (Day et al., 2026). In this article, quotes are not disaggregated by Indigenous status to protect participant confidentiality, given small sample sizes within individual services. The expert group and Youth Participation Advisory Group included members with expertise in working with Indigenous young people, though the article cannot confirm individual Indigenous membership given anonymization.

Ethical issues

Given the focus of the study, researchers spent time considering the ethical challenges that may have emerged (further discussed in Mcpherson et al., 2025). The study was approved by the Southern Cross University's Human Research Ethics Committee (Approval Number: ECN 2022/143) and the NSW Department of Communities and Justice. It ensured that young participants' involvement was voluntary, with clear informed consent procedures. A co-consent process was used for participants with cognitive disabilities, and they were provided with a short video explaining the study. Participants were assured they could withdraw at any time without negative consequences. To protect privacy, pseudonyms were used, and the research team maintained a commitment to upholding participants' rights and dignity throughout the process (see Mcpherson et al., 2025, for more).

Data collection

Given the sensitivity of the topic, researchers adopted a trauma-informed approach to interviewing. Data collection involved semi-structured, in-depth interviews with young people to explore interpersonal practices and institutional conditions affecting relationship development. Interviews focused on three main areas: (1) staff relational practices that helped build positive relationships, (2) barriers to relationship development, and (3) changes needed in the TRC system. Each interview lasted 30–60 minutes, with this range reflecting variation in participants' comfort and communication styles. Interviews took place in locations chosen by participants for their comfort, such as their TRC placement home, private office spaces, or online. Young people with cognitive disabilities could have a youth worker present for additional support. The semi-structured format allowed participants to guide the conversation while ensuring key topics were covered. Participants received a $50 voucher as appreciation.

Two mapping activities (relationship maps) were used at the start of interviews to help participants identify and reflect on the important people in their lives. These activities supported participants in thinking about their experiences of recognition and misrecognition within the TRC system.

Data analysis

All interviews were transcribed, coded, and analyzed using QSR NVivo12 software. The written and drawn data from mapping activities was photographed and used alongside interview transcripts in the NVivo analysis to complement and contextualize participants' accounts. The coding process

included three stages: (1) Initial themes were developed from interview questions and auto-coded in NVivo; (2) In-depth coding identified relational practices and conditions affecting positive relationships within the TRC placement and the community; (3) In-depth coding determined which practices were related to Honneth's primary forms of recognition: namely love, rights, and solidarity. This approach helped pinpoint the key relational practices and conditions crucial to young people's relationship development.

Findings

Love: consistent caring relationships

Honneth describes love as the foundational form of recognition, rooted in close, intimate relationships where individuals experience unconditional support and acknowledgment. While this notion of love is most readily associated with family bonds, Marshall, Winter, and Turney (2020) and others have argued that in professional care contexts what matters most is the availability of consistent caring relationships that provide young people with unconditional support and acknowledgement. This framing is especially appropriate to residential care settings, where workers operate within professional and ethical boundaries, and where the goal is to open up opportunities for young people to feel cared for, to know they are valued, and to (re)establish relationships that provide lasting recognition.

For some participants, reconnection with family offered powerful affirmations. Liam (M, 15) shared how he was reintroduced to his sister at a cultural event: 'We recognised each other through a photo, and she wanted to adopt me'. This was transformative, leading him to seek broader family connections: 'I'm trying to see a lot more of my family'.

Emily (F, 17) highlighted her brother's importance: 'My brothers are really like my best friends … Me and J grew up together'. She credited her older sister as shaping who she became: 'Her and her family let me into her life. It literally has made my character, has made my personality'.

However, not all experienced consistent caring family relationships. Many described rejection, abandonment, or conditional support. Chloe (F, 17) reflected on limited connection with her mother:

> [Mum's] got bipolar, manic bipolar. So she'll get [into terrible] rage … it's just better not to talk most of the time … I have some other siblings … I wish I could have a connection with them, but I feel like there's also a reason I don't.

These disrupted bonds compounded feelings of worthlessness and mistrust. Structural challenges further limited consistent caring relationships. Luca (M, 15) described placement instability: 'I went from house to house

because none of the carers wanted me at all, because I was 13, and no parents or carers want teenagers'. For Felix (M, 15) his weak social network was a challenge, 'I don't have anywhere to run away to. I don't have anyone to run away to'.

