Strengthening recognition in residential care in Australia: ‘We recognised each other through a photo’

Residential care | Youth participation | Child wellbeing

Moore, T., McPherson, L., Canosa, A., Gilligan, R., Graham, A., Day, K., & Gatwiri, K. (2026). Strengthening recognition in residential out of home care in Australia: ‘We recognized each other through a photo’. *British Journal of Social Work*, 00, 1–23. https://doi.org/10.1093/bjsw/bcag153

Context: Therapeutic residential care (TRC) in Australia supports a small cohort of young people with highly complex needs, often with experiences of trauma, disability, and instability. Based on qualitative interviews with 38 young people across eight TRC services in New South Wales, this study applies Axel Honneth’s triadic recognition theory, encompassing love, rights, and solidarity. The research explores how interpersonal practices and institutional conditions interact to foster or hinder young people's wellbeing, identity, safety, and sense of belonging.

Key findings:

- **Triadic dimensions of recognition:**
  - **Love (consistent caring relationships):** Foundational emotional security and unconditional support are fostered when workers demonstrate genuine presence, reliability, and support for family/community reconnection. Love-based recognition is severely constrained by placement instability, casual staffing rosters, administrative workloads, and rigid house rules limiting friend visits.
  - **Rights (participation, agency, and fair treatment):** Respecting young people as autonomous agents requires involving them in care planning, providing transparent explanations, and acting promptly on requests. Rights are undermined by tokenistic consultation, arbitrary rules, and grinding bureaucratic delays (e.g. multi-year waits for dental appointments), driving youth to deploy self-taught digital self-advocacy or behavioural escalation to be heard.
  - **Solidarity (peer connections and shared struggle):** Mutual appreciation and social worth emerge through organic peer connections based on shared care experiences (‘sister from a different mum’), worker allyship, and community participation. Solidarity is disrupted by frequent geographical relocations, risk-averse institutional cultures, and care status stigma.

	Supporting practices	vs	Constraining conditions
Love	Trust building; flexible family contact		High staff turnover; administrative burdens
Rights	Meaningful participation; prompt responses		Tokenistic consultation; inconsistent rules
Solidarity	Peer mentoring; community participation		Placement moves; deficit-focused stigma

- **The structural-relational interplay:**
  - **Positive recognition requires structural drivers**: Applying the concept of *positive recognition*, the study demonstrates that individual worker relational competence is necessary but insufficient if systematically undermined by structural instability.
  - **Systems must move beyond harm reduction**: Organisations must create conditions that support caring relationships, including workforce stability and reduced administrative burdens.

Summary: Achieving safety and flourishing in therapeutic residential care requires aligning governance, workforce stability, and participatory decision-making with Honneth's dimensions of love, rights, and solidarity. Moving beyond risk-averse practice requires structural drivers that actively enable relational practice, participatory agency, and community inclusion as the foundation for youth recovery and self-esteem. Resources should support activities, education and community engagement, alongside campaigns to actively counter public care-status stigma while helping young people’s self-esteem and social integration.