Luca (M, 15) described the loneliness of not being permitted to have friends visit:

> I'd also let the kids have friends over. Making that clear. I want friends over. I'm lonely… I feel like [not being allowed to have friends over] makes my friends think I don't want to have them over. When in reality, I do. It's just that they have stupid rules here saying I'm not allowed to.

His account captures how institutional rules, often framed around safety and risk management, can compound the very isolation they are meant to protect against. Young people valued workers who understood this issue. Logan (M, 15) put it plainly: 'To understand a kid more, you have to be on the same level as them'. This is not a request for workers to abandon professional boundaries but for them to be genuinely present—to meet young people where they are.

For others, such as Mia (F, 15), the lack of trust in adults was pervasive:

> That's why I can't trust people, I can't open up. Why I can't do anything, because how can I trust an adult when every adult in my life has let me down, set me up to fail pretty much… That's why [in] my life, I do it all myself … ever since I was 13 or something, I just did everything for myself.

Mia's account is striking in its raw honesty. It captures how the cumulative absence of consistent caring relationships does not simply leave a gap; it actively reshapes how young people understand themselves and their capacity to trust others. The self-reliance she describes is not a strength to be celebrated uncritically but a survival strategy born of repeated misrecognition.

Despite these challenges, some young people described adults, often from outside of residential care units, who demonstrated unconditional support and care. Georgina (F, 14) reflected on her former foster carer:

> She's always been there for me. Even when we stopped talking for a bit… I called her up one day because I was going through something. And she answered right away.

Rights: participation, agency, and fair treatment

Honneth's second form of recognition, rights, affirms individuals as members of a moral community entitled to equal treatment and respect. Recognition of rights is vital for fostering self-respect and empowering individuals to assert their agency (Honneth 1995). For young people in

care, being recognized as rights-bearing individuals often clashes with systemic restrictions and unequal treatment (Lindahl 2021).

Many of our participants described feeling constrained by rules and limitations, comparing their circumstances unfavourably to peers outside care. Andrew (M, 16) expressed frustration with inconsistent treatment:

> Some staff would just go, 'No, we're not picking you up. Make your own way back to the house.' That's when I get pissed off.

Young people highlighted the impact of denied autonomy. Restrictions were often seen as reflecting a lack of trust. Luca (M, 15) observed: 'They don't trust us. They think we're going to run away or do something stupid'.

Many of the young people in this study were frustrated that they had limited opportunities to make decisions or to feel like they had some control over their own lives. When asked what they would most change in residential care, many talked about wanting adults to listen more and for young people to have more control over their lives. As Mia (F, 15) observed when asked what she wanted most:

> [L]isten to them [kids] more. Just give them their voice bruh. You should already be listening to kids. … You should be listening to them fully. Especially because it's their lives. … After you're finished making every call and every decision that you want, they've got to deal with the aftermath … You need to teach me … I got taught nothing. Everything I know, everything I experience I did, that I've done for myself. Everything I've done for myself. Not one person could have done anything to fucking help besides [me].

Mia's words carry the weight of a young person who considers that she has been systematically excluded from decisions about her own life. Her frustration is not simply about individual workers failing to listen; it suggests a structural pattern in which young people are often processed through systems that make decisions on their behalf without meaningful engagement.

When workers didn't listen or act, some took matters into their own hands and developed strategies to ensure that they were listened to. Charles (M, 13), for example, sent emails to his workers and used his computer to make appointments and send calendar invites when he felt that workers weren't responding quickly enough. Young people also described the frustration of bureaucratic delays. Emma (F, 17) described the experience of waiting months for a dental appointment to be organized:

> No, but it takes a while. Say if I'm like, I need to see a dentist, I want to do this, it takes them months. They're like, yes, yes, we'll do it. Doesn't do it until months and months later. I didn't even see a dentist for two years now and finally after two years I got in. … [when] we want something or we need something, we've got to keep asking and asking and pestering

> and asking and asking because they don't do anything, which is [frustrating].

Emma's account illustrates how rights-based misrecognition is often not dramatic but cumulative: the slow erosion of trust and dignity through repeated unmet requests, unkept promises, and the grinding experience of having to fight for basic entitlements.

Solidarity: peer connections and shared struggle

Solidarity, the final dimension of Honneth's recognition theory, emphasizes mutual support and acknowledgment within a community of individuals with shared experiences and challenges (Marshall, Winter, and Turney 2020; Lindahl 2021). It is important to clarify that solidarity as used here refers specifically to pro-social forms of mutual support, shared positive goals, and collective belonging. The solidarity discussed in this article involves young people supporting one another constructively and participating in valued community life; it does not refer to solidarity with anti-social peer groups or gang membership, which would be antithetical to the recognition-building purposes described here.

For young people in care, solidarity most often emerged through relationships with peers who shared similar experiences. Emily (F, 17) described a close friendship with another young person in care:

> She's my sister from a different mum. Because I have someone that had such a similar life and pattern to me, I have been able to resonate with her. When I'm having issues, I can resonate the issues with her because she's had the same types of issues.

These relationships provided a sense of kinship and mutual understanding, which many young people found transformative. They represent a form of solidarity that is not organized or facilitated by workers but emerges organically from shared experience, and which can be powerful precisely because it is freely chosen and genuinely reciprocal.

Solidarity could also emerge through the worker-young person relationship itself, when workers moved beyond task management to become genuine allies. Georgina (F, 14) described how her caseworker, Becky, broke through the protective walls she had built after repeated hurt and disappointment:

> [She just came in with a massive wrecking ball [to help break down these walls] … she helped me put my backpack [all my hurt, and sadness, and anger] on my back, my whole life, she knows it. Everything that happens to me I shove in this backpack and carry it on me, always … And I thought I was just going to collapse or fall, or things are going to spill out of my bag. Until she showed that I didn't even need the bag … She showed me that the bag was holding me back. So, in other words, the bag

> is my trauma, my past, everything I've experienced … If you've got someone like Becky who will give you support from a distance, but make sure that you have … space to heal by yourself.

Georgina's account illustrates solidarity in its fullest sense: not simply companionship or peer support, but a relationship in which a young person is seen, known, and accompanied in their struggle—without being overwhelmed or taken over. She felt that every young person in care needed a Becky. That this is experienced as exceptional rather than routine points to one of the most significant structural challenges in residential care: creating the conditions in which workers can be present in this way.

Unfortunately, young people often spoke about severed ties with family, friends, and communities that offered them a sense of shared identity and experience. They talked about being moved from on geographical location to another with limited consideration of the ways in which their relationships might be affected or strategies for them to say connected.

Solidarity was most often fostered through relationships with family, friends, and peers, providing emotional resilience and purpose. Yet the accounts also reveal how readily these connections are disrupted by placement moves, restrictive policies, and institutional cultures that prioritize risk management over relationship-building.

Challenges to recognition

The study echoed findings from previous research that highlights the significant barriers to achieving recognition for young people in care, including challenges in forging relationships, systemic instability, societal stigma, and insufficient support (Lindahl and Bruhn 2017; Lindahl 2021). Placement instability further disrupted their ability to form meaningful connections, while high staff turnover limited opportunities for consistent support. Many participants internalized negative stereotypes about being a 'resi kid', which undermined their self-esteem and sense of identity (Lindahl 2021; Sommerfeldt 2022).

Despite these challenges, the resilience and agency of young people were evident throughout. Many participants actively sought recognition through relationships, advocacy, and self-reliance, and also navigated experiences of misrecognition. Workers who prioritized recognition by listening, respecting, and empowering young people played a critical role in fostering their wellbeing and sense of belonging. The accounts above demonstrate that young people are not passive recipients of care but active agents who seek, negotiate, and at times demand recognition in the face of systems that frequently fail to provide it. The creativity and determination they display—whether through Charles's self-taught digital advocacy, Mia's unflinching self-sufficiency, or Emily's investment in a friendship that mirrors her own experience—are exemplars of their strength.

Residential care systems have a responsibility to meet that strength with recognition, rather than allowing it to be expended simply in the effort to be seen.

Providing young people with opportunities to experience recognition

The findings demonstrate that recognition in residential care emerges (or not) through the interplay of relational practices and structural-institutional conditions. Strengthening recognition requires attention to both the quality of individual relationships and the systemic conditions that enable or constrain these and other supportive practices.

At the relational level, workers foster recognition by demonstrating genuine care and interest, being emotionally present and responsive, and building trust over time. Rights-based recognition requires involving young people in decision-making, treating them fairly and consistently, and explaining decisions transparently. Solidarity-based recognition is fostered by acknowledging young people's individual strengths, facilitating positive peer relationships, and supporting community participation.

However, relational practices alone are insufficient. Placement stability is essential for consistent caring relationships; frequent moves disrupt relationships and undermine trust. Adequate staffing, manageable caseloads, and low staff turnover ensure continuity of care. Flexible policies support

Table 1. Forms of recognition and supporting/undermining practices in residential care.

Form of recognition	Supporting practices	Constraining conditions
Love (care, attachment, emotional security)	Workers spending time with the young person, building trust, being accessible; encouraging young people and recognizing talents; supporting family/friend contact through flexible arrangements and visits.	High staff turnover and casual staff; administrative tasks consuming workers' time; strict rules limiting family/friend contact; emotionally distant workers.
Rights (respect, dignity, participation)	Involving young people in decisions about rules and care planning; providing explanations and genuine choices; responding promptly and advocating strongly.	Tokenistic opportunities for participation without follow-through; delays in responding to requests; inconsistent rule application; lack of transparency in decisions.
Solidarity (social value, belonging, contribution)	Workers advocating alongside young people; fostering peer mentoring and leadership; supporting participation in community activities and networks; celebrating achievements.	Frequent placement changes disrupting connections; rules preventing friend visits; deficit-focused approaches reinforcing stigma; workers positioned as controllers rather than allies.

young people's agency while maintaining safety. Adequate resources for activities and community engagement enable solidarity-based recognition. Table 1 summarizes these forms of recognition alongside the practices that support them and the conditions that constrain them.

This table illustrates that recognition in residential care is not solely a matter of individual worker practices but emerges through the interaction of relational practices and the structural-institutional conditions that enable or constrain those practices. Strengthening recognition requires systemic change alongside relational skill development.

Discussion

Positive recognition: a structural-relational integrative lens

The findings demonstrate that recognition in residential care operates at both interpersonal and systemic levels. To further explore this interplay, we draw on Häkli, Korkiamäki, and Kallio (2018) concept of 'positive recognition' as a structural-relational integrative lens. Häkli and colleagues argue that recognition is not solely a matter of individual relationships but is fundamentally shaped by institutional and system-wide structures, policies, and organizational cultures. Positive recognition emerges when systems actively create conditions that enable recognition-supportive practices, rather than merely avoiding harm.

Häkli et al.'s framework emphasizes that recognition requires both relational competence (workers' skills, attitudes, and practices) and structural drivers (policies, resources, and organizational conditions). This aligns with young people's accounts in this study, which consistently highlighted how structural constraints—placement instability, high staff turnover, restrictive policies, and limited resources—undermined even the most skilled and caring workers' efforts. Conversely, when organizational conditions supported relationship-based practice, workers were better able to foster recognition across all three dimensions.

The accounts of young people make clear that structural conditions frequently fail to support recognition. Workers who want to build relationships are constrained by administrative burdens and rostering practices that prioritize coverage over continuity. Young people who want to participate in decisions encounter tokenistic consultation. Peers who find solidarity with one another are separated by placement moves driven by system rather than relational needs. Positive recognition thus requires systemic investment in placement stability, adequate staffing, worker training and support, participatory decision-making structures, and resources for community participation—recognizing that caring relationships are not peripheral to residential care but are its core therapeutic mechanism.

Love: consistent caring relationships

Young people's accounts affirm the centrality of consistent caring relationships to their wellbeing and sense of self-worth. However, the findings also reveal important nuances in how love-based recognition operates in residential care contexts. While Honneth conceptualizes love primarily in terms of close, intimate family relationships, young people in this study experienced recognition through a broader network of consistent caring relationships, including with residential workers, nuclear and extended family, former carers, teachers, and community mentors.

This finding suggests that residential care must support young people in maintaining and developing multiple caring relationships, rather than expecting any single relationship to fulfil all their needs for love-based recognition. Workers play a critical role in providing consistent care and emotional support, but they cannot replace family or other significant relationships. Residential care systems—through outward-facing practice (Mcpherson et al., 2025; Day et al., 2026)—should actively facilitate young people's ongoing connections with family members, and former carers, and also (re-build) links to other important adults, recognizing that these relationships are vital sources of recognition and stability (Alves et al., 2024). It was sobering to see that some of the young people felt both unloved and unloveable. While residential care providers might be resistant to promoting acts of love, they can provide young people with opportunities to be loved and feel loved (cared about) by family and friends outside of the care setting (Connolly 2010; Marshall, Winter, and Turney 2020).

The findings also reiterate the importance of professional caring relationships that provide unconditional support and acknowledgement (Brown, Winter, and Carr 2018; Moore et al., 2018; Kor, Fernandez, and Spangaro 2022; Pinheiro et al., 2024). Young people valued workers who demonstrated genuine care, emotional presence, and reliability, even within the boundaries of professional relationships. Georgina's account of her residential care worker—who 'hung in there' and allowed her the space to understand and deal with her trauma—illustrates precisely this kind of enduring, unconditional availability. Georgina did not describe this relationship in terms of professional duty or formal obligation; she described it as the kind of care that simply shows up, regardless of circumstance. It demonstrates that despite structural challenges, workers can provide meaningful recognition and support young people's development of self-confidence and emotional security (Kor, Fernandez, and Spangaro 2022; Pinheiro et al., 2024).

Mia's account of doing everything for herself since the age of thirteen, and Luca's experience of moving from house to house because 'no parents or carers want teenagers', reveal how misrecognition in this sphere is not merely an absence of warmth but an active message about worth and

belonging. These accounts challenge residential care systems to consider not only whether young people have access to caring relationships in the present, but whether the cumulative weight of prior misrecognition is being acknowledged and addressed therapeutically. Trauma-informed, relationship-based approaches must attend to the ways in which repeated experiences of rejection and instability reshape young people's capacity to trust and to receive care (Bath and Smith 2015; Steckley 2020).

However, structural constraints—particularly placement instability and high staff turnover—profoundly undermine young people's opportunities for consistent caring relationships. Strengthening love-based recognition in residential care requires systemic investment in placement stability, continuity of care, and organizational conditions that enable workers to build enduring relationships with young people.

Rights: participation, agency, and fair treatment

Young people's emphasis on participation, agency, and fair treatment aligns with growing appreciation in the literature of the importance of rights-based practice in residential care (Thomas 2012; Mcpherson et al., 2025). However, the findings reveal significant gaps between policy commitments to participation and young people's lived experiences. While many residential care services espouse participatory values, young people frequently experienced exclusion from significant decisions, inconsistent treatment, and limited opportunities for agency.

This gap between rhetoric and reality reflects deeper structural challenges. Good participatory practice requires time, flexibility, and organizational cultures that genuinely value young people's voices (Kennan, Brady, and Forkan 2019; Mcpherson et al., 2021). When workers are under-resourced or operating within rigid bureaucratic systems, meaningful participation becomes difficult to achieve. Strengthening rights-based recognition requires not only worker training but also systemic changes to decision-making structures and organizational cultures.

The accounts of Andrew, Luca, Mia, and Emma collectively reveal how misrecognition of rights is experienced as both dramatic and mundane. Andrew's frustration at being told to find his own way home, Emma's two-year wait for a dental appointment, and Mia's impassioned call for adults to simply listen are not isolated incidents but patterns that accumulate over time into a pervasive sense of being unheard, undervalued, and unseen as a rights-bearing person. Charles's response—teaching himself to navigate bureaucracy through email and calendar invites—is a poignant illustration of the creative agency young people deploy when formal channels fail them. It is also a reminder that rights-based recognition is not only about grand participatory processes but about the everyday

experience of being taken seriously and responded to promptly (Thomas 2012; Kennan, Brady, and Forkan 2019).

The findings also highlight the importance of everyday agency and choice. Young people valued opportunities to make choices about their daily lives—what to eat, what to wear, how to spend their time. These seemingly small choices were experienced as meaningful expressions of autonomy and self-determination. Residential care systems should ensure that young people have age-appropriate opportunities for agency and choice, recognizing that excessive control and restriction undermine rights-based recognition and young people's development of autonomy.

Solidarity: peer connections and community belonging

Young people's accounts highlight the importance of peer relationships and community participation as sources of solidarity-based recognition (Gilligan 2025). Positive peer relationships within the residential unit provided mutual support and understanding (Moore, Mcarthur, and Death 2020). Young people also emphasized connections beyond the unit—friendships at school, participation in sports teams or youth groups, and involvement in community activities—as opportunities to develop skills, experience recognition for their contributions, and build a sense of belonging and opportunities for solidarity experiences through community networks. This highlights the importance of 'outward facing practices' (Mcpherson et al., 2025) as an integral part of residential care.

Emily's description of her friendship with another young person in care as 'my sister from a different mum' is one of the most powerful expressions of solidarity in this study. What she describes is not simply companionship but a form of mutual recognition that is grounded in shared experience, genuine understanding, and reciprocal support. She is recognized not despite her history but through it—her friend understands her precisely because she has lived something similar. This kind of solidarity is not something that workers can manufacture, but it can be supported or undermined by the conditions residential care systems create. Placement stability, opportunities for young people to spend time together, and organizational cultures that value peer relationships are all essential for enabling such forms of recognition to flourish.

Mia's question—'Why do I need to be violent to be heard?'—is equally significant. It captures the experience of a young person whose attempts to assert herself through legitimate means have been repeatedly ignored, leaving her feeling that only escalation produces a response. This is a profound form of solidarity-based misrecognition: the message that her voice, her contributions, and her struggle are not valued unless expressed in ways that the system is compelled to notice. Addressing this requires residential care systems to create genuine, low-threshold opportunities for young people to

be heard, to contribute, and to experience recognition for their positive qualities and efforts (Thomas 2012; Kennan, Brady, and Forkan 2019).

The findings reveal how stigma and social isolation undermine solidarity-based recognition—and are experienced as painful and harmful by young people within child protection systems (Gilligan et al., 2026). Young people described feeling judged, excluded, and marginalized because of their care status, limiting their opportunities for community participation and social integration. Addressing stigma requires both individual-level interventions (supporting young people to develop positive identities and social skills) and systemic-level initiatives (community education, anti-stigma campaigns, and partnerships that create opportunities for young people to participate in valued social roles).

Residential care systems should actively facilitate young people's community participation, recognizing that solidarity-based recognition is essential for self-esteem and social integration. This requires adequate resources for activities, education, and community engagement, as well as organizational cultures that prioritize young people's social inclusion and community belonging. It also requires workers and organizations to actively counter the stigma that young people in care frequently encounter in schools, communities, and public life—stigma that compounds the misrecognition they have already experienced in their families and care histories.

Conclusions

This study demonstrates the value of Honneth's (1995) recognition theory for understanding young people's experiences in residential care and identifying pathways for strengthening care. Young people's accounts reveal that recognition theory—across the dimensions of love, rights, and solidarity—is central to understanding more fully their wellbeing, identity formation, and sense of safety and belonging. However, the findings also highlight significant challenges to such recognition, operating at both relational and structural levels.

Strengthening recognition in residential care requires attention to both interpersonal practices and systemic conditions. Workers must be supported to develop relational competence, participatory practices, and recognition-supportive approaches. However, relational practices alone are insufficient. Systemic investment in placement stability, adequate staffing, worker training and support, participatory decision-making structures, and resources for community participation is essential for creating organizational environments that enable recognition.

The voices of young people throughout this study are not merely illustrative. It is their experiences that make this case. Luca's account of moving from house to house, Mia's insistence that adults listen, Emily's description of a friendship that mirrors her own life, Georgina's gratitude

for a carer who picked up the phone—these are not exceptional stories. They will resonate with the experiences of many young people across residential care systems internationally. Recognition theory provides the conceptual language to name what is at stake in these accounts: not simply good practice or adequate service delivery, but the fundamental conditions for human flourishing.

The concept of positive recognition, as articulated by Häkli, Korkiamäki, and Kallio (2018), provides a valuable integrative lens for understanding how residential care systems can move beyond harm reduction to actively cultivating recognition-supportive environments. This requires a fundamental shift in how residential care is conceptualized and resourced—from a focus on risk management and behaviour control to a focus on relationship-based practice, participation, and social inclusion. Ultimately, this study calls for a residential care system in which every young person can experience what recognition means in practice: being loved, being heard, and being valued for who they are.

Limitations and future research

This study has several limitations that should be acknowledged. First, the study is limited to NSW TRC (community-based group homes) and findings may not be generalizable to other forms of residential care, which operate under different models and constraints. Second, while the 30–60-minute interview format was appropriate for the population and reflected variation in participants' comfort and communication styles, it may not capture the full depth of experience that longer ethnographic studies would allow. Future research employing longitudinal or ethnographic methods could provide richer insights into how recognition experiences evolve over time and across different care contexts.

While the experiences of First Nations participants have been reported separately in a companion paper using Critical Race Theory and a decolonial framework (Day et al., 2026), quotes in this article are not disaggregated by Indigenous status to protect participant confidentiality given small sample sizes within individual services. Future research should continue to employ Indigenous-specific research designs with Indigenous co-researchers to centre Indigenous young people's experiences, recognizing the particular importance of cultural safety, cultural recognition, and connection to Country, community, and culture for Indigenous young people in care.

In addition, while the study included young people from diverse backgrounds, the sample size limits the ability to examine how recognition experiences may vary across different dimensions of diversity (e.g. gender, disability, cultural background). Future research with more targeted samples could explore these intersectional dimensions more fully.

Broader implications

The findings have important implications for policy and practice in residential care. They underscore the need for a systemic commitment to and an investment in placement stability, recognizing that frequent moves profoundly undermine young people's opportunities for recognition and relationship development (Sommerfeldt 2022). They highlight the importance of adequate staffing levels, manageable caseloads, and low staff turnover—workers cannot provide recognition-supportive care when they are over-stretched or constantly changing, and investment in workforce development and stabilization and supportive organizational cultures is essential (Moore et al., 2018; Pinheiro et al., 2024). They emphasize the need for participatory decision-making structures that genuinely value young people's voices, requiring systemic changes to governance and decision-making processes rather than tokenistic consultation (Thomas 2012; Kennan, Brady, and Forkan 2019). And they highlight the importance of supporting young people's community participation and social inclusion through adequate resources, anti-stigma initiatives, and community partnerships.

Finally, the findings underscore the value of recognition theory as a framework for residential care practice and policy. By foregrounding recognition across the dimensions of love, rights, and solidarity, the framework provides a clear, theoretically grounded foundation for relationship-based practice and systemic reform—recognizing that young people's wellbeing depends on both caring relationships and the systemic and organizational environments that make those relationships possible.

Acknowledgements

We thank the young people who generously shared their experiences, and the participating residential care providers and advisory groups who supported this project.

Conflicts of interest. The authors declare no conflicts of interest.

Funding

This research was funded by the Australian Research Council (LP210100177) and the Centre for Excellence in Therapeutic Care (CETC), a division of the Australian Childhood Foundation.

Data availability

Due to the sensitive nature of this research and the vulnerability of the participants, data cannot be shared publicly.

Ethical approval

Ethics approval for this study was granted by Southern Cross University Human Research Ethics Committee (ECN 2022/143) and the New South Wales Department of Communities and Justice.

Acknowledgement of the use of AI

Limited use of Microsoft 365 Copilot (based on the GPT-5 chat model) supported the editing process, with the tool being used to identify repetitions, to suggest ways of cutting back sections for clarity and wordiness, and to critique revised drafts against peer reviewer feedback. All the detailed revisions were made by the authors, who accept full responsibility for the accuracy, contents, originality and integrity of the paper.

References

Ainsworth, F. and Bath, H. (2023) 'Therapeutic Residential Care in Australia', in J. K. Whittaker, L. Holmes, J. F. del Valle, and S. James (eds.) *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges*. Online edn. Oxford Academic. https://doi.org/10.1093/oso/9780197644300.001.0001

Alves, C. P. et al. (2024) 'Family Support, Resilience, and Life Goals of Young People in Residential Care', *Behavioral Sciences*, 14: 581.

Anderson, J. and Honneth, A. (2005) 'Autonomy, Vulnerability, Recognition, and Justice', in J. A. J. Christman (ed.) *Autonomy and the Challenges to Liberalism: New Essays*. Cambridge: Cambridge University Press.

Bath, H. and Smith, B. (2015) 'Practice Challenges in the Shift to Therapeutic Residential Care', *Developing Practice: The Child, Youth and Family Work Journal*, 62–70.

Brown, T., Winter, K. and Carr, N. (2018) 'Residential Child Care Workers: Relationship Based Practice in a Culture of Fear', *Child & Family Social Work*, 23: 657–65.

Connolly, M. (2010) 'Honneth and the 'Paradox of Love': Caring Relations and the Limits of Justice', *Res Publica*, 16: 425–40.

Day, K. et al. (2026) 'Lived Experiences of First Nations children in Therapeutic Residential Care', *Child Abuse & Neglect*, 171: 107816.

Fraser, N. and Honneth, A. (2003) *Redistribution or Recognition? A Political-Philosophical Exchange*. London: Verso.

Gilligan, R. (2025) 'Transformative Change for Children in Residential Care: Exploring the Potential of Support for Work, Recreation and Educational Opportunities from a Lifecourse Perspective', in *Social Support of Young People in and after Residential Care: is Someone There for You?* New York: Routledge.

Gilligan, R. et al. (2026) 'Safety and Beyond? Exploring Children's Priorities for their Participation in the Child Protection and Welfare Process', *Child Abuse & Neglect*, 174: 107614.

Häkli, J., Korkiamäki, R. and Kallio, K. P. (2018) 'Positive Recognition'as a Preventive Approach in Child and Youth Welfare Services', *International Journal of Social Pedagogy*, 7: 1–13.

Honneth, A. (1995) *The Struggle for Recognition: The Moral Grammar of Social Conflicts*. Cambridge: Polity Press.

Kennan, D., Brady, B. and Forkan, C. (2019) 'Space, Voice, Audience and Influence: The Lundy Model of Participation (2007) in Child Welfare Practice', *Practice*, 31: 205–18.

Kor, K., Fernandez, E. and Spangaro, J. (2022) 'Relationship-Based Practice in Therapeutic Residential Care: A Double-Edged Sword', *The British Journal of Social Work*, 52: 663–81.

Lindahl, R. (2021) 'Individualising or Categorising Recognition? Conceptual Discussions Concerning the Relationship Between Foster Children and Their Child Welfare Workers', *European Journal of Social Work*, 24: 566–77.

Lindahl, R. and Bruhn, A. (2017) 'Foster Children's Experiences and Expectations Concerning the Child Welfare Officer Role - Prerequisites and Obstacles for Close and Trustful Relationships', *Child & Family Social Work*, 22: 1415–22.

Marshall, G., Winter, K. and Turney, D. (2020) 'Honneth and Positive Identity Formation in Residential Care', *Child & Family Social Work*, 25: 733–41.

Mclean, S. (2018) *Therapeutic Residential Care: An Update on Current Issues in Australia*. Melbourne: Australian Institute of Family Studies.

Mcpherson, L. et al. (2025) 'Young People's Lived Experience of Relational Practices in Therapeutic Residential Care in Australia', *Children and Youth Services Review*, 170: 108129.

Mcpherson, L. et al. (2021) 'What does Research Tell Us About Young People's Participation in Decision Making in Residential Care? A Systematic Scoping Review', *Children and Youth Services Review*, 122: 105899.

Moore, T., Mcarthur, M. and Death, J. (2020) 'Brutal Bullies and Protective Peers: How Young People Help or Hinder Each Other's Safety in Residential Care', *Residential Treatment for Children & Youth*, 37: 108–35.

Moore, T. et al. (2017) 'Young People's Views on Safety and Preventing Abuse and Harm in Residential Care: "It's Got to be Better Than Home"', *Children and Youth Services Review*, 81: 212–9.

Moore, T. et al. (2018) 'Sticking With Us Through It All: The Importance of Trustworthy Relationships for Children and Young People in Residential Care', *Children and Youth Services Review*, 84: 68–75.

Pinheiro, M. et al. (2024) 'Quality of Relationships Between Residential Staff and Youth: A Systematic Review', *Child and Adolescent Social Work Journal*, 41: 561–76.

Porter, R., Mitchell, F. and Giraldi, M. (2021) *Function, Quality and Outcomes of Residential Care: Rapid Evidence Review*. Austria: SOS Children's Villages International.

Ricoeur, P. (2005) *The Course of Recognition*. Cambridge, MA: Harvard University Press.

Sommerfeldt, M. B. (2022) '"Sometimes I Feel at Home" Adolescents' Narratives of Everyday Life in Residential Care', *Journal of Children's Services*, 17: 33–44.

Steckley, L. (2020) 'Threshold Concepts in Residential Child Care: Part 2, Relational Practice as Threshold', *Children and Youth Services Review*, 112: 104825.

Taylor, C. (1994) 'The Politics of Recognition', in A. Gutmann (ed.) *Multiculturalism: Examining the Politics of Recognition*. Princeton: Princeton University Press.

Thomas, N. (2012) 'Love, Rights and Solidarity: Studying Children's Participation Using Honneth's Theory of Recognition', *Childhood*, 19: 453–66.

Thompson, R. W. et al. (2017) 'Closing the Research to Practice Gap in Therapeutic Residential Care', *Journal of Emotional and Behavioral Disorders*, 25: 46–56.

Valk, S. D. et al. (2016) 'Repression in Residential Youth Care: A Scoping Review', *Adolescent Research Review*, 1: 195–216.

Warming, H. (2015) 'The Life of Children in Care in Denmark: A Struggle for Recognition', *Childhood*, 22: 248–62.

Whittaker, J. K., Holmes, L., and Del Valle, J. C. F. (2023) *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges*. New York: Oxford University Press